



# DONNELLY COLLEGE

## **Progress Report: Donnelly College Nursing Program**

### **Fall 2026 PN Admissions:**

- The nursing student admission process was restructured to include an interview with nursing faculty as the final step after applicants meet all admission requirements. Faculty developed and approved standardized admission rubric.
- Admission was offered to 25 students for the Fall 2026 Practical Nursing (PN) program, with 23 students attending on the first day of class. The application period, from July 24 to August 4, 2026, facilitated efficient processing and enrollment. Classes commenced on August 17, 2026. The application period will be extended to four weeks in future cycles to allow students additional time to submit required documents and reference letters.
- Lippincott representatives participated in student orientation to provide instruction on accessing e-books and related resources.
- Students participated in two 8-hour orientation sessions on August 12 and 13. The orientation covered available resources, including financial aid, counseling, tutoring, and student services. Students also received e-book codes and clinical schedules detailing assignments for skill labs, simulation, and clinical sites.

### **Clinical/Simulation:**

- During orientation, students received schedules for skill labs, simulation, and clinical sites before classes began. Each clinical area was introduced, with further detailed guidance to be provided on the first clinical day.
- Skill labs are scheduled at the beginning of the semester and culminate in a final skills check-off. This structure ensures students master essential skills before participating in foundational simulation and clinical site shifts.
- Simulation is utilized to allow students to practice skills in a controlled learning environment, providing opportunities to build confidence prior to on-site clinical experiences.
- On August 6, 2026, all full-time faculty and adjunct instructors assigned to simulation completed simulation training.

**Curriculum:**

- ATI has been incorporated into all first-semester courses, enabling students to prepare for the NCLEX through pre-assessment and assessment examinations. Both students and faculty utilize Lippincott NCLEX resources available on SharePoint, including Prep-U, which is integrated into the e-textbooks. ATI and Lippincott resources are also employed for remediation as necessary.

**Exam Analysis:**

- Faculty will conduct analyses for each examination. The exam analysis committee will collaborate with faculty to review results and apply findings to improve student outcomes. Ongoing exam analysis will support continuous enhancement of teaching practices.

**Professional Development:**

- Faculty attended the Kansas Nurse Educator Conference in July 2026.
- Full-time faculty will attend the Assess, Align, Advance: A Needs-Based Approach to Simulationists conference on September 18, 2026.
- Faculty utilize ATI, Lippincott, and Nurse Tim resources for ongoing professional development. Knowledge acquired from in-services, conferences, and scholarly articles has been applied in both classroom and skills lab settings. The director of nursing has observed multiple courses and noted the implementation of diverse teaching methodologies.
- Faculty participated in a two-day orientation for the 2026/2027 academic year. The second day was dedicated to initial simulation training.

**Faculty Fall 2026:**

Nursing Staff and Faculty 2026/2027

*Leadership*

- Dr. Gina Taylor DON DNP
- Laura Samson ADON (Clinical Coordination for Fall 26) MSN

*Faculty*

- Tiara Arties Adjunct faculty BSN, JD
- Christine Nguyen Full-time MSN
- Megan Kelly Full-time DNP



- Felisha Andrew, Full-time (FQR coming; waiting on transcripts), MSN
- Patti Kuhlmann Clinical Adjunct BSN
- Kyra Turner Clinical Adjunct MSN
- Brittney Eason Clinical Adjunct MSN

**Advisory Committee:**

- Donnelly will convene an advisory committee in Fall 2026 to provide updates on the program's current progress.

Submitted by Dr. Gina Taylor DNP, MSN RN  
Director of Nursing Donnelly College

**Long Term CNE Provider Checklist**  
(K.A.R. 60-9-107)

**Renewal or Initial**

**Name of Provider:** LT \_\_\_\_\_

**Name of Program Coordinator:**

**Date Received:**

**Date to CNE Committee:**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved:** \_\_\_\_\_

**Date Notified:** \_\_\_\_\_

| <b>Information Required</b>                                                                                                                                                                                                                                                                                                                                                         | <b>Received</b> | <b>NA</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|
| 1. Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting                                                                                                                                                                                                                     |                 |           |
| 2. The name and address of the organization on the application                                                                                                                                                                                                                                                                                                                      |                 |           |
| 3. The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization                                                                                                                                                                                                                 |                 |           |
| 4. The name, education and experience of the program coordinator responsible for CNE – include resume                                                                                                                                                                                                                                                                               |                 |           |
| A. Be a licensed professional nurse                                                                                                                                                                                                                                                                                                                                                 |                 |           |
| B. Have three years of clinical experience                                                                                                                                                                                                                                                                                                                                          |                 |           |
| C. Have one year of experience in developing and implementing nursing education                                                                                                                                                                                                                                                                                                     |                 |           |
| D. Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)                                                                                                                                                                                                                                                |                 |           |
| <b>Policies &amp; Procedures:</b>                                                                                                                                                                                                                                                                                                                                                   |                 |           |
| 5. Written policies and procedures, including at least the following areas:                                                                                                                                                                                                                                                                                                         |                 |           |
| A. Assessing the need and planning for CNE activities                                                                                                                                                                                                                                                                                                                               |                 |           |
| B. Fee assessment                                                                                                                                                                                                                                                                                                                                                                   |                 |           |
| C. Advertisements or offering announcements. Published information shall contain the following statement: “(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: _____” |                 |           |
| D. Notice of change of coordinator or required policies and procedures. The program coordinator shall notify                                                                                                                                                                                                                                                                        |                 |           |

|                                                                                                                                                                                                                                                     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days                                                                                                            |  |  |
| 6. For long term providers, the policies and procedures for the approval process shall include the following:                                                                                                                                       |  |  |
| A. A summary of the planning                                                                                                                                                                                                                        |  |  |
| B. The behavioral objectives                                                                                                                                                                                                                        |  |  |
| C. The content, which shall meet the definition of CNE in KSA 65-1117                                                                                                                                                                               |  |  |
| D. The instructor's education and experience, documenting knowledge and expertise in the content area                                                                                                                                               |  |  |
| E. A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both                                            |  |  |
| F. An offering evaluation that includes each participant's assessment of the following:                                                                                                                                                             |  |  |
| 1. The achievement of each objective                                                                                                                                                                                                                |  |  |
| 2. The expertise of each individual presenter                                                                                                                                                                                                       |  |  |
| 7. An approved provider may award any of the following:                                                                                                                                                                                             |  |  |
| A. Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours                                                                                                          |  |  |
| B. Credit for fractions of hours over 30 mins to be computed towards a contact hour                                                                                                                                                                 |  |  |
| C. Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum                                                                                        |  |  |
| D. Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results                                                                                                         |  |  |
| E. Clinical hours                                                                                                                                                                                                                                   |  |  |
| <b>Documentation of Attendance</b>                                                                                                                                                                                                                  |  |  |
| 8. Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:                             |  |  |
| A. The provider's name, address, provider number, and coordinator                                                                                                                                                                                   |  |  |
| B. The date and title of the offering, and the presenter or presenters                                                                                                                                                                              |  |  |
| C. The participant's name and license number and the number of contact hours awarded                                                                                                                                                                |  |  |
| 9. Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following: |  |  |
| A. The provider's name, address, provider number, and coordinator                                                                                                                                                                                   |  |  |

|                                                                                                                                                                                                               |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| B. The participant's name and license number, and the number of contact hours awarded                                                                                                                         |  |  |
| C. The title of the offering                                                                                                                                                                                  |  |  |
| D. The date on which the offering was completed                                                                                                                                                               |  |  |
| E. Either the completion of a posttest or a return demonstration                                                                                                                                              |  |  |
| <b>Certificate of Attendance/CE Transcript</b>                                                                                                                                                                |  |  |
| 10. A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider |  |  |
| 11. Each certificate and each CE transcript shall be complete before distribution to the participant                                                                                                          |  |  |
| 12. Each certificate and each CE transcript shall contain the following information:                                                                                                                          |  |  |
| A. The provider's name, address and provider number                                                                                                                                                           |  |  |
| B. The title of the offering                                                                                                                                                                                  |  |  |
| C. The date or dates of attendance or completion                                                                                                                                                              |  |  |
| D. The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded                                                                       |  |  |
| E. The signature of the individual responsible for the providership                                                                                                                                           |  |  |
| F. The name and license number of the participant                                                                                                                                                             |  |  |
| <b>Recordkeeping &amp; Storage</b>                                                                                                                                                                            |  |  |
| 13. For each offering, the approved provider shall retain the following for two years:                                                                                                                        |  |  |
| A. A summary of the planning                                                                                                                                                                                  |  |  |
| B. A copy of the offering announcement or brochure                                                                                                                                                            |  |  |
| C. The title and objectives                                                                                                                                                                                   |  |  |
| D. The offering agenda or, for independent study, pilot test results                                                                                                                                          |  |  |
| E. A bibliography                                                                                                                                                                                             |  |  |
| F. A summary of the participants' evaluations                                                                                                                                                                 |  |  |
| G. Each instructor's education and experiences                                                                                                                                                                |  |  |
| H. Documentation to verify completion of the offering                                                                                                                                                         |  |  |
| 14. The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals                                                                                       |  |  |
| <b>Program Evaluation Plan</b>                                                                                                                                                                                |  |  |
| 15. For long-term providers, a copy of the total program evaluation plan                                                                                                                                      |  |  |

12/2018

|                                                                            |  |
|----------------------------------------------------------------------------|--|
| <b>Two Proposed Offerings</b>                                              |  |
| The provider shall submit two proposed offerings, including the following: |  |
| 16. Offering #1                                                            |  |
| A. A summary of planning                                                   |  |
| B. A copy of the offering announcement or brochure                         |  |
| C. The title and behavioral objectives                                     |  |
| D. The offering agenda or, for independent study, pilot test results       |  |
| E. Each instructor's education and experience                              |  |
| F. A current bibliography                                                  |  |
| G. The offering evaluation form                                            |  |
| 17, Offering #2:                                                           |  |
| A. A summary of planning                                                   |  |
| B. A copy of the offering announcement or brochure                         |  |
| C. The title and behavioral objectives                                     |  |
| D. The offering agenda or, for independent study, pilot test results       |  |
| E. Each instructor's education and experience                              |  |
| F. A current bibliography                                                  |  |
| G. The offering evaluation form                                            |  |

12/2018, Rev 6/2025

# LONG-TERM CNE PROVIDER APPLICATION

## COVER PAGE

Initial Application: ☐ Renewal: ☒

Name of Provider: Coffeyville Regional Medical Center

Provider Number (For Renewal): LT0099-0316

Legal Body (If different from provider):

Address of Provider: 1400 W 4th St Coffeyville, KS 67337

Telephone: 620-251-1200 or 620-252-2212

Email: dwright@crmcinc.org

Program Coordinator (RN): Dawn Wright MSN, RN

Date (mm/dd/yyyy): 06/29/2026

# Program Management

## Assessing Need and Planning CNE

Please describe what advisory groups or planning committees were formed and what factors were reviewed to determine what CNE subjects should be presented and how those presentations will meet the definition of CNE in KSA 65-1117(a).

The Quality/Education Committee serves as the primary advisory and planning group responsible for identifying continuing nursing education (CNE) needs within the organization. The committee includes representatives from nursing leadership, clinical education, quality improvement, infection prevention, and other relevant departments as appropriate.

Several factors are reviewed when determining CNE topics, including educational needs assessment surveys completed by nursing staff, quality improvement data, patient safety initiatives, regulatory and accreditation requirements, changes in standards of care, competency assessment results, incident and event trends, infection prevention data, and recommendations from nurses, providers, department leaders, and subject matter experts.

The committee evaluates identified learning needs to ensure that proposed educational activities are relevant to nursing practice and support the professional growth and continued competence of

## Process for Fee Assessment

Describe the method for determining the price to charge for CNE, what procedure is used in case of insufficient fund checks, and refund requests due to cancellations.

The cost of continuing nursing education (CNE) activities is determined based on the number of contact hours offered and the expenses associated with presenting the educational activity. Fees may be assessed according to a scale of \$7.00 per contact hour. Every effort is made to provide CNE offerings sponsored by Coffeyville Regional Medical Center at no cost to CRMC employees.

Participants requesting a refund due to cancellation must submit the request in writing at least 24 hours prior to the scheduled educational activity. Refund requests received within the required timeframe are processed according to organizational procedures. If an educational activity is canceled by the provider, participants are notified and any fees collected are refunded in full.

Insufficient fund checks are managed according to Coffeyville Regional Medical Center's financial policies and procedures. Participants are notified of the insufficient payment and are responsible for

## Process for Advertisements or Announcements

Describe what material will be distributed or used to announce your CNE. Include all information sources used and the media used, printed or electronic. Copies of each announcement must be attached. All announcements are required to contain the required language in KAR 60-9-107(b)(3)(C).

Continuing Nursing Education (CNE) activities are announced through a variety of printed and electronic media to ensure nurses have adequate access to information regarding upcoming educational opportunities.

Methods used to announce CNE activities include:

Electronic mail (email) distribution to nursing staff and other healthcare professionals.  
Printed flyers posted throughout the organization in designated communication areas.  
Digital announcements displayed on internal television monitors throughout the facility.  
Distribution of flyers and electronic announcements to education departments and nursing leaders at neighboring healthcare facilities when appropriate to expand participation opportunities.



## Process for Offering Approval

Please verify in writing that all information listed below will be completed for each offering before it is presented. 1. Summary of planning; 2. Behavioral objectives of the offering; 3. The content of the offering meets the definition of CNE pursuant to KSA 65-1117; 4. Documentation is received of each instructor's experience and education; 5. The bibliography of each presentation is received and up to date; 6. The evaluation form for the learner to assess achievement of the objectives and the expertise of the presenter. KAR 60-9-107(d)

Coffeyville Regional Medical Center verifies that all requirements outlined in KAR 60-9-107(d) are completed for each Continuing Nursing Education (CNE) offering prior to presentation.

The Continuing Nursing Education Coordinator utilizes a standardized planning checklist to review each offering before approval. The checklist ensures that the following documentation is obtained and reviewed:

A summary of planning for the educational activity.

Behavioral objectives for the offering.

Verification that the content meets the definition of Continuing Nursing Education pursuant to KSA 65-1117.

Documentation of each instructor's education, qualifications, and experience relevant to the subject matter presented.

## Process for Awarding Contact Hours

Describe the method of calculating contact hours for actual attendance that will be awarded for each presentation, utilizing the attendance roster. This must include your method of calculating partial credit, more than one hour, because of early departures or late arrivals. Describe also how instructor credit is calculated and how independent study credit is calculated. If you offer independent study, you must provide the complete pilot study which determines the amount of contact hours the completed material is worth. KAR 60-9-107(e)

Contact hours are calculated based on the educational agenda and actual attendance as documented on the attendance roster. One contact hour is awarded for each 50 minutes of educational content presented, excluding registration, breaks, meals, and other non-educational activities.

Participants are required to sign the attendance roster and attend the educational activity as scheduled. Attendance is verified through the roster and monitored by the Continuing Nursing Education Coordinator or designated representative.

Partial credit is not awarded. Participants may not arrive more than 10 minutes late and must attend at least 95% of the educational offering to receive contact hours. Participants who do not meet these attendance requirements are not awarded contact hours and will not receive a certificate of completion.

## Process for Verifying Participation and Completion of Offering

Describe the contents of the roster of attendance and certificate of completion which you use, and documentation of independent study. A sample copy must be attached of each. KAR 60-9-107(f)(g)

The attendance roster is completed for each Continuing Nursing Education (CNE) offering and serves as documentation of participant attendance. The roster includes the following information:

Participant name

Nursing license number

Number of contact hours earned

Provider name

Provider address

KSBN provider number

Date of the educational activity

Title of the educational activity

Instructor/presenter name and credentials

### **Process for Record Keeping and Storage**

Please verify that you will keep the records of the offerings for a minimum of two years after presentation. List what records will be retained, the location of the records and the steps taken to ensure confidentiality and security of the records. KAR 60-9-107(h)

Coffeyville Regional Medical Center verifies that records for all Continuing Nursing Education (CNE) offerings will be retained for a minimum of two years following the presentation date, in accordance with KAR 60-9-107(h).

Records maintained for each offering include:

- Summary of planning
- Announcement and promotional materials
- Behavioral objectives
- Educational agenda
- Bibliography and reference materials
- Instructor qualifications, education, and experience documentation
- Attendance roster(s)



### **Process for Notice of Change of Coordinator or Required Policies**

Describe what methods will be used to notify KSBN of a change of coordinator or policies, and verify that you will notify KSBN of any change within 30 days. KAR 60-9-107(b)(3)(H)

Coffeyville Regional Medical Center verifies that the Kansas State Board of Nursing will be notified of any change in the Continuing Nursing Education Coordinator or any substantive changes to Continuing Nursing Education policies within 30 days of the change, as required by KAR 60-9-107(b)(3)(H).

The Continuing Nursing Education Coordinator, or designated organizational representative, is responsible for ensuring timely notification to the Kansas State Board of Nursing. Notification will be provided in writing through the method specified by the Kansas State Board of Nursing, including electronic or mailed correspondence as appropriate.

Documentation of the notification and any supporting materials will be maintained with the Continuing Nursing Education provider records. The organization will ensure that all information submitted to the Kansas State Board of Nursing is accurate, complete, and submitted within the required 30-day timeframe.

### **Process for Verifying Participation and Completion of Offering**

Describe the contents of the roster of attendance and certificate of completion which you use, and documentation of independent study. A sample copy must be attached of each. KAR 60-9-107(f)(g)

The attendance roster is completed for each Continuing Nursing Education (CNE) offering and serves as documentation of participant attendance. The roster includes the following information:

- Participant name
- Nursing license number
- Number of contact hours earned
- Provider name
- Provider address
- KSBN provider number
- Date of the educational activity
- Title of the educational activity
- Instructor/presenter name and credentials



### Total Program Evaluation

Verify that you will perform a total program evaluation each year. A copy of the proposed evaluation must be attached.

**Note: Each applicant must attach all documents required by KAR 60-9-107(i)(1) for two separate offerings which have been developed for presentation.**

---

#### *Attestation:*

I realize that this application is a legal document and that by signing below I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

If all the above information is correct please sign below.

Otherwise, please go back and correct any information that is necessary.

Signature: \_\_\_\_\_

Date: 06/29/2026

# *Certificate of Attendance*

This certifies that

*Attendee's Name*

Attended

**Name of Education**

Presented by



**Coffeyville Regional  
Medical Center**

[www.crmcinc.org](http://www.crmcinc.org)

Date: mm/dd/yyyy

CNE Hours Awarded: 0.00

Provider Number: LT0099-0316

Nursing License Number: 00-00000-000

\_\_\_\_\_  
Presenter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dawn Wright MSN RN CNE Coordinator

\_\_\_\_\_  
Date

### Total Program Evaluation

Verify that you will perform a total program evaluation each year. A copy of the proposed evaluation must be attached.

**Note: Each applicant must attach all documents required by KAR 60-9-107(i)(1) for two separate offerings which have been developed for presentation.**

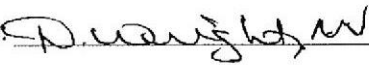
---

#### *Attestation:*

I realize that this application is a legal document and that by signing below I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

If all the above information is correct please sign below.

Otherwise, please go back and correct any information that is necessary.

Signature: 

Date: 06/29/2026

# **Curriculum Vitae**

## **Dawn Wright MSN RN**

### **Professional Summary**

Registered Nurse with over 30 years of healthcare experience and a Master of Science in Nursing Education. Experienced in developing, implementing, and evaluating educational programs for healthcare professionals, including competency management, simulation-based learning, orientation, and continuing nursing education. Passionate about improving nursing practice through evidence-based education and professional development.

### **Education**

#### **Master of Science in Nursing (MSN), Nursing Education**

Oklahoma City University

2026

#### **Bachelor of Science in Nursing (BSN)**

Oklahoma City University

2024

#### **Associate Degree in Nursing (ADN)**

Kansas City Kansas Community College

2011

### **Licensure**

Registered Nurse – State of Kansas (License in Good Standing)

### **Current Position**

#### **Clinical Education Coordinator**

Coffeyville Regional Medical Center

Coffeyville, Kansas

#### **Responsibilities:**

- Nursing orientation and competency management
- Simulation-based education and skills validation
- Development of continuing nursing education activities
- Regulatory and accreditation compliance
- Transition-to-Practice program coordination
- Staff development and interdisciplinary education

### **Professional Certifications**

- Registered Nurse PICC Line Insertion Certified
- Basic Life Support (BLS) Instructor/Provider
- Advanced Cardiovascular Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- NIH Stroke Scale (NIHSS)
- Trauma Nursing Core Course (TNCC)
- PICC and Midline Insertion Certification

### **Areas of Expertise**

- Nursing Education
- Continuing Nursing Education Planning
- Clinical Simulation
- Competency Assessment
- Staff Development
- Quality Improvement
- Evidence-Based Practice
- Transition-to-Practice Programs
- Regulatory Compliance

# Class Evaluation

CLASS TITLE: \_\_\_\_\_

INSTRUCTOR(S): \_\_\_\_\_

Please respond to each item by circling the number which best describes your opinion (5 = Excellent through 1 = Poor)

| A. CLASS CONTENT                              | EXCELLENT |   |   |   |   | POOR |
|-----------------------------------------------|-----------|---|---|---|---|------|
| 1. Class was well organized                   | 5         | 4 | 3 | 2 | 1 |      |
| 2. Class objectives were clearly stated       | 5         | 4 | 3 | 2 | 1 |      |
| 3. Activities were relevant to objectives     | 5         | 4 | 3 | 2 | 1 |      |
| 4. All necessary resources/materials provided | 5         | 4 | 3 | 2 | 1 |      |

| B. CLASS INSTRUCTION                                | EXCELLENT |   |   |   |   | POOR |
|-----------------------------------------------------|-----------|---|---|---|---|------|
| 1. Instructor(s) were well prepared for class       | 5         | 4 | 3 | 2 | 1 |      |
| 2. Instructor(s) were knowledgeable                 | 5         | 4 | 3 | 2 | 1 |      |
| 3. Manner of presentation of material was clear     | 5         | 4 | 3 | 2 | 1 |      |
| 4. Instructor(s) used effective teaching strategies | 5         | 4 | 3 | 2 | 1 |      |
| 5. Instructor(s) interacted with participants       | 5         | 4 | 3 | 2 | 1 |      |

## C. SUGGESTIONS

1. How could the instructor(s) improve class delivery?
2. How could the course content or structure be improved?
3. If you could make one change to this course, what would it be?

## D. COMMENTS



## **Coffeyville Regional Medical Center**

[www.crmcinc.org](http://www.crmcinc.org)

**TITLE Basic Telemetry—Reading the Rhythm**

**DATE(S) Feb 28—March 20, 2024 (Wednesdays)**

**TIME(S) 5pm—8pm every Wednesday**

**LOCATION 2nd Floor Day Room CRMC**

**SPEAKER/PRESENTER Dawn Wright BSN, RN**

**PURPOSE Identifying/Interpreting Telemetry Rhythms**

**AUDIENCE Nurses and Monitor Techs**

**CONTACT HOURS 12 CNE hours for nurses**

**No charge for CRMC associates**

**FEES \$7.00/credit hour for non-associates**

**PHONE FOR ADDITIONAL INFO Ext 2212 or  
[dwright@crmcinc.org](mailto:dwright@crmcinc.org)**

# C

# R

# M

# C

CRMC is approved as a provider for CNE by Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN re-licensure.  
Kansas State Board of Nursing Provider Number LT0099-0316



# Kansas State Board of Nursing Continuing Education Annual Report

Reporting Year: 2026

|                                                 |                                         |
|-------------------------------------------------|-----------------------------------------|
| Name of Provider                                | Coffeyville Regional Med Ctr            |
| LT Provider Number:                             | LT0099 - 0316                           |
| Legal Body (if different from name of Provider) |                                         |
| Address of Provider                             | 1400 W. 4th St<br>Coffeyville, KS 67337 |
| Program Coordinator                             | Dawn Wright MSN RN                      |
| Phone Number                                    | 620-252-2212                            |
| E-mail address                                  | dwright@crmcinc.org                     |

## Interactive Offerings

|                                                                                                                                              |                                                                                                                                       |        |     |        |   |      |   |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------|-----|--------|---|------|---|
| Total Number of Offerings                                                                                                                    | 2                                                                                                                                     |        |     |        |   |      |   |
| Total Number of Offering Contact Hours:<br>Sum of all contact hours presented                                                                | 132                                                                                                                                   |        |     |        |   |      |   |
| Total Number of Participants                                                                                                                 | <table border="1"> <tr> <td>RN</td> <td>21</td> </tr> <tr> <td>LPN</td> <td>4</td> </tr> <tr> <td>LMHT</td> <td>0</td> </tr> </table> | RN     | 21  | LPN    | 4 | LMHT | 0 |
| RN                                                                                                                                           | 21                                                                                                                                    |        |     |        |   |      |   |
| LPN                                                                                                                                          | 4                                                                                                                                     |        |     |        |   |      |   |
| LMHT                                                                                                                                         | 0                                                                                                                                     |        |     |        |   |      |   |
| Offering Contact Hours taught by: Sum of CH taught by each category;<br>total should be the same as "Total Number of Offering Contact Hours" | <table border="1"> <tr> <td>Nurses</td> <td>132</td> </tr> <tr> <td>Others</td> <td>0</td> </tr> </table>                             | Nurses | 132 | Others | 0 |      |   |
| Nurses                                                                                                                                       | 132                                                                                                                                   |        |     |        |   |      |   |
| Others                                                                                                                                       | 0                                                                                                                                     |        |     |        |   |      |   |

## Independent Study Offerings

Complete only if you offer Independent Study

|                                                                                                    |                                                                                                                                   |    |  |     |  |      |  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----|--|-----|--|------|--|
| Number of Independent Study topics offered:                                                        | NA                                                                                                                                |    |  |     |  |      |  |
| Total Number of Independent Study Contact Hours offered:<br>Sum of all contact hours for IS topics |                                                                                                                                   |    |  |     |  |      |  |
| Total Number of Participants                                                                       | <table border="1"> <tr> <td>RN</td> <td></td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td>LMHT</td> <td></td> </tr> </table> | RN |  | LPN |  | LMHT |  |
| RN                                                                                                 |                                                                                                                                   |    |  |     |  |      |  |
| LPN                                                                                                |                                                                                                                                   |    |  |     |  |      |  |
| LMHT                                                                                               |                                                                                                                                   |    |  |     |  |      |  |

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct to the best of my knowledge.

D. Wright

Signature of Providership Coordinator

7/6/26  
Date



**Coffeyville Regional  
Medical Center**  
www.crmcinc.org

Origination 9/27/2022  
Last 9/27/2022  
Approved  
Effective 9/27/2022  
Last Revised 9/27/2022  
Next Review 9/30/2026

Owner Dawn  
Wright:  
Registered  
Nurse  
Area CRMC  
Hospital  
Wide

## Continuing Nursing Education

# Continuing Nursing Education

## PURPOSE:

Continuing Nursing Education is a vital part of nursing growth and development. The purpose of this policy is to establish guidelines regarding Continuing Nursing Education (CNE) providership.

CNE programs held at Coffeyville Regional Medical Center (CRMC) will follow regulations as set forth by the Kansas State Board of Nursing:

- CRMC will have a Continuing Nursing Coordinator whose responsibility is to oversee the CNE program and all aspects pertaining to CNE. The coordinator will be a licensed nurse with three years of clinical experience and hold a minimum of a bachelor degree in nursing. Change of coordinator will be made in writing to KSBN within 30 days as required.

## CNE Offerings:

- Fees may be assessed according to a scale of \$7.00 per credit hour. Fees are refunded if requested in writing at least 24 hours in advance. All effort will be made for staff employed by CRMC to attend programs sponsored by CRMC free of charge.
- All announcements will include the following:

Coffeyville Regional Medical Center is an approved provider by the Kansas State Board of Nursing. This course is approved for contact hours applicable for APRN, RN or LPN licensure. KSBN Provider Number: LT-0099-0316.

## Attendance:

- Each participant will sign in before the offering. The roster will include the participants name, license number, number of credit hours earned, providers name, address, provider number, date and title of event and speakers name and credentials. If the offering is more than one day in length, a second roster will be provided for subsequent days of attendance.
- Contact hours are awarded according to the time agenda provided by the speaker. One hour of credit is offered for every fifty minutes presented. CRMC does not allow participants to be over 10 minutes late or leave before 95 percent of the offering has been attended.
- CRMC does not offer instructor credit or credit for independent study courses.

## Recordkeeping:

- Continuing Education Certificates will be given to participants at the conclusion of the event. These will include the provider's information, address, title of program, number of contact hours, participants name and license number. The name and signature of the coordinator will appear also. If a certificate is lost, it is the participant's responsibility to contact the coordinator. If the participant is not a CRMC employee, a five-dollar charge can be made to replace the certificate.
- Records of attendance as well as a summary of planning, copy of the announcement, title and objectives, offering agenda, bibliography, summary of participant's evaluations, instructors education and experiences and documentation to verify completion pertaining to the offering will be maintained in the education coordinators office for two years.
- These records will be kept both electronically and hard copy in the coordinators office. They will only be accessible by authorized individuals.

## Approval Signatures

| Step Description | Approver   | Date      |
|------------------|------------|-----------|
| Admin Approval   | Jana Sells | 9/27/2022 |



ENTERED BY: \_\_\_\_\_

Course Title: \_\_\_\_\_

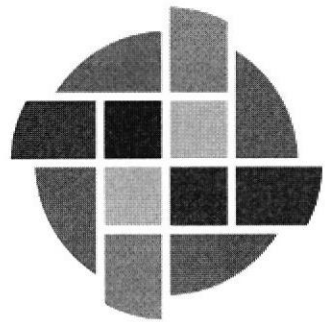
Date: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor: \_\_\_\_\_ Contact Hours: \_\_\_\_\_

**Signature**

(Address only if you are not a CRMC employee)

[illegible]



**DCCCA**

**IMPROVING LIVES**

*Developing Caring Communities  
Committed to Action*

## TRAINING INFORMATION

**DATE:** FEBRUARY 27, 2024 (TUES)      **OR**      APRIL 3, 2024 (WED)

**TIME:** 8:30AM - 4:30PM

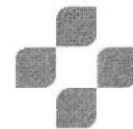
**LOCATION:** 2<sup>ND</sup> FLOOR DAY ROOM

**WHO:** ANYONE INTERESTED IN BECOMING EQUIPPED TO PROVIDE SUPPORT FOR THOSE EXPERIENCING A MENTAL HEALTH OR SUBSTANCE USE CHALLENGE.

NURSES AND ALL OTHER PATIENT FACING ASSOCIATES ARE HIGHLY ENCOURAGED TO ATTEND ONE OF THE SESSIONS OFFERED, BUT ALL ASSOCIATES ARE WELCOME TO TAKE THE TRAINING.

CONTACT DAWN AT 2212 OR [DWRIGHT@CRMCINC.ORG](mailto:DWRIGHT@CRMCINC.ORG) TO GET SIGNED UP AT LEAST 2 WEEKS PRIOR TO THE CLASS DATE TO COMPLETE PRECOURSE WORK.

## Mental Health First Aid Kansas



**Mental Health FIRST AID**

*from* NATIONAL COUNCIL FOR MENTAL WELLBEING

**MENTAL HEALTH  
FIRST AID**

Coffeyville Regional Medical Center is approved as a provider of continuing education by the Kansas State Board of Nursing. This course is approved for contact hours applicable for APRN, RN or LPN licensure. Kansas State Board of Nursing Provider Number: LT-0099-0316

Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2026

| TOPIC                                                                                                                                                                                                                                      | EVALUATION INTERVAL             | BY WHOM                                                                                                                                                                             | METHODS                                                                                                                    | RESULTS                                                                                                                                                                                                                                                                                                                                                                                                                                         | RECOMMENDATIONS                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Administration</b>                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                     |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                               |
| The Organizational Chart identifies the relationship between the administrative structure of CRMC and the Education Dept.                                                                                                                  | Annually or with any revisions. | Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Senior Director of Nursing, Human Resources Manager, and Continuing Nursing Education Coordinator          | Review of organizational chart and the position of the Education Dept.                                                     | The organizational structure continues to provide appropriate administrative oversight and support for the Long-Term CNE Providership. The Continuing Nursing Education Coordinator collaborates closely with the Chief Nursing Officer, Senior Director of Nursing Services, and Quality/Education Committee to ensure compliance with KSBN requirements and organizational educational priorities.                                            | Continue to review the organizational structure annually to ensure appropriate administrative support and clear lines of responsibility for the Long-Term CNE Providership.                                                                                                                   |
| Philosophy, goals, objective: The philosophy of the CE program has been reviewed within the last year and updated as needed.                                                                                                               | Annually                        | Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Senior Director of Nursing Services, Human Resources Manager, and Continuing Nursing Education Coordinator | Verification of date of latest review.                                                                                     | Reviewed June 2, 2026. The philosophy statement of the CE program continues to reflect those elements that verify CRMC's commitment to evaluation of nursing's educational needs, specific program evaluation, and continued availability of educational services.                                                                                                                                                                              | Continue to review the philosophy annually to ensure it reflects current nursing practice, evidence-based education, and the educational mission of Coffeyville Regional Medical Center.                                                                                                      |
| The goals and objectives of the CE program are designed to reflect those of Coffeyville Regional Medical Center as well as regional and State areas of interest, to promote evidence-based best practice and current trends in healthcare. | Annually                        | Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Senior Director of Nursing Services, Human Resources Manager, and Continuing Nursing Education Coordinator | Comparison of goals and objectives with those of the Medical Center as well as those required by State and local agencies. | Continue aligning CNE goals with organizational quality initiatives, regulatory requirements, and identified nursing educational needs. and reflect compatibility and look closely at budget issues, which are a large part of planning all education. CRMC has added CNE opportunities for its nurses through physician education. Physician education continues to grow with the addition of new providers to offer educational opportunities | Reviewed June 2, 2026. We continue to look for specific topics related to changes or needs in healthcare, current needs and trends in healthcare, evidence based best practices, and specific educational needs at CRMC. These topics are being provided by our physicians and nursing staff. |

Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2026

| TOPIC                                                  | EVALUATION INTERVAL            | BY WHOM                                                                                                                                                                             | METHODS                                                                                                                             | RESULTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Program Director Job Description.                      | Annually                       | Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Senior Director of Nursing Services, Human Resources Manager, and Continuing Nursing Education Coordinator | Review job description of Continuing Nursing Education Coordinator for specific statements describing management of the CE Program. | The job description outlines specific duties regarding the continuing nursing education program management. In accordance with KAR-9-107 (f) policy, the job description for the Continuing Nursing Education Coordinator will continue to prescribe that the position of CNE Coordinator be licensed to practice nursing, have three years of clinical experience, and one year of experience developing and implementing educational offerings. The present policy at CRMC further states that the CNE director will have a baccalaureate degree as KNR 60-9-107 stipulates by 1-1-97. This criterion has been met by the new program director. | Reviewed in January 2026 along with budget process. The job description and all aspects of the position of CNE Coordinator will be evaluated during annual evaluations. Consideration will involve management of the CNE providership; educational offerings and close working relationships with regional community colleges, nursing leadership and other clinical collaborations including local physicians. This partnership with local physicians and providers will help in promoting nursing education. |
| The Education Planning and Staff Development Committee | Quarterly or monthly if needed | Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Senior Director of Nursing Services, Human Resources Manager, and Continuing Nursing Education Coordinator | Review written purpose, functions, and membership categories. Update membership categories with compatible representatives.         | The committee continues to provide effective interdisciplinary oversight of educational planning by reviewing identified learning needs, quality initiatives, participant feedback, and proposed educational offerings.                                                                                                                                                                                                                                                                                                                                                                                                                           | Continue utilizing the committee as the primary advisory body for identifying educational priorities and evaluating future CNE opportunities.                                                                                                                                                                                                                                                                                                                                                                  |



Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2026

| TOPIC                        | EVALUATION INTERVAL | BY WHOM                                                                                                                                                                             | METHODS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RESULTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Program Management</b> |                     |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Policies and Procedures      | Annually            | Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Senior Director of Nursing Services, Human Resources Manager, and Continuing Nursing Education Coordinator | <p>Review policy and procedures for the Education Dept. as compared to those of the Medical Center for compatibility. Areas of the Education Dept. policy and procedure to be evaluated are:</p> <ul style="list-style-type: none"> <li>- General Policy Statement</li> <li>- Attendance Policy</li> <li>- Offering Planning Procedure</li> <li>- Needs Assessment</li> <li>- Type of Offering Announcements</li> <li>- Faculty Selection</li> <li>- Awarding of Certificates</li> <li>- Review/update policy and procedure manual.</li> </ul> | <p>Reviewed June 2026. A review of the CRMC Program Management with the CNO, Senior Director of Nursing Services and Quality Team showed a continuing need to evaluate additional educational opportunities for associates. The education committee was more focused this past year on current educational nursing needs or concerns related to the types of patients in our facility as well as topics suggested from Physicians and nursing associates. A focus on evidence-based education and skills has been included to provide the most up-to-date information. A part of this evidence-based information comes from one of our LMS partners – Elsevier- who also provides CNE opportunities for education. Policies and procedures continue to support consistent planning, implementation, evaluation, documentation, and record retention of all CNE activities while maintaining compliance with KSBN regulations.</p> | <p>Will continue to work with local entities and educators to provide a wide array of offerings to our hospital associates and community healthcare partners. CNE Coordinator works with Care Learning and CRMC associates to provide up to date educational offerings. CNE Coordinator also works with CRMC surgeons, hospitalists, local physicians, Mid-level providers, and ER physicians to continue to educate on relevant topics. Will continue to focus on evidence-based education and skills to provide the highest quality care.</p> |
| Needs Assessment Process     | Annually            | Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Senior Director of Nursing Services, Human Resources Manager, and Continuing Nursing Education Coordinator | <p>Needs assessment survey is distributed annually according to policy and procedure of the Education Department. This survey continues to evaluate learning needs to determine deficits in knowledge and skills. It focuses on those needs capable of being addressed via learning experiences through the assessment tool, as stated in KAR 60-9-105-(0).</p>                                                                                                                                                                                | <p>An ongoing "Needs Assessment" was distributed to clinical associates to determine areas of interest, how associates want the education, and future learning needs and opportunities. The Needs Assessment is also utilized by attendees as part of individual program evaluations. The survey was sent out in December 2025 and reviewed by the CNE Coordinator and Senior Director of Nursing Services. Participant evaluations, quality data, and practice gaps have also identified educational needs.</p>                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>The survey continues to be a valuable tool for measuring educational needs. The CNE Coordinator works with the CNO, Director of Nursing Services, nursing leaders, and the Education Committee after educational opportunities to develop or brainstorm any new ideas or needs for ongoing education. Will continue to work with all departments regarding their identified needs. We will continue to also use participant surveys, quality data, and practice gaps to identify educational needs.</p>                                      |



Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2026

| TOPIC                                   | EVALUATION INTERVAL | BY WHOM                                                                                                                                                                                                  | METHODS                                                                                                                                                                                                                                                                                                                                                                           | RESULTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Offerings                               | Annually            | Chief Executive Officer,<br>Chief Financial Officer,<br>Chief Nursing Officer,<br>Senior Director of<br>Nursing Services, Human<br>Resources Manager, and<br>Continuing Nursing<br>Education Coordinator | <p>Review planning procedure for preparation of each offering for relevance and for continued adherence to goals and objectives.</p> <p>Review offering objectives. Identify terms that define the expected outcomes for the learner.</p> <p>Review content of offerings for topic appropriateness; justification of time frames; and compatibility of topics and objectives.</p> | <p>Our organization feels that we get more attendance by posting on Facebook, and email blast instead of sending out mailers. CNE Coordinator works closely with the presenter to identify learning objectives and ensure they align with educational goals.</p> <p>The CRMC Nursing/Clinical team work together to report ideas for learning opportunities. The committee discusses time frames according to presenters' availability.</p> <p>Flyers have been standardized and have shown to be effective in advertising educational opportunities. These are posted in-house and go out via email.</p> <p>CNE Coordinator has worked closely with area hospital Education Coordinators to provide additional opportunities for education to area nurses.</p> <p>Offerings continue to reflect identified learning needs and evidence-based practice.</p> | <p>All offerings continue to reflect compatibility with all time frame parameters. Brochures continue to reflect explicit explanations in policy. CNE Coordinator continues to monitor brochure and flyer development closely with the marketing dept. CRMC utilizes social media, and email for delivery of educational offerings and flyers. CRMC also posts on Website and the Internal newsletter and Intranet.</p> <p>Information about offerings will continue to be shared with the Nursing Leadership team, Local Hospitals, Long Term Care Organizations and all local EMTs, and paramedics.</p> <p>Collaboration with other local entities including hospitals, long-term care centers, and any others that provide CNE's will be ongoing.</p> <p>CNE coordinator will work with the Senior Director of Nursing Services and the KHA to begin work on an LPN-RN hospital based program to transition LPNs who are enrolled in an RN program. This transition program aids in preparing LPNs for practice in a hospital setting.</p> |
| <b>C. Total Program Evaluation Plan</b> |                     |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Individual offering evaluations.        | Ongoing             | Chief Executive Officer,<br>Chief Financial Officer,<br>Chief Nursing Officer,<br>Human Resources Manager, Senior Director of Nursing Services, and Continuing Nursing Education Coordinator             | <p>Provide evaluation forms for each of the offerings.</p> <p>Collect at the end of each of the offerings.</p> <p>Tabulate results for each of the offerings.</p> <p>Analyze each area of evaluation, provide results to presenter, retain for records,</p>                                                                                                                       | <p>Evaluation results demonstrate that participants perceive the offerings as relevant to their nursing practice and helpful in achieving the stated learning objectives. Suggestions received from participants continue to guide planning of future educational activities. Input from associates to managers has proven helpful in planning events of interest.</p> <p>Physician and staff nurse</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Use of the current evaluation form provides easily compiled data regarding the participants' opinions of the offering as well as ideas for future events.</p> <p>One on one with staff after program has helped identify different areas of education and ways to evaluate.</p> <p>Evaluations will continue to be shared with the presenter and CNE committee after each offering.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2026

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|--|--|--|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
|  |  |  | <p>and report to presenter.</p> <p>Evaluate evaluation tools for effective delivery of desired information and measurements.</p> | <p>collaboration regarding educational opportunities have proven to be beneficial this past year for topics of education.</p> <p>Information is shared with the presenter after each offering.</p> <p>Evaluation tool was reviewed in 2025 and continues to be useful in achieving goals.</p> | <p>Evaluation tool will continue to be updated and revised, as necessary.</p> |
|--|--|--|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2026

| TOPIC                            | EVALUATION INTERVAL | BY WHOM                                                                                                                                                                                                  | METHODS                                                                                                                                                                                                                                                                                                                                                                    | RESULTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Faculty Evaluation               | Ongoing             | Chief Executive Officer,<br>Chief Financial Officer,<br>Chief Nursing Officer,<br>Senior Director of<br>Nursing Services, Human<br>Resources Manager, and<br>Continuing Nursing<br>Education Coordinator | Use evaluation tools to<br>evaluate faculty's<br>effectiveness according to<br>participants.                                                                                                                                                                                                                                                                               | Throughout 2025-2026, CNE program<br>evaluations continue to provide<br>valuable assessments of the faculty<br>providing each offering.<br><br>Presenter evaluations continue to<br>demonstrate satisfactory subject<br>matter expertise and effective<br>instructional methods.                                                                                                                                                                                                                                                                                                                                                                                                                              | The evaluations for each CNE offering<br>are discussed for future planning and<br>feedback. Continue to utilize local and<br>regional entities to provide educational<br>opportunities to CRMC associates and<br>area nurses. CRMC physicians will also<br>provide ongoing education to our<br>associates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Annual Summary of CE<br>Programs | Ongoing             | Chief Executive Officer,<br>Chief Financial Officer,<br>Chief Nursing Officer,<br>Senior Director of<br>Nursing Services, Human<br>Resources Manager, and<br>Continuing Nursing<br>Education Coordinator | Review process of annual<br>summary, i.e., each offering is<br>entered by title, with number<br>of participants, total amount of<br>expenditures, total amount of<br>income, and summary of<br>evaluations by attendees in<br>the form of a chart.<br><br>Evaluate the total offering<br>schedule for topic<br>appropriateness, as directed<br>by the learning needs list. | Process reviewed in June 2026 (at<br>end of CE year, i.e., prior to annual<br>report) by CNE Coordinator, Senior<br>Director of Nursing Services, and<br>CNO.<br><br>All processes continue to meet<br>intended criteria, i.e., easy access to<br>all information and easy access to<br>Administration.<br><br>CNE offerings must continue to reflect<br>the identified learning needs of our<br>associates as well as meet<br>administrative goals and objectives.<br><br>The overall program will continue to<br>strive to meet the demands of the<br>ever-changing environment of<br>healthcare, including changes patient<br>safety initiatives, evidence-based<br>practice, and regulatory requirements. | Review of annual summary of CE<br>presentations/presenters continues to<br>prove valuable, not only as a tool of<br>reflection but as a tool to plan the<br>coming CE year. This review can also<br>be valuable to the budget process<br>annually.<br><br>Review at end of each CNE year upon<br>preparation of annual report.<br><br>The review coincides with the CRMC<br>budget process. Validation of budget<br>results is often drawn from CNE<br>reports.<br><br>The need to keep pace with other<br>institutions and collaborate with them<br>for providing CNE's is a motivating<br>factor.<br><br>Continuous changes in the health care<br>delivery and emphasis on quality<br>improvement have been included in our<br>educational efforts. With the change in<br>CNE Coordinator and addition of Senior<br>Director of Nursing services, the<br>program will continue to be evaluated<br>for effectiveness. |

Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2026

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## ACTION PLAN

Based on the 2025-2026 Total Program Evaluation, Coffeyville Regional Medical Center will continue to strengthen its Long-Term Continuing Nursing Education Providership by focusing on structured planning, identified learning needs, regulatory compliance, and meaningful evaluation of CNE offerings.

The Continuing Nursing Education Coordinator will continue to work with the Quality/Education Committee, nursing leadership, providers, and appropriate subject matter experts to identify educational topics that meet the definition of Continuing Nursing Education pursuant to KSA 65-1117. Educational needs will continue to be identified through annual needs assessment surveys, participant evaluations, quality improvement priorities, patient safety concerns, regulatory updates, practice changes, and recommendations from nursing staff and providers.

For the upcoming renewal year, CRMC will continue to focus on offering CNE activities that are relevant to current nursing practice and support safe, evidence-based patient care. Because some education previously offered for CNE credit, such as associate-led certification courses, has transitioned to other delivery methods, the CNE Coordinator will continue to seek appropriate opportunities for CNE offerings that meet KSBN requirements and provide value to licensed nurses.

CRMC will continue to collaborate with internal and external presenters, including physicians, advanced practice providers, experienced nurses, and regional education partners, when appropriate. The CNE Coordinator will continue to review each proposed offering prior to presentation to verify completion of the planning summary, behavioral objectives, agenda, presenter qualifications, current bibliography, learner evaluation tool, and documentation that the content meets the definition of CNE.

The CNE Coordinator will continue to use participant evaluations and annual program review findings to guide future planning. Evaluation results will be reviewed after each offering to assess achievement of objectives, presenter effectiveness, relevance of content, and suggestions for future topics. This feedback will be used to improve future educational offerings and ensure that CNE activities remain responsive to the needs of licensed nurses.

CRMC will continue to advertise approved CNE offerings through email, printed flyers, internal communication systems, social media, and communication with neighboring healthcare organizations when appropriate. All announcements will continue to include the required Kansas State Board of Nursing provider approval language.

During the next evaluation period, the CNE Coordinator will continue to maintain required records for each offering, monitor compliance with KSBN regulations, review policies and procedures annually, and ensure that CNE offerings are planned, implemented, evaluated, and documented according to Long-Term CNE Providership requirements.

## TOOL ASSESSMENT

The Total Program Assessment annually provides a useful and valuable tool in looking at nursing continuing education.

In 2025-2026, the Total Program Evaluation review continues to reinforce the need for professional training. The CNE Coordinator worked with our previous entities as well as some new ones to provide high quality education. We continue to investigate other avenues and organizations to bring continued learning opportunities to our associates and community members. It has continued to reinforce the need for more professional educational offerings in the direction of basic nursing education, hands-on training, and required certifications.

Coffeyville Regional Medical Center  
Long Term CNE Providership Renewal  
LTP: LT0099-0316

Information:

|                                     |                                                              |
|-------------------------------------|--------------------------------------------------------------|
| Coffeyville Regional Medical Center | Dawn Wright MSN RN                                           |
| 1400 W. Fourth Street               | Quality/Clinical Education Department                        |
| Coffeyville KS 67337                | <a href="mailto:dwright@crmcinc.org">dwright@crmcinc.org</a> |
| 620-251-1200                        | 620-252-2212. phone                                          |
| Education Coordinator:              | 620-252-1620. fax                                            |

Coffeyville Regional Medical Center (CRMC) is committed to providing high-quality Continuing Nursing Education (CNE) that supports the ongoing professional development of licensed nurses and promotes safe, evidence-based patient care. Educational activities approved for contact hours are planned and administered in accordance with Kansas State Board of Nursing statutes and regulations governing Long-Term CNE Providership.

The Continuing Nursing Education Coordinator is responsible for the administration and oversight of the CNE program. The coordinator ensures compliance with all Kansas State Board of Nursing requirements, reviews proposed educational activities for eligibility as continuing nursing education, maintains required documentation, and oversees the awarding of contact hours.

Educational needs are identified through a structured planning process that incorporates multiple sources of information. The Quality/Education Committee serves as the primary advisory group in determining continuing education priorities. Additional input is obtained through nursing educational needs assessments, recommendations from nursing leadership, quality improvement initiatives, patient safety data, regulatory or practice changes, infection prevention activities, and requests from nurses, providers, and subject matter experts. Identified practice gaps are reviewed to determine whether an educational activity meets the definition of Continuing Nursing Education pursuant to KSA 65-1117 and is appropriate for the awarding of nursing contact hours.

Each proposed CNE activity undergoes a standardized planning and review process prior to approval. The Continuing Nursing Education Coordinator utilizes a planning checklist to verify that all required components have been completed before an activity is presented. This review includes the summary of planning, behavioral objectives, agenda, current bibliography, instructor qualifications and experience, and participant evaluation tools. Instructor education and experience are reviewed to ensure the presenter possesses appropriate expertise for the subject matter. Educational content is evaluated to ensure it is evidence-based, current, relevant to nursing practice, and designed to enhance the knowledge, skills, and professional competence of licensed nurses.

Approved CNE activities are communicated using a variety of printed and electronic methods. Announcements are distributed through organizational email, printed flyers, internal television monitors, and social media. When appropriate, announcements are also shared with neighboring healthcare organizations and nursing education departments to encourage participation. All promotional materials include the provider approval statement required by the Kansas State Board of Nursing.

Participant attendance is documented using standardized attendance rosters, and contact hours are awarded in accordance with Kansas State Board of Nursing regulations and organizational policy. Certificates of completion are issued to participants who satisfy attendance requirements. Documentation for each educational activity, including planning materials, attendance records, participant evaluations, instructor qualifications, bibliographies, announcements, and completion records, is maintained for a minimum of two years. Records are retained in both electronic and hard-copy formats within the Education Department and are accessible only to authorized personnel to ensure confidentiality and security.

Evaluation is an integral component of the Continuing Nursing Education program. Participants complete evaluations at the conclusion of each educational activity to assess achievement of the stated learning objectives, the effectiveness of the educational content, and the expertise of the presenter. Feedback obtained through these evaluations is reviewed by the Continuing Nursing Education Coordinator and is incorporated into future planning to promote continuous improvement in the quality and effectiveness of CNE offerings.

Through this structured planning, implementation, evaluation, and recordkeeping process, Coffeyville Regional Medical Center maintains a Continuing Nursing Education program that supports professional nursing practice while remaining compliant with all applicable Kansas State Board of Nursing statutes and regulations governing Long-Term Continuing Nursing Education Providership.

**Program Evaluation Plan:**

A copy of the plan is included.

**Two Proposed Offerings:**

Information included for two offerings that were completed during this renewal period.

## Basic Telemetry – Reading the Rhythm

### Summary of planning

The planning for the Basic Telemetry Interpretation class began after nurses on the Acute Care/Medical-Telemetry unit expressed concerns about their ability to accurately interpret telemetry strips and confidently recognize cardiac dysrhythmias. Nursing leadership, including the Acute Care Director, Chief Nursing Officer, and Quality Improvement team, discussed these concerns and identified an opportunity to improve staff knowledge through focused education.

Following these discussions, it was determined that providing foundational education on telemetry interpretation would help increase nurses' confidence and support early recognition of cardiac rhythm changes. In addition to rhythm interpretation, the planning team recognized the need to include common dysrhythmia complications, appropriate nursing assessments, and evidence-based nursing interventions to better prepare nurses to respond appropriately to changes in patient condition.

At the time the educational need was identified, the Education Coordinator, Dawn Wright RN, had more than ten years of experience as a telemetry nurse and a strong interest in staff education. Based on the identified learning need and clinical expertise in telemetry nursing, the Education Coordinator developed a Basic Telemetry course designed specifically for bedside nurses. The course focused on systematic rhythm analysis, recognition of common cardiac rhythms encountered in the acute care setting, associated patient assessment findings, potential complications, and appropriate nursing actions.

The class was offered to nursing staff to address the identified knowledge gap and support improved patient safety through earlier recognition and intervention for cardiac dysrhythmias.

### Summary of evaluations

|                                              | <u>Excellent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|----------------------------------------------|------------------|------------------|-------------|-------------|-------------|
| Class was well organized                     | 6                | 0                | 0           | 0           | 0           |
| Class objectives were clearly stated         | 6                | 0                | 0           | 0           | 0           |
| Activities were relevant to objectives       | 6                | 0                | 0           | 0           | 0           |
| All necessary resources/materials provided   | 6                | 0                | 0           | 0           | 0           |
| Instructor(s) were well prepared for class   | 6                | 0                | 0           | 0           | 0           |
| Instructor(s) were knowledgeable             | 6                | 0                | 0           | 0           | 0           |
| Manner of presentation of material was clear | 5                | 1                | 0           | 0           | 0           |



|                                                  |   |   |   |   |   |
|--------------------------------------------------|---|---|---|---|---|
| Instructor(s) used effective teaching strategies | 4 | 1 | 1 | 0 | 0 |
| Instructor(s) interacted with participants       | 6 | 0 | 0 | 0 | 0 |

Did the speaker meet the following objectives :

|                                                        |                |
|--------------------------------------------------------|----------------|
| Learner can identify proper electrode placement.       | <b>ALL YES</b> |
| Learner can identify the waves of a heart rhythm.      | <b>ALL YES</b> |
| Learner can read and measure (analyze) a heart rhythm. | <b>ALL YES</b> |
| Learner can distinguish the different cardiac rhythms. | <b>ALL YES</b> |
| Learner can identify lethal and non-lethal rhythms.    | <b>ALL YES</b> |

#### Comments

Make the course longer

It was good, but short

#### BASIC TELEMETRY BIBLIOGRAPHY

1. "ACLS Study Guide." *Centegra.org*, 2013, <http://centegra.org/wp-content/uploads/2013/06/ACLS-Study-Guide.pdf>.
2. American Heart Association. (2020). *Advanced cardiovascular life support (ACLS) provider manual*. American Heart Association.
3. Jones, Shirley A. *ECG Success: Exercises in ECG Interpretation*. F.A. Davis Company, 2008.
4. Life in the Fast Lane. (n.d.). *ECG library basics*. Retrieved October 3, 2023, from <https://litfl.com/ecg-library/>
5. Peters, Chris. "ECG Rhythm Study Guide - Lifesaver CPR." *Life Saver CPR*, 2011, <https://lifesavercpr.net/wp-content/uploads/2012/05/ECG-Rythum-Study-Guide.pdf>.
6. Wesley, Keith, et al. *Huszar's Basic Dysrhythmias and Acute Coronary Syndromes: Interpretation and Management*. Elsevier Mosby Jems, 2012.
7. StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK430685/>



## **Dawn Wright BSN, RN**

Clinical Education Coordinator | Telemetry Nurse Educator | Cardiac Monitoring Instructor

### **Professional Profile**

Registered Nurse with nearly 30 years of nursing experience and 15 years of direct experience caring for patients in telemetry, cardiac step-down, progressive care, intensive care, and emergency department settings. Experience includes roles as Telemetry RN, Charge RN, Director of a Medical-Telemetry Unit, and Clinical Education Coordinator. Currently develops and teaches ECG and Telemetry Interpretation education for nursing professionals.

### **Telemetry & Cardiac Monitoring Experience**

#### **Clinical Education Coordinator / Quality Nurse, Coffeyville Regional Medical Center (2022–Present)**

Develop and teach ECG and Telemetry Interpretation education; create competency assessments related to cardiac monitoring and rhythm recognition; provide education on dysrhythmia recognition, ACLS concepts, and patient deterioration; continue bedside practice PRN in ICU, ER, and Medical-Telemetry.

#### **Director, Acute Care/Medical-Telemetry Unit, Coffeyville Regional Medical Center (2020–2022)**

Directed operations of a Medical-Telemetry unit; supervised nurses caring for patients requiring continuous cardiac monitoring; supported telemetry competency validation and staff education.

#### **Cardiac/Telemetry RN, Overland Park Regional Medical Center (2018–2020) travel contract**

Provided care to telemetry patients requiring continuous cardiac monitoring; interpreted cardiac rhythms and responded to rhythm changes; managed acute cardiac conditions.

#### **MS Tele/PCU RN, St. Francis Hospital (2018) travel contract**

Cared for telemetry and progressive care patients requiring cardiac monitoring and rhythm assessment.

#### **MS Tele RN, Research Medical Center (2018) travel contract**

Provided nursing care for monitored telemetry patients and interpreted cardiac rhythms.

#### **ICU/ER/MS Tele RN, Coffeyville Regional Medical Center (2016–2017; PRN 2018–2020)**

Managed patients across multiple levels of care including ICU, PCU, ER, and Medical-Telemetry.

#### **MS Tele/CCU RN, St. Joseph Medical Center (2015–2016) travel contract**

Provided care for telemetry and coronary care patients with continuous cardiac monitoring.

**MS Tele Charge RN, Providence Medical Center (2013–2015)**

Served as Charge Nurse on a Medical-Surgical Telemetry unit and assisted staff with rhythm interpretation.

**Education**

Bachelor of Science in Nursing (BSN) – Oklahoma City University

Associate Degree in Nursing (ADN) – Kansas City Kansas Community College

**Certifications**

Kansas RN License (Multistate)

ACLS • BLS • PALS • TNCC • NIHSS

PICC/Midline Insertion Certification

**Dawn Wright - Biography**

I am a Registered Nurse with nearly 30 years of nursing experience and over 30 years of healthcare experience. My professional background includes acute care nursing, telemetry monitoring, nursing leadership, quality improvement, and clinical education. I currently serve as the Clinical Education Coordinator at Coffeyville Regional Medical Center, where I develop and deliver educational programs, competency assessments, and simulation-based learning experiences for healthcare professionals.

Prior to my current role, I served as Director of the Medical-Telemetry Unit, where I worked closely with nurses caring for patients requiring cardiac monitoring and rhythm surveillance. Throughout my career, I have maintained a strong interest in cardiac rhythm interpretation and the education of healthcare professionals in recognizing and responding to dysrhythmias and other cardiac events.

I have developed and currently teach the ECG and Telemetry Interpretation Course to help nurses build confidence and competence in rhythm recognition, clinical decision-making, and early identification of patient deterioration. My goal is to provide practical, clinically relevant education that participants can immediately apply in their patient care settings.

## Basic Telemetry Agenda

### Day 1

Introduction/Registration

Lead Placement

Analyzing & measuring the rhythm

Sinus Rhythms

Quiz

### Day 2

Day 1 review

Atrial Rhythms

Junctional Rhythms

Quiz

### Day 3

Day 2 review

Heart Blocks

Paced Rhythms – if time allows

Quiz

### Day 4

Day 3 review

Ventricular Rhythms

Paced Rhythms – if not completed on day 3

Quiz

Rhythm Test (can be scheduled for a later date)

## Mental Health First Aid

### Summary of planning

Following the COVID-19 pandemic, employee education surveys and discussions with nursing leadership identified an increased need for education related to mental health. Nursing staff reported feeling less confident in recognizing and responding to patients experiencing mental health crises and expressed a desire for additional education to better support this growing patient population. In addition, leadership recognized that healthcare workers themselves were experiencing increased stress, burnout, and other mental health challenges following the pandemic.

As the number of patients presenting with mental health concerns continued to increase, the Education Department began researching evidence-based educational programs that would provide practical skills applicable to both patient care and personal well-being. After reviewing several available programs, Mental Health First Aid was identified as an educational activity that aligned with the needs identified by staff and leadership. The course focuses on recognizing the signs and symptoms of common mental health and substance use challenges, providing initial support, de-escalation techniques, and connecting individuals with appropriate resources.

DCCCA (Developmental Center for Children and Community Affairs) was contacted to provide the Mental Health First Aid course for our associates. The class was selected to increase staff confidence in recognizing and responding to mental health concerns, improve communication and support strategies for patients experiencing behavioral health crises, increase nurses' knowledge and confidence in recognizing mental health concerns, utilizing evidence-based communication and de-escalation techniques, and connecting patients to appropriate resources.

The educational activity was planned to address the identified practice gap and promote safer, more confident, and compassionate care for individuals experiencing mental health challenges.

### Summary of evaluation

|                                            | <u>Excellent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|--------------------------------------------|------------------|------------------|-------------|-------------|-------------|
| Class was well organized                   | 6                | 5                | 2           | 0           | 0           |
| Class objectives were clearly stated       | 12               | 0                | 1           | 0           | 0           |
| Activities were relevant to objectives     | 11               | 2                | 0           | 0           | 0           |
| All necessary resources/materials provided | 11               | 2                | 0           | 0           | 0           |
| Instructor(s) were well prepared for class | 9                | 2                | 2           | 0           | 0           |
| Instructor(s) were knowledgeable           | 10               | 3                | 0           | 0           | 0           |

|                                                  |    |   |   |   |   |
|--------------------------------------------------|----|---|---|---|---|
| Manner of presentation of material was clear     | 7  | 4 | 1 | 1 | 0 |
| Instructor(s) used effective teaching strategies | 10 | 3 | 0 | 0 | 0 |
| Instructor(s) interacted with participants       | 11 | 2 | 0 | 0 | 0 |

1. Did the speaker meet the following objectives :

|                                                                                                                                                                            |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Learner can describe the purpose of Mental Health First Aid and the role of the Mental Health First Aider.                                                                 | <b>ALL YES</b> |
| Learner can identify the impact of mental health challenges on the well-being of adults in the US                                                                          | <b>ALL YES</b> |
| Learner understands recovery from a mental health challenge is possible.                                                                                                   | <b>ALL YES</b> |
| Learner can describe the principles of safety and privacy for both the Mental Health First Aider and the person receiving Mental Health First Aid                          | <b>ALL YES</b> |
| Learner can explain the 5 steps of the Mental Health First Aid Action Plan (ALGEE)                                                                                         | <b>ALL YES</b> |
| Learner can recognize the signs and symptoms of mental health challenges that may impact adults and evaluate the impact of early intervention on mental health challenges. | <b>ALL YES</b> |
| Learner can apply the appropriate steps of the MHFA Action Plan (ALGEE) when a person shows early signs of a mental health challenge.                                      | <b>ALL YES</b> |
| Learner can apply the appropriate steps of the MHFA Action Plan (ALGEE) when a person shows worsening signs of a mental health challenge.                                  | <b>ALL YES</b> |
| Learner can apply the appropriate steps of the MHFA Action Plan (ALGEE) to crisis situations.                                                                              | <b>ALL YES</b> |
| Learner can choose appropriate methods for self-care following the application of Mental Health First Aid in a crisis or non-crisis situation                              | <b>ALL YES</b> |

Comments

Slides did not match handout or lecture (multiple comments regarding this)

I felt the instructor did an excellent job and was very passionate about the topic, which helped in conveying its importance

I enjoyed the class

Good interaction with class

Great content

Overall, the class was really informative

I enjoyed the interaction

## MHFA Bibliography

1. National Council for Mental Wellbeing. (2023). *Mental Health First Aid USA: Adult manual*. National Council for Mental Wellbeing.
2. National Council for Mental Wellbeing. (2023). *Mental Health First Aid USA for adults: Adult teaching notes* (Version 2.0). National Council for Mental Wellbeing.

# Sara Gudenkauf

2231 NW Polk Topeka, KS 66608 (785)633-8671 sara32983@yahoo.com

## Experience

2019 TO PRESENT

**DATA COLLECTION MANAGER | DCCCA | TOPEKA, KS**

Recruits and hires data collection staff for KDOT projects and OPOS seatbelt data. Manages staff employment documentation, timesheets, and expense reimbursements. Prepares, maintains, and supplies data collection staff with necessary project materials including maps, site tables, schedules, safety equipment, and tablet computers. Verifies data collection procedures are being met in accordance with program requirements and agency procedures.

2016 TO 2019

**CHILD PLACING AGENCY SPECIALIST | DCCCA | LAWRENCE, KS**

Provides ongoing support services to foster families which includes assisting with children placed within the home. Provides intake services and assists with placement recommendations and service planning. Provides emotional support, professional guidance, and crisis assistance. Responsible for the placement phone 24/7 including weekends and holidays. Enter placements into the agency database to ensure payment is received to the foster home.

## Education

MAY 2019

I received my Bachelor of Social Work from the School of Social Welfare at The University of Kansas in Lawrence, KS.

## Skills

Hardworking Team player Time management Conflict management Public speaking Data analytics Organized Detail-oriented Customer service Work well with others Seek diversity in my work Trauma-informed Looking for advancement Seeks challenges Able to travel

## Activities

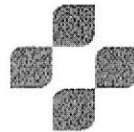
While at DCCCA, I have taken part in several Strategic Teams. Most recently the REACH Team. REACH stands for Retain, Engage, Appreciate, Connect, Honor. I believe in the vision and direction of the REACH team and look forward to making an impact at DCCCA.

Sara Gudenkauf

Has Successfully Completed

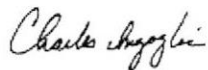
# **Adult Mental Health First Aid USA Virtual Instructor Training**

On 12/05/2022



**Mental Health  
FIRST AID**

from NATIONAL COUNCIL FOR  
MENTAL WELLBEING



**Chuck Ingoglia**  
President & CEO  
National Council for Mental Wellbeing

National Council for Mental Wellbeing operates Mental  
Health First Aid in the USA. The National Council for  
Mental Wellbeing and the Missouri Department of Mental  
Health founded Mental Health First Aid USA.

Sponsored by:  
**National Council for Mental Wellbeing**

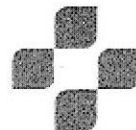


Elizabeth Jerome

Has Successfully Completed

# **Adult Mental Health First Aid USA Virtual Instructor Training**

On 10/09/2023



**Mental Health  
FIRST AID**

from NATIONAL COUNCIL FOR  
MENTAL WELLBEING

*Chuck Ingoglia*

**Chuck Ingoglia**  
President & CEO  
National Council for Mental Wellbeing

National Council for Mental Wellbeing operates Mental  
Health First Aid in the USA. The National Council for  
Mental Wellbeing and the Missouri Department of Mental  
Health founded Mental Health First Aid USA.

Sponsored by:  
**National Council for Mental Wellbeing**

**Long Term CNE Provider Checklist**  
(K.A.R. 60-9-107)

**Renewal or Initial**

**Name of Provider:** LT \_\_\_\_\_

**Name of Program Coordinator:**

**Date Received:**

**Date to CNE Committee:**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved:** \_\_\_\_\_

**Date Notified:** \_\_\_\_\_

| <b>Information Required</b>                                                                                                                                                                                                                                                                                                                                                    | <b>Received</b> | <b>NA</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|
| 1. Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting                                                                                                                                                                                                                |                 |           |
| 2. The name and address of the organization on the application                                                                                                                                                                                                                                                                                                                 |                 |           |
| 3. The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization                                                                                                                                                                                                            |                 |           |
| 4. The name, education and experience of the program coordinator responsible for CNE – include resume                                                                                                                                                                                                                                                                          |                 |           |
| A. Be a licensed professional nurse                                                                                                                                                                                                                                                                                                                                            |                 |           |
| B. Have three years of clinical experience                                                                                                                                                                                                                                                                                                                                     |                 |           |
| C. Have one year of experience in developing and implementing nursing education                                                                                                                                                                                                                                                                                                |                 |           |
| D. Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)                                                                                                                                                                                                                                           |                 |           |
| <b>Policies &amp; Procedures:</b>                                                                                                                                                                                                                                                                                                                                              |                 |           |
| 5. Written policies and procedures, including at least the following areas:                                                                                                                                                                                                                                                                                                    |                 |           |
| A. Assessing the need and planning for CNE activities                                                                                                                                                                                                                                                                                                                          |                 |           |
| B. Fee assessment                                                                                                                                                                                                                                                                                                                                                              |                 |           |
| C. Advertisements or offering announcements. Published information shall contain the following statement: “(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: ” |                 |           |
| D. Notice of change of coordinator or required policies and procedures. The program coordinator shall notify                                                                                                                                                                                                                                                                   |                 |           |

|                                                                                                                                                                                                                                                     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days                                                                                                            |  |  |
| 6. For long term providers, the policies and procedures for the approval process shall include the following:                                                                                                                                       |  |  |
| A. A summary of the planning                                                                                                                                                                                                                        |  |  |
| B. The behavioral objectives                                                                                                                                                                                                                        |  |  |
| C. The content, which shall meet the definition of CNE in KSA 65-1117                                                                                                                                                                               |  |  |
| D. The instructor's education and experience, documenting knowledge and expertise in the content area                                                                                                                                               |  |  |
| E. A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both                                            |  |  |
| F. An offering evaluation that includes each participant's assessment of the following:                                                                                                                                                             |  |  |
| 1. The achievement of each objective                                                                                                                                                                                                                |  |  |
| 2. The expertise of each individual presenter                                                                                                                                                                                                       |  |  |
| 7. An approved provider may award any of the following:                                                                                                                                                                                             |  |  |
| A. Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours                                                                                                          |  |  |
| B. Credit for fractions of hours over 30 mins to be computed towards a contact hour                                                                                                                                                                 |  |  |
| C. Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum                                                                                        |  |  |
| D. Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results                                                                                                         |  |  |
| E. Clinical hours                                                                                                                                                                                                                                   |  |  |
| <b>Documentation of Attendance</b>                                                                                                                                                                                                                  |  |  |
| 8. Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:                             |  |  |
| A. The provider's name, address, provider number, and coordinator                                                                                                                                                                                   |  |  |
| B. The date and title of the offering, and the presenter or presenters                                                                                                                                                                              |  |  |
| C. The participant's name and license number and the number of contact hours awarded                                                                                                                                                                |  |  |
| 9. Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following: |  |  |
| A. The provider's name, address, provider number, and coordinator                                                                                                                                                                                   |  |  |

|                                                                                                                                                                                                               |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| B. The participant's name and license number, and the number of contact hours awarded                                                                                                                         |  |  |
| C. The title of the offering                                                                                                                                                                                  |  |  |
| D. The date on which the offering was completed                                                                                                                                                               |  |  |
| E. Either the completion of a posttest or a return demonstration                                                                                                                                              |  |  |
| <b>Certificate of Attendance/CE Transcript</b>                                                                                                                                                                |  |  |
| 10. A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider |  |  |
| 11. Each certificate and each CE transcript shall be complete before distribution to the participant                                                                                                          |  |  |
| 12. Each certificate and each CE transcript shall contain the following information:                                                                                                                          |  |  |
| A. The provider's name, address and provider number                                                                                                                                                           |  |  |
| B. The title of the offering                                                                                                                                                                                  |  |  |
| C. The date or dates of attendance or completion                                                                                                                                                              |  |  |
| D. The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded                                                                       |  |  |
| E. The signature of the individual responsible for the providership                                                                                                                                           |  |  |
| F. The name and license number of the participant                                                                                                                                                             |  |  |
| <b>Recordkeeping &amp; Storage</b>                                                                                                                                                                            |  |  |
| 13. For each offering, the approved provider shall retain the following for two years:                                                                                                                        |  |  |
| A. A summary of the planning                                                                                                                                                                                  |  |  |
| B. A copy of the offering announcement or brochure                                                                                                                                                            |  |  |
| C. The title and objectives                                                                                                                                                                                   |  |  |
| D. The offering agenda or, for independent study, pilot test results                                                                                                                                          |  |  |
| E. A bibliography                                                                                                                                                                                             |  |  |
| F. A summary of the participants' evaluations                                                                                                                                                                 |  |  |
| G. Each instructor's education and experiences                                                                                                                                                                |  |  |
| H. Documentation to verify completion of the offering                                                                                                                                                         |  |  |
| 14. The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals                                                                                       |  |  |
| <b>Program Evaluation Plan</b>                                                                                                                                                                                |  |  |
| 15. For long-term providers, a copy of the total program evaluation plan                                                                                                                                      |  |  |

12/2018

| <b>Two Proposed Offerings</b>                                              |  |
|----------------------------------------------------------------------------|--|
| The provider shall submit two proposed offerings, including the following: |  |
| 16. Offering #1                                                            |  |
| A. A summary of planning                                                   |  |
| B. A copy of the offering announcement or brochure                         |  |
| C. The title and behavioral objectives                                     |  |
| D. The offering agenda or, for independent study, pilot test results       |  |
| E. Each instructor's education and experience                              |  |
| F. A current bibliography                                                  |  |
| G. The offering evaluation form                                            |  |
| 17, Offering #2:                                                           |  |
| A. A summary of planning                                                   |  |
| B. A copy of the offering announcement or brochure                         |  |
| C. The title and behavioral objectives                                     |  |
| D. The offering agenda or, for independent study, pilot test results       |  |
| E. Each instructor's education and experience                              |  |
| F. A current bibliography                                                  |  |
| G. The offering evaluation form                                            |  |

12/2018, Rev 6/2025

**KANSAS STATE BOARD OF NURSING**  
**LANDON STATE OFFICE BUILDING**  
**900 SW JACKSON, SUITE 1051**  
**TOPEKA, KS 66612-1230**

**LONG-TERM CNE PROVIDER**  
**COVER PAGE**

☒ Initial Application    ☐ Renewal

Name of Provider

Provider Number (for Renewal)

Legal Body (if different from provider)

Address of Provider

Telephone

E-Mail Address

Program Coordinator (RN)

Date (mm-dd-yyyy)   
e.g. 01-01-2001)

## Program Management

### Assessing Need and Planning CNE

Please describe what advisory groups or planning committees were formed and what factors were reviewed to determine what CNE subjects should be presented and how those presentations will meet the definition of CNE in KSA 65-1117(a).

The CNE planning process was guided by an advisory committee consisting of registered nurses, healthcare educators, and allied health professionals. The committee reviewed healthcare trends, professional practice standards, workforce development needs, and identified gaps in clinical and professional practice. Input was also gathered from previous learners, healthcare organizations, and subject matter experts. This collaborative process ensured that selected topics were relevant, evidence-based, and designed to enhance nursing knowledge, clinical judgment, professional competence, and patient outcomes in accordance with KSA 65-1117(a). Advisory group consulted were: RN colleagues, nurse educators, massage therapy educators, rehabilitation professionals, and former CE participants.

### Process for Fee Assessment

Describe the method for determining the price to charge for CNE, what procedure is used in case of insufficient fund checks, and refund requests due to cancellations.

The fee charged for Continuing Nursing Education (CNE) courses is determined through an evaluation of program development costs, instructor honoraria, educational materials, technology expenses, facility costs (if applicable), administrative expenses, marketing, and comparable market rates for similar educational offerings. The goal is to establish a fair and reasonable fee that supports program sustainability while maintaining accessibility for participants. In the event a payment is returned due to insufficient funds, the participant will be notified and given an opportunity to submit an alternate form of payment. Any fees assessed by the financial institution as a result of the returned payment may be added to the participant's balance. Certificates of completion and continuing education credit will not be issued until all outstanding balances have been paid in full. Refund requests due to participant cancellation must be submitted in writing. Cancellations received at least seven (7) days prior to the educational activity will receive a full refund. Cancellations received fewer than seven (7) days before the activity may be eligible for a partial refund (50%) or transfer to a future program at the discretion of the provider. No refunds will be issued after the educational activity has begun or after completion of the program. If the provider cancels a course, participants will receive a full refund or may choose to transfer their registration to a future offering. These policies are communicated to participants at the time of registration and are consistently applied to all educational activities.

### Process for Advertisements or Announcements

Describe what material will be distributed or used to announce your CNE. Include all information sources used and the media used, printed or electronic. Copies of each announcement must be attached. All announcements are required to contain the required language in KAR 60-9-107(b)(3)(C).

Continuing Nursing Education (CNE) courses will be promoted through a variety of print and electronic media to ensure broad access to licensed and registered nurses. Announcements may be distributed through the provider's website, electronic newsletters, email marketing campaigns, social media platforms, online registration systems, professional organizations, healthcare facilities, educational institutions, community partnerships, and printed promotional materials such as flyer's or imported into brochures. Information used to develop announcements includes course objectives, faculty qualifications, educational content outlines, target audience needs assessments, registration information, and continuing education requirements established by the Kansas State Board of Nursing. All advertisements and announcements will be reviewed prior to distribution to ensure accuracy and compliance with applicable regulations. Copies of all promotional materials, whether electronic or printed, will be maintained as part of the program records. All announcements will contain the language required by KAR 60-9-107(b)(3)(C), including the following statement: This course offering is approved for \_\_\_\_\_ contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number: \_\_\_\_\_

### Process for Offering Approval



Please verify in writing that all information listed below will be completed for each offering before it is presented. 1. Summary of planning; 2. Behavioral objectives of the offering; 3. The content of the offering meets the definition of CNE pursuant to KSA 65-1117; 4. Documentation is received of each instructor's experience and education; 5. The bibliography of each presentation is received and up to date; 6. The evaluation form for the learner to assess achievement of the objectives and the expertise of the presenter. KAR 60-9-107(d)

I verify that prior to the presentation of each Continuing Nursing Education (CNE) offering, the following requirements will be completed and maintained in accordance with KAR 60-9-107(d): 1. A written summary of the planning process and identified educational need will be completed and maintained. 2. Behavioral learning objectives will be developed and documented for each offering. 3. The content of each offering will be reviewed to ensure it meets the definition of Continuing Nursing Education pursuant to KSA 65-1117 and is relevant to nursing practice. 4. Documentation of each instructor's education, credentials, qualifications, and professional experience will be obtained and maintained. 5. A current bibliography and supporting references for each presentation will be received, reviewed, and maintained as part of the educational activity record. 6. An evaluation form will be provided to each participant to assess achievement of the stated learning objectives, the effectiveness of the educational activity, and the expertise of the presenter. All required documentation will be completed and retained in the course file prior to the presentation of the offering and maintained in accordance with Kansas State Board of Nursing requirements.

### Process for Awarding Contact Hours

Describe the method of calculating contact hours for actual attendance that will be awarded for each presentation, utilizing the attendance roster. This must include your method of calculating partial credit, more than one hour, because of early departures or late arrivals. Describe also how instructor credit is calculated and how independent study credit is calculated. If you offer independent study, you must provide the complete pilot study which determines the amount of contact hours the completed material is worth. KAR 60-9-107(e)

Contact hours awarded for Continuing Nursing Education (CNE) courses are based on actual instructional time and documented attendance. One contact hour is defined as 60 minutes of organized learning activity. Time allocated for registration, breaks, meals, introductions, announcements, or other non-instructional activities is excluded from the contact hour calculation. Attendance is verified through a sign-in/ sign-out roster, electronic attendance tracking system, learning management system records, or other approved documentation methods. Participants must attend the entire educational activity to receive the full number of contact hours awarded. For partial attendance, contact hours will be prorated according to the actual instructional time attended. Participants who arrive late or depart early will receive credit only for the portion of the program attended, calculated in 15-minute increments. For example, a participant attending 105 minutes of a 120-minute educational activity would receive 1.75 contact hours. Instructor contact hours are calculated based on the actual presentation time of the educational activity. Faculty members may receive contact hour credit for the initial presentation of a course. Repeat presentations of substantially unchanged content are not eligible for additional instructor credit. Independent study activities are awarded contact hours based on a systematic review of the educational material and successful completion of all required learning activities and assessments. Contact hour calculations are determined through a pilot study involving representative participants who complete the activity under normal conditions. The average completion time is calculated, reviewed, and converted to contact hours based on 60 minutes of learning activity per contact hour. Documentation of the pilot study, participant completion times, evaluation results, and final contact hour determination is maintained for each independent study activity. Contact hours are awarded only after verification of attendance and completion of all required program requirements, including evaluations, examinations, or other completion criteria as applicable.

### Process for Verifying Participation and Completion of Offering

Describe the contents of the roster of attendance and certificate of completion which you use, and documentation of independent study. A sample copy must be attached of each. KAR 60-9-107(f)(g)



Attendance and successful completion of Continuing Nursing Education (CNE) courses are verified through documentation appropriate to the educational format. Live and In-Person Educational Activities. Participation is documented through an attendance roster maintained by the provider. The attendance roster includes: Title of educational course, Date of course, Location of course (if applicable), Participant printed name, Participant signature, Time in, Time out, Number of contact hours awarded, and Provider representative verification. Attendance records are reviewed to determine actual participation and the number of contact hours earned. Online Educational Courses. Participation is verified through the learning management system, electronic completion records, or other approved documentation methods. Documentation will include: Participant name, Date of enrollment, Date of completion, Completion of required modules, Evaluation completion, and Contact hours awarded. Participants must complete all required components before a certificate of completion is issued. Certificate of Completion A certificate of completion is issued only after attendance and successful completion requirements have been verified. Certificates include: Participant name, Title of educational course, Date of completion, Number of contact hours awarded, Provider name, Kansas State Board of Nursing Provider Number, Signature or electronic authorization of provider representative, and Statement of approval required by the Kansas State Board of Nursing.

### Process for Record Keeping and Storage

Please verify that you will keep the records of the offerings for a minimum of two years after presentation. List what records will be retained, the location of the records and the steps taken to ensure confidentiality and security of the records. KAR 60-9-107(h)

I verify that records for all Continuing Nursing Education (CNE) offerings will be maintained for a minimum of two (2) years following the presentation date in accordance with KAR 60-9-107(h) and any applicable Kansas State Board of Nursing requirements. Records Retained. The following records will be maintained for each educational course. Educational course planning documents and needs assessments, Learning objectives/content outlines, Faculty qualifications, resumes, licenses, certifications/supporting documentation; Bibliographies and reference materials, Promotional and advertising materials, Attendance rosters and participation records, Independent study completion records and pilot study documentation, Learner evaluations and summary reports, Certificates of completion issued, Contact hour calculations and supporting documentation, Correspondence related to the educational activity, Financial records related to registration and course administration, and any additional documentation required by the Kansas State Board of Nursing. Location of Records. Records will be maintained in secure electronic and/or paper formats by Breathe and Expansion, LLC. Electronic records will be stored on password-protected computer systems, cloud-based storage platforms, learning management systems, and secure backup systems. Paper records, if maintained, will be stored in locked filing cabinets located within a secured office environment with limited access. Confidentiality and Security Measures. To protect participant confidentiality and maintain record security, the following measures will be implemented: Access to records will be restricted to authorized personnel only. Electronic records will be protected through password security and secure login credentials. Sensitive information will be stored using secure cloud storage and backup systems. Computers and devices containing educational records will utilize security software and routine updates. Paper records will be stored in locked cabinets within secure locations. Participant information will be used solely for educational administration, record keeping, and regulatory compliance purposes. Records containing personal information will not be disclosed except as required by law or regulatory review. At the conclusion of the required retention period, records will be securely destroyed or permanently deleted in a manner that protects participant confidentiality and privacy.

### Process for Notice of Change of Coordinator or Required Policies

Describe what methods will be used to notify KSBN of a change of coordinator or policies, and verify that you will notify KSBN of any change within 30 days. KAR 60-9-107(b)(3)(H)

Breathe and Expansion, LLC will notify the Kansas State Board of Nursing (KSBN) of any change in Continuing Nursing Education (CNE) Coordinator, provider information, or required policies within thirty (30) days of the effective date of the change, in accordance with KAR 60-9-107(b)(3)(H). Notification will be submitted in writing through the method designated by KSBN, including email, postal mail, or other approved communication channels. Documentation describing the change and any revised policies or procedures will accompany the notification. Records of all communications with KSBN will be maintained as part of the provider's administrative records. Breathe and Expansion, LLC verifies its commitment to maintaining current and accurate information with KSBN and complying with all reporting requirements within the required thirty-day time frame.

### Total Program Evaluation

Verify that you will perform a total program evaluation each year. A copy of the proposed evaluation must be attached.

Printed Name: Ceena M. Lund

Signature Below:

*Ceena M. Lund*

Breathe and Expansion, LLC verifies that a comprehensive evaluation of the Continuing Nursing Education (CNE) program will be conducted annually. The purpose of the evaluation is to assess the effectiveness of the provider unit, determine whether educational activities meet identified learning needs, ensure compliance with Kansas State Board of Nursing requirements, and identify opportunities for program improvement. Data reviewed will include participant evaluations, achievement of learning objectives, attendance and completion records, instructor effectiveness, quality of educational content, participant satisfaction, operational processes, and overall program outcomes. Findings will be used to make improvements to future educational activities and provider operations.

**Note: Each applicant must attach all documents required by KAR 60-9-107(i)(1) for two separate offerings which have been developed for presentation.**

**Attestation**

I realize that this application is a legal document and by pressing the Submit button you are declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

If all the above information is correct please press the Submit button .

Otherwise please go back and correct any information that is necessary.

**SUBMIT WILL CONTINUE YOU ON TO THE FILE UPLOAD PAGE**

SUBMIT

Printed Name: Ceena M. Lund

Signature: *Ceena M. Lund*

# Independent Study Pilot Study

**Course Title:** Integrative Healthcare & Therapeutic Touch

**Provider:** Ceena Lund, MPS, RN

**Purpose of Pilot Study:** The purpose of this pilot study was to determine the appropriate number of contact hours to award for successful completion of the independent study activity. Participants completed the course under conditions similar to those expected of future learners.

## Pilot Participants

Five healthcare professionals representative of the intended audience were selected to complete the activity:

| Participant   | Professional Role          | Completion Time    |
|---------------|----------------------------|--------------------|
| Participant A | Registered Nurse           | 2 hours 20 minutes |
| Participant B | Licensed Practical Nurse   | 2 hours 10 minutes |
| Participant C | Healthcare Educator        | 2 hours 35 minutes |
| Participant D | Registered Nurse           | 2 hours 15 minutes |
| Participant E | Allied Health Professional | 2 hours 30 minutes |

## Results

Total Completion Time: 690 minutes

Average Completion Time:  $690 \div 5 = 138$  minutes

Average Course Completion Time: 138 minutes (2 hours 18 minutes)

## Contact Hour Determination

The educational activity includes:

- Online educational content
- Required reading materials
- Knowledge assessment
- Course evaluation

Based on the pilot study average completion time of 138 minutes, the course was assigned **2.25 contact hours**.

## Successful Completion Requirements

Participants must:

- Complete all course modules
- Complete the required evaluation
- Achieve a minimum passing score of 80% on the post-test (if applicable)

## Conclusion

Based upon the pilot study results, the provider determined that successful completion of the independent study activity requires approximately 138 minutes of learner participation. Therefore, participants who successfully complete all requirements will be awarded **2.25 contact hours**.

Pilot study records, participant completion times, and supporting documentation will be maintained in accordance with Kansas State Board of Nursing requirements.

BREATHE AND EXPANSION, LLC  
CONTINUING NURSING EDUCATION (CNE)  
ATTENDANCE ROSTER

**Course Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Location/Platform:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

**Total Contact Hours Available:** \_\_\_\_\_

| Participant<br>Name (Print) | License Type<br>(RN/LPN/APRN<br>) | License<br>Number<br>(Optional) | Time<br>In | Time<br>Out | Contact<br>Hours<br>Awarded | Participant<br>Signature |
|-----------------------------|-----------------------------------|---------------------------------|------------|-------------|-----------------------------|--------------------------|
|-----------------------------|-----------------------------------|---------------------------------|------------|-------------|-----------------------------|--------------------------|

**Provider Verification**

I certify that the attendance information recorded above accurately reflects participant attendance for this Continuing Nursing Education activity.

**Provider Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Hour Calculation Notes**

- One contact hour = 50 minutes of organized learning activity.

- Breaks, meals, registration, and non-instructional activities are excluded.
- Partial credit is awarded based on actual attendance.
- Participants arriving late or leaving early receive prorated contact hours based on documented attendance.

## Record Retention

Attendance records are maintained by Breathe and Expansion, LLC in accordance with Kansas State Board of Nursing requirements.

# Total Program Evaluation

Breathe and Expansion, LLC verifies that a comprehensive evaluation of the Continuing Nursing Education (CNE) program will be conducted annually. The purpose of the evaluation is to assess the effectiveness of the provider unit, determine whether educational activities meet identified learning needs, ensure compliance with Kansas State Board of Nursing requirements, and identify opportunities for program improvement.

Data reviewed will include participant evaluations, achievement of learning objectives, attendance and completion records, instructor effectiveness, quality of educational content, participant satisfaction, operational processes, and overall program outcomes. Findings will be used to make improvements to future educational activities and provider operations.

## Annual CNE Program Evaluation Form

**Evaluation Year:** \_\_\_\_\_

**Provider Name:** Breathe and Expansion, LLC

### Program Effectiveness

1. Were identified educational needs adequately addressed? ☐ Yes ☐ No
2. Were learning objectives achieved across educational offerings? ☐ Yes ☐ No
3. Were participants satisfied with the quality of the educational activities? ☐  
Excellent ☐ Good ☐ Fair ☐ Poor
4. Were instructors qualified and effective in presenting content? ☐ Excellent ☐ Good  
☐ Fair ☐ Poor
5. Did the educational activities meet the definition of Continuing Nursing Education pursuant to KSA 65-1117? ☐ Yes ☐ No

### Operational Review

6. Were attendance, completion, and contact hour records maintained appropriately?  
☐ Yes ☐ No
7. Were policies and procedures followed consistently? ☐ Yes ☐ No
8. Were any complaints received during the evaluation period? ☐ Yes ☐ No

If yes, describe actions taken: \_\_\_\_\_



## Areas for Improvement

Strengths of the Program: \_\_\_\_\_

Opportunities for Improvement: \_\_\_\_\_

Planned Changes for the Upcoming Year:

\_\_\_\_\_

## Annual Review Certification

Evaluator Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Behavioral Objectives

Behavioral objectives are developed for each Continuing Nursing Education (CNE) activity and are written in measurable terms to identify the knowledge, skills, or competencies participants are expected to achieve upon completion of the educational offering. Objectives are based on identified learning needs and practice gaps and are appropriate to the content and target audience.

Examples of behavioral objectives include:

- Describe current evidence-based practices related to the educational topic.
- Identify clinical considerations relevant to nursing practice.
- Discuss the role of the nurse in applying learned concepts to patient care.
- Differentiate between appropriate and inappropriate interventions within the scope of nursing practice.
- Demonstrate increased knowledge regarding the subject matter through successful completion of learning assessments.
- Apply newly acquired information to improve professional practice and patient outcomes.
- Evaluate strategies that support safe, effective, and patient-centered care.

Behavioral objectives are reviewed during the planning process and are used to guide content development, instructional methods, and participant evaluation.

# Integrative Healthcare & Therapeutic Touch

*Evidence. Connection. Compassion.*

Explore integrative approaches and the healing power of therapeutic touch to enhance patient outcomes, reduce stress, and support whole-person care.



WHOLE-PERSON  
CARE.  
MEANINGFUL  
IMPACT.

## YOU WILL LEARN TO:

- ✓ Describe the principles of integrative healthcare and therapeutic touch.
- ✓ Identify the evidence supporting therapeutic touch and other integrative interventions.
- ✓ Discuss the role of therapeutic touch in reducing pain, anxiety, and stress.
- ✓ Implement safe and appropriate touch techniques within the scope of nursing practice.
- ✓ Incorporate integrative approaches that support patient-centered care and healing.



## TARGET AUDIENCE

RNs, LPNs, APRNs, and other healthcare professionals



## FORMAT

Online Self-Paced  
with downloadable resources,  
or In Person



## TOPICS INCLUDE

- The science of touch
- Therapeutic touch techniques
- Integrative modalities in practice
- Ethical and safety considerations
- Case examples and applications

## MEET YOUR INSTRUCTOR



Ceena Lund is a professional educator for a Massage Therapy program at a University, community educator for her peers, and massage therapist with over 30 years of hands-on experience.

As a Director of Massage Therapy, she facilitates student education programs, including hybrid concepts in the classroom.

Supported by experiences in the healthcare environment as a registered nurse, higher education, and client interaction, she created programs to empower today's healthcare professional!

## REGISTER TODAY!



Ceena Lund MPS, RN



breatheandexpansion@gmail.com



785-639-7218



This offering has been approved for \_\_\_\_\_ contact hour(s) for \_\_\_\_\_  
APRN, RN, or LPN relicensure by (Provider Name), \_\_\_\_\_



# CERTIFICATE OF COMPLETION

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BREATHE AND EXPANSION, LLC

CONTINUING NURSING EDUCATION CERTIFICATE

This certifies that

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has successfully completed the Continuing Nursing Education activity entitled

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on

---

and has earned

\_\_\_\_\_ CONTACT HOUR(S)

applicable for APRN, RN, or LPN relicensure.

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## Approval Statement

This offering has been approved for \_\_\_\_\_ contact hour(s) applicable for APRN, RN, or LPN relicensure by Breathe and Expansion, LLC, Kansas State Board of Nursing Provider Number \_\_\_\_\_.

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## Participant Information

Participant Name: \_\_\_\_\_

License Number (Optional): \_\_\_\_\_

Date of Completion: \_\_\_\_\_

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## Provider Information

Breathe and Expansion, LLC

Ceena Lund, MPS, RN

Continuing Education Provider

Email: breatheandexpansion@gmail.com

Phone: 785-639-7218

Website: \_\_\_\_\_

Kansas State Board of Nursing Provider Number: \_\_\_\_\_

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Authorized Provider Signature

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Ceena Lund, MPS, RN

Date Issued: \_\_\_\_\_

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*“Dedicated to advancing professional excellence through education, innovation, and lifelong learning.”*

# BREATHE AND EXPANSION, LLC

CONTINUING NURSING EDUCATION (CNE)

COURSE EVALUATION FORM

**Course Title:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

Please help us improve future educational offerings by completing this evaluation.

## Achievement of Learning Objectives

As a result of this educational activity, I am able to:

| Statement                                                                | Strongly Agree           | Agree                    | Neutral                  | Disagree                 | Strongly Disagree        |
|--------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The stated learning objectives were met.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The content increased my knowledge of the topic.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The information presented is applicable to my professional practice.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I can use the information learned to improve patient/client outcomes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The educational                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Statement                                       | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|-------------------------------------------------|----------------|-------|---------|----------|-------------------|
| activity addressed an identified learning need. |                |       |         |          |                   |

### Evaluation of Presenter

| Statement                                                         | Excellent                | Good                     | Fair                     | Poor                     |
|-------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. Presenter demonstrated expertise in the subject matter.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Presenter communicated information clearly and effectively.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Presenter encouraged participant engagement.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Presenter responded appropriately to questions and discussion. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Evaluation of Educational Activity

| Statement                                        | Excellent                | Good                     | Fair                     | Poor                     |
|--------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Quality of educational materials.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Organization of the presentation.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Relevance of content to nursing practice.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Overall quality of the educational activity. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Practice Change

14. As a result of this activity, do you intend to make changes in your professional practice?

☐ Yes ☐ No

If yes, please describe:

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### Future Educational Needs

15. What topics would you like to see offered in future Continuing Nursing Education programs?

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### Comments and Suggestions

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### Participant Verification

I verify that I participated in this educational activity and have completed this evaluation.

Participant Signature (optional): \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your feedback. Your responses will be used to improve future educational activities and support annual program evaluation.



# BREATHE AND EXPANSION, LLC

## CONTINUING NURSING EDUCATION (CNE)

### COURSE EVALUATION FORM

**Course Title:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

Please help us improve future educational offerings by completing this evaluation.

#### Achievement of Learning Objectives

As a result of this educational activity, I am able to:

| Statement                                                                | Strongly Agree           | Agree                    | Neutral                  | Disagree                 | Strongly Disagree        |
|--------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The stated learning objectives were met.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The content increased my knowledge of the topic.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The information presented is applicable to my professional practice.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I can use the information learned to improve patient/client outcomes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Statement                                                          | Strongly Agree           | Agree                    | Neutral                  | Disagree                 | Strongly Disagree        |
|--------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. The educational activity addressed an identified learning need. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Evaluation of Presenter

| Statement                                                         | Excellent                | Good                     | Fair                     | Poor                     |
|-------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. Presenter demonstrated expertise in the subject matter.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Presenter communicated information clearly and effectively.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Presenter encouraged participant engagement.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Presenter responded appropriately to questions and discussion. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Evaluation of Educational Activity

| Statement                                        | Excellent                | Good                     | Fair                     | Poor                     |
|--------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Quality of educational materials.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Organization of the presentation.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Relevance of content to nursing practice.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Overall quality of the educational activity. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Practice Change

14. As a result of this activity, do you intend to make changes in your professional practice?

☐ Yes ☐ No

If yes, please describe:

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### Future Educational Needs

15. What topics would you like to see offered in future Continuing Nursing Education programs?

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### Comments and Suggestions

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### Participant Verification

I verify that I participated in this educational activity and have completed this evaluation.

Participant Signature (optional): \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your feedback. Your responses will be used to improve future educational activities and support annual program evaluation.

## **Ceena Lund MPS, RN, BCTMB**

P.O. Box 904  
Hays, KS 67601  
(cell) 785-639-7218  
[cmlund2@fhsu.edu](mailto:cmlund2@fhsu.edu)

### **Degrees:**

|                                                     |                |
|-----------------------------------------------------|----------------|
| *Fort Hays State University                         | Hays, KS       |
| Master of Professional Studies                      | 2016           |
| -Concentration in Organizational Leadership         |                |
| *Fort Hays State University                         | Hays, KS       |
| Bachelor of General Studies                         | 2014           |
| -Concentration in Biological Science                |                |
| *Massage Therapy Instructor/Adult Learner Education | Houston, TX    |
|                                                     | 2008           |
| *Galveston Community College                        | Galveston, TX  |
| Associate Degree Nursing                            | 2006           |
| *Austin School of Massage                           | Houston, TX    |
| Registered Massage Therapist                        | 1996           |
| *Barton County Community College                    | Great Bend, KS |
| Associate of Science                                | 1993           |

### **Honors:**

- \* Panel Speaker for the American Massage Therapy Association on *Innovative Teaching Strategies: Embracing Technology to Enhance The Massage Therapy Learning Experience*, 2025
- \* Business Mastery 6<sup>th</sup> Edition chapter reviewer "Master Your Way to Employment," 2025
- \* Massage Envy \$10,000 School's Grant recipient 2025
- \* 2025 Professional Who's Who Nominee of America
- \* Fischli's Excellence in Higher Education Faculty Award, Fort Hays State University, Lecturer 2025
- \* Panel Speaker for the American Massage Therapy Association on Research Trends in the Massage Profession Today, 2022
- \* Guest Speaker for Eric Fisher Academy, Massage Therapy in the Spa Profession
- \* Guest Speaker for American Massage Therapy Association on Current Issues Impacting Schools, Teachers, and Students, 2022
- \* Global Massage Makes Me Happy School Ambassador, 2022-2025
- \* Nominated for the Professional Who's Who 2020
- \* Participant in the American Massage Therapy Championships, 2022
- \* Candidate for the Fort Hays State University Alumni Distinguished Service Award 2020, 2019
- \* Listed as a member of the "Worldwide Leaders in Healthcare," 2019, 2018,

2017

- \*Nominee for Fort Hays State University Alumni Distinguished Service Award, 2020, 2019
- \*Selected as a Top Nurse Massage Therapist in Kansas by the International Nurses Association, 2017-2015
- \*Member for the Continental Who's Who Among Nurse Massage Therapists of the United States, 2016-present
- \* Board Certified by the National Certification Board for Therapeutic Massage and Bodywork, the highest attainable credential level for the profession, 4486476
- \* Fort Hays State University Honor Society Member 2016
- \*CVENT (Fortune 500 event planning certificate) Supplier Network Certificate of Excellence 2016
- \* Member Phi Theta Kappa International Honor Society 2006

### **Qualifications:**

- \* Course Subject Matter Expert for Books of Discovery, *Business Mastery*, Chapter 4 "Master Your Way to Employment." 5/2025
- \* Fort Hays State University Faculty Leader Study Abroad Italy: *Health and Wellness* 5/2025
- \*Course reviewer for esteemed Susan Salvo, Article: *Creating a More Inclusive Practice: Disabilities and Impairments*. 2/2024
- \* Guest writer for *Massage Magazine*, 8/2022 Sustainability for a Massage Therapist 20+ years in the field.
- \* Associate Bodywork & Massage Professionals: Completed Instructional Development Program 2022, 25 hrs.
- \* Director of one of the best 2020 schools for online learning in Massage Therapy by EduMed.org, 2020, 2021, 2022, 2023
- \* Grant writer for the Legislative and Legal Education, Advocacy and Defense (LLEAD) fund with the American Massage Therapy Association (AMTA) successfully 2020, 2021, 2022, 2023
- \*Creator of the First Hybrid Massage Therapy Program in the State of Kansas. Orchestrating community clinics, managing recruitment, enrollment, and advisement of new and existing students. Creating outcomes and objectives for profession.
- \* Massage/Spa educator in 5 Diamond Resorts and other spa establishments.
- \*30 years' experience: over 30,000 1-hour massages provided
- \*Massage Therapy CEU Provider, 13 years' experience
- \*Injury Prevention and Ergonomics Solution Specialist for "Save your Hands", National CEU provider
- \*400 hours Continuing Education Credits toward advanced education
- \*Farmer's Daughter- demonstrating strong work ethic, sustainability of self-employment and drive, knowing the value of a dollar, specific code of ethics, reliable, punctual, accountable, respectful of elders, self, time, weather, and efficiency.

### **Professional Experience:**

|                                                                         |                                          |
|-------------------------------------------------------------------------|------------------------------------------|
| *Director of Massage Therapy<br>Fort Hays State University              | Facilitator/Educator<br>2014-Present     |
| *Ceena's Massage, Education, and Retail<br>Owner/Therapist 2020-Present | Hays, Ks                                 |
| *H2O Float/Cryo/Massage, LLC<br>Hays, KS                                | Co-owner/Therapist<br>8/2017-2020        |
| *Director of Massage Therapy<br>Colby Community College                 | Facilitator/Educator<br>8/2011-2014      |
| *Elements of Massage, LLC<br>Hays, KS                                   | Proprietor/Therapist<br>4/1996-2014      |
| *Hays Medical Center<br>Hays, Ks                                        | Charge/Registered Nurse<br>8/2007-2/2011 |
| *Shriners Pediatric Burns<br>Galveston, TX                              | Registered Nurse<br>6/2006-11/2006       |
| *Moody Gardens Hotel Spa<br>Galveston, TX                               | Manager/Trainer/Therapist<br>1997-2007   |
| * Spa San Luis Resort<br>Galveston, TX                                  | Manager/Trainer/Therapist<br>1999-2007   |

### **Massage Therapy Work Experience:**

- \* Tourism and Hospitality Study Abroad Bath House Tour of Europe, Fort Hays State University, 2017
- \* Kansas State Board of Nursing Continuing Education Unit Provider, 2014-2016

### **License:**

- \* Registered Nurse, Kansas #14-102517-072
- \* Board Certified Therapeutic Massage and Bodyworker #312464
- \* Registered Massage Therapist, Texas #015522
- \* National Certification Board for Therapeutic Massage & Bodywork Continuing Education Provider #1001742
- \* Registered Nurse, Kansas #14-102517-072
- \* Federation of State Massage Therapy Boards CE Provider, 2024

### **Micro-credentials/Soft Skills:**

- \*Creating Healthy Boundaries, American Massage Therapy Association, 2023
- \*Security Awareness, Fort Hays State University 2021
- \*Canva Illustrator 2020
- \*Profit for Products, Sohnen-Moe Associates 2014
- \*Positioning Yourself as a Leader, The Magellan Group 2009
- \*Crucial Confrontations Certificate 2009
- \*Crucial Conversations Certificate 2006
- \*Mini Medical School, University Texas Medical Branch 2004

## Service:

### *Presentations:*

- \* Approved Judge American Massage Championship 2025
- \* Presenter/Speaker at the American Massage Therapy Association National Convention, topic: AI Mastery 101: Empowering Massage Therapists Minds with the Fundamentals of Artificial Intelligence 9/2024
- \* Speaker/Presenter Massage Makes Me Happy and Healthy Ambassador Spring 2023
- \* Fort Hays State University Administrative Assistant presentation on Personal Wellness, 2022
- \* Fort Hays State University faculty exchange with Northwest Minzu University in Lanzhou, China 2019
- \* Speaker for the 17<sup>th</sup> Annual Physical Therapy Conference: Lower Extremity; topic "Benefits of Massage Therapy & Complimentary Wellness Services, 2018
- \* Guest speaker for University of Kansas "Sizzlin Summer Symposium" on Alternative Therapies for Pain Management, 2018-2017
- \* Guest Speaker for Fort Hays State University Tourism and Hospitality Department and Department of Nursing, 2016-present
- \* Speaker for the Wheat Summit for Advanced Nurse Practitioners 2016
- \* Speaker/Presenter at Conquering Pain Together with Hays Medical Center and the American Pain Foundation Action Network, 2016

### *Memberships/Boards:*

- \* Alliance for Massage Therapy Education Member Leadership Committee 2024-2025
- \* American Massage Therapy Association Kansas Chapter President 2020-2024
- \* American Massage Therapy Association Kansas Chapter Board Member 2019-2020
- \* Member of National Association of Nurse Massage Therapists
- \* Member of American Massage Therapy Association and American Bodywork and Massage Professionals
- \* Member of Kansas Association of Massage Therapists
- \* Hays Chamber of Commerce member

### *Volunteer/Committee:*

- \* United Massage Championships of America Approved Judge 2024
- \* American Massage Therapy Championship Approved Judge 2024
- \* Federation of State Massage Therapy Boards MBLEX Item Writer 2020-2025
- \* Federation of State Massage Therapy Boards Continuing Education Registry Review Panel 2024
- \* Fort Hays State University Athletic Wellness Program Team 2023-2024

- \*Competitor in the American Massage Therapy Championship 2022
- \*Volunteer Olympics 2020, Tokyo-United States Massage Therapy Team (cancelled)
- \*Volunteer for the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) Approved Provider Committee, 2020
- \*Federation of State Massage Therapy Boards CE Content Development Advisory Panel, 2020-present
- \*Federation of State Massage Therapy Boards Course Development Advisory Panel, 2020-present
- \* Federation of State Massage Therapy Boards Examination Development Committee, 2017-present
- \* Item Writer for the Federation of State Massage Therapy Boards, 2017-present
- \* Member of the Continuing Education Content Development Advisory Panel for the Federation of State Massage Therapy Boards, 2017-present
- \* American Massage Therapy Association Mentor to assist Massage Therapists who are new to the profession with personal development, business development and understanding of theory and practice of Massage Therapy, 2016-present.
- \*Texas Association of Massage Therapists  
~ 1998-2000 President of Galveston Chapter  
2000-2002 Region 2 Representative of Texas



**Long Term CNE Provider Checklist**  
(K.A.R. 60-9-107)

**Renewal or Initial**

**Name of Provider:**

**LT** \_\_\_\_\_

**Name of Program Coordinator:**

**Date Received:**

**Date to CNE Committee:**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved:** \_\_\_\_\_

**Date Notified:** \_\_\_\_\_

| <b>Information Required</b>                                                                                                                                                                                                                                                                                                                                                    | <b>Received</b> | <b>NA</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|
| 1. Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting                                                                                                                                                                                                                |                 |           |
| 2. The name and address of the organization on the application                                                                                                                                                                                                                                                                                                                 |                 |           |
| 3. The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization                                                                                                                                                                                                            |                 |           |
| 4. The name, education and experience of the program coordinator responsible for CNE – include resume                                                                                                                                                                                                                                                                          |                 |           |
| A. Be a licensed professional nurse                                                                                                                                                                                                                                                                                                                                            |                 |           |
| B. Have three years of clinical experience                                                                                                                                                                                                                                                                                                                                     |                 |           |
| C. Have one year of experience in developing and implementing nursing education                                                                                                                                                                                                                                                                                                |                 |           |
| D. Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)                                                                                                                                                                                                                                           |                 |           |
| <b>Policies &amp; Procedures:</b>                                                                                                                                                                                                                                                                                                                                              |                 |           |
| 5. Written policies and procedures, including at least the following areas:                                                                                                                                                                                                                                                                                                    |                 |           |
| A. Assessing the need and planning for CNE activities                                                                                                                                                                                                                                                                                                                          |                 |           |
| B. Fee assessment                                                                                                                                                                                                                                                                                                                                                              |                 |           |
| C. Advertisements or offering announcements. Published information shall contain the following statement: “(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: ” |                 |           |
| D. Notice of change of coordinator or required policies and procedures. The program coordinator shall notify                                                                                                                                                                                                                                                                   |                 |           |

|                                                                                                                                                                                                                                                     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days                                                                                                            |  |  |
| 6. For long term providers, the policies and procedures for the approval process shall include the following:                                                                                                                                       |  |  |
| A. A summary of the planning                                                                                                                                                                                                                        |  |  |
| B. The behavioral objectives                                                                                                                                                                                                                        |  |  |
| C. The content, which shall meet the definition of CNE in KSA 65-1117                                                                                                                                                                               |  |  |
| D. The instructor's education and experience, documenting knowledge and expertise in the content area                                                                                                                                               |  |  |
| E. A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both                                            |  |  |
| F. An offering evaluation that includes each participant's assessment of the following:                                                                                                                                                             |  |  |
| 1. The achievement of each objective                                                                                                                                                                                                                |  |  |
| 2. The expertise of each individual presenter                                                                                                                                                                                                       |  |  |
| 7. An approved provider may award any of the following:                                                                                                                                                                                             |  |  |
| A. Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours                                                                                                          |  |  |
| B. Credit for fractions of hours over 30 mins to be computed towards a contact hour                                                                                                                                                                 |  |  |
| C. Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum                                                                                        |  |  |
| D. Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results                                                                                                         |  |  |
| E. Clinical hours                                                                                                                                                                                                                                   |  |  |
| <b>Documentation of Attendance</b>                                                                                                                                                                                                                  |  |  |
| 8. Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:                             |  |  |
| A. The provider's name, address, provider number, and coordinator                                                                                                                                                                                   |  |  |
| B. The date and title of the offering, and the presenter or presenters                                                                                                                                                                              |  |  |
| C. The participant's name and license number and the number of contact hours awarded                                                                                                                                                                |  |  |
| 9. Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following: |  |  |
| A. The provider's name, address, provider number, and coordinator                                                                                                                                                                                   |  |  |

|                                                                                                                                                                                                               |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| B. The participant's name and license number, and the number of contact hours awarded                                                                                                                         |  |  |
| C. The title of the offering                                                                                                                                                                                  |  |  |
| D. The date on which the offering was completed                                                                                                                                                               |  |  |
| E. Either the completion of a posttest or a return demonstration                                                                                                                                              |  |  |
| <b>Certificate of Attendance/CE Transcript</b>                                                                                                                                                                |  |  |
| 10. A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider |  |  |
| 11. Each certificate and each CE transcript shall be complete before distribution to the participant                                                                                                          |  |  |
| 12. Each certificate and each CE transcript shall contain the following information:                                                                                                                          |  |  |
| A. The provider's name, address and provider number                                                                                                                                                           |  |  |
| B. The title of the offering                                                                                                                                                                                  |  |  |
| C. The date or dates of attendance or completion                                                                                                                                                              |  |  |
| D. The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded                                                                       |  |  |
| E. The signature of the individual responsible for the providership                                                                                                                                           |  |  |
| F. The name and license number of the participant                                                                                                                                                             |  |  |
| <b>Recordkeeping &amp; Storage</b>                                                                                                                                                                            |  |  |
| 13. For each offering, the approved provider shall retain the following for two years:                                                                                                                        |  |  |
| A. A summary of the planning                                                                                                                                                                                  |  |  |
| B. A copy of the offering announcement or brochure                                                                                                                                                            |  |  |
| C. The title and objectives                                                                                                                                                                                   |  |  |
| D. The offering agenda or, for independent study, pilot test results                                                                                                                                          |  |  |
| E. A bibliography                                                                                                                                                                                             |  |  |
| F. A summary of the participants' evaluations                                                                                                                                                                 |  |  |
| G. Each instructor's education and experiences                                                                                                                                                                |  |  |
| H. Documentation to verify completion of the offering                                                                                                                                                         |  |  |
| 14. The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals                                                                                       |  |  |
| <b>Program Evaluation Plan</b>                                                                                                                                                                                |  |  |
| 15. For long-term providers, a copy of the total program evaluation plan                                                                                                                                      |  |  |

12/2018

| <b>Two Proposed Offerings</b>                                              |  |
|----------------------------------------------------------------------------|--|
| The provider shall submit two proposed offerings, including the following: |  |
| 16. Offering #1                                                            |  |
| A. A summary of planning                                                   |  |
| B. A copy of the offering announcement or brochure                         |  |
| C. The title and behavioral objectives                                     |  |
| D. The offering agenda or, for independent study, pilot test results       |  |
| E. Each instructor's education and experience                              |  |
| F. A current bibliography                                                  |  |
| G. The offering evaluation form                                            |  |
| 17, Offering #2:                                                           |  |
| A. A summary of planning                                                   |  |
| B. A copy of the offering announcement or brochure                         |  |
| C. The title and behavioral objectives                                     |  |
| D. The offering agenda or, for independent study, pilot test results       |  |
| E. Each instructor's education and experience                              |  |
| F. A current bibliography                                                  |  |
| G. The offering evaluation form                                            |  |

12/2018, Rev 6/2025

# LONG-TERM CNE PROVIDER APPLICATION

## COVER PAGE

**Initial Application:** ☒ **Renewal:** ☐

**Name of Provider:** Kansas Neurological Institute

**Provider Number (For Renewal):**

**Legal Body (If different from provider):** KDADS

**Address of Provider:** 3107 SW 21st Street, Topeka, KS 66604

**Telephone:** 785/296-5043

**Email:** daniel.keck@ks.gov

**Program Coordinator (RN):** Daniel J. Keck, FNP-C

**Date (mm/dd/yyyy):** 08/18/2026

# Program Management

## Assessing Need and Planning CNE

Please describe what advisory groups or planning committees were formed and what factors were reviewed to determine what CNE subjects should be presented and how those presentations will meet the definition of CNE in KSA 65-1117(a).

## Process for Fee Assessment

Describe the method for determining the price to charge for CNE, what procedure is used in case of insufficient fund checks, and refund requests due to cancellations.

## Process for Advertisements or Announcements

Describe what material will be distributed or used to announce your CNE. Include all information sources used and the media used, printed or electronic. Copies of each announcement must be attached. All announcements are required to contain the required language in KAR 60-9-107(b)(3)(C).

Please describe what advisory groups or planning committees were formed and what factors were reviewed to determine what CNE subjects should be presented and how those presentations will meet the definition of CNE in KSA 65-1117(a).

An advisory group is currently established which provides guidance in determining what CNE subjects will be presented to the licensed nursing employees at Kansas Neurological Institute. The group consists of Jessica McDow, RN, the Director of Health Care, Daniel J Keck, Senior Advanced Registered Nurse Practitioner, Morgan Thompson, Unit Two Advanced Registered Nurse Practitioner, and Trisha Martin, the Director of Training Services at Kansas Neurological Institute.

Describe the method for determining the price to charge for CNE, what procedure is used in case of insufficient fund checks, and refund requests due to cancellations.

At this time, we do not anticipate discharging a fee for the CNE and it will be an additional benefit of being Neurological Institute. In the event we do charge a fee it will be deducted from the employee salary before the end of the next pay period.

Describe what material will be distributed or used to announce your CNE. Include all information sources used, and the media used, printed or electronic. Copies of each announcement must be attached. All announcements are required to contain the required language in KAR 60-9-107(b)(3)(C).

We will use digital and printed media to announce the CNEs. We have emails groups at our disposal to include all the licensed nursing and other professionals at KNI that allows for easy distribution of the announcements. We will also print and post the announcements in the Nursing Treatment room on the main campus, and we do have the ability to mail the announcements if there is a request for them. We have used similar announcements in the past and they have been successful in reaching nursing employees.

Please verify in writing that all information listed below will be completed for each offering before it is presented. 1. Summary of planning; 2. Behavioral



objectives of the offering; 3. The content of the offering meets the definition of CNE pursuant to KSA 65-1117; 4. Documentation is received of each instructor's experience and education; 5. The bibliography of each presentation is received and up to date; 6. The evaluation form for the learner to assess achievement of the objectives and the expertise of the presenter. KAR 60-9-107(d)

The CNE planning committee will use the note of the meeting to document the summary of the meetings including the discussion of the process of determining the schedule of CNE programs we will offer for the next three months. The Committee will meet every quarter. During the meeting the Committee will identify the CNE topic to be presented, the expected outcomes, and the process used to gather the information used in the program ensuring the information is the most current and evidence based. The 4 CNE programs will be an extension of the educational opportunities offered in either the classroom or in other educational opportunities to deepen the understanding and the usefulness of the information. Documentation will include instructor experience and education in the form of a Curriculum Vitae. The resources used will be included in the presentation. An evaluation form will be included for those in attendance to provide an assessment of the presenter.

Describe the method of calculating contact hours for actual attendance that will be awarded for each presentation, utilizing the attendance roster. This must include your method of calculating partial credit, more than one hour, because of early departures or late arrivals. Describe also how instructor credit is calculated and how independent study credit is calculated. If you offer independent study, you must provide the complete pilot study which determines the amount of contact hours the completed material is worth. KAR 60-9-107(e)

From KAR 60-9-107(e) and KAR 60-9-105 "Contact hours mean 50 total minutes of participation in a learning experience that meets the definition of CNE in KSA 65-1117 and amended thereto. Fractions of hours 30 minutes or greater to be computed toward a contact hour shall be accepted."

Describe the contents of the roster of attendance and certificate of completion which you use, and documentation of independent study. A sample copy must be attached of each. KAR 60-9-107(f)(g)

The contents of the roster of attendance will include the attendees name, position, license, and a signature.



Please verify that you will keep the records of the offerings for a minimum of two years after presentation. List what records will be retained, the location of the records and the steps taken to ensure confidentiality and security of the records.  
KAR 60-9-107(h)

Per KAR 60-9-107 the documentation of the complete offerings and certificates of attendance will be retained in the CNE education folder on the Shared Drive for a minimum of two years.

Describe what methods will be used to notify KSBN of a change of coordinator or policies and verify that you will notify KSBN of any change within 30 days. KAR 60-9-107(b)(3)(H)

Per KAR 60-9-107(b)(3)(H) KNI will notify the KSBN within 30 days of any change in CNE coordinator, policy, or procedure via email or in writing.

Verify that you will perform a total program evaluation each year. A copy of the proposed evaluation must be attached.

The advisory groups/planning committees will meet at a minimum of every 12 months and sooner as needed to evaluate policies, procedures, and the offerings for CNE to revise the system and ensure the information included in the CNE is the most current information available.

We will provide both digital copies and physical copies of all materials presented in the CNE program.

Daniel J Keck, FNP-C, Primary  
Director of Health Care Services  
Kansas Department of Aging and Disabilities  
Kansas Neurological Institute  
3107 SW. 21<sup>st</sup> St.  
Topeka, Kansas 66604  
Cell: 785 - 633-3097  
Office: 785 - 296-5043  
Fax: 785 - 291-3511  
Email: [Daniel.Keck@ks.gov](mailto:Daniel.Keck@ks.gov)

Morgan Thompson, FNP-C, Secondary  
Kansas Department of Aging and Disabilities  
Kansas Neurological Institute  
3107 SW. 21<sup>st</sup> St.  
Topeka, Kansas 66604  
Cell: 785-600-8431  
Office: 785 – 395-  
Email: [Morgan.Thompson@ks.gov](mailto:Morgan.Thompson@ks.gov)

Blake Harris, RN, Associate  
Clinic Nurse Manager  
Kansas Department of Aging and Disabilities  
Kansas Neurological Institute  
3107 SW. 21<sup>st</sup> St.  
Topeka, Kansas 66604  
Cell: 785-338-6400  
Email: [Blake.Harris@ks.gov](mailto:Blake.Harris@ks.gov)

Rebekah Droege, RN, Associate  
RN Nurse Educator  
Cell: 785-633-5959  
Email: [Rebekah.Droege@ks.gov](mailto:Rebekah.Droege@ks.gov)

## DANIEL KECK

### EDUCATION

Washburn University, Topeka Kansas

**Masters of Science in Nursing**

**2016**

Washburn University, Topeka, Kansas

**Bachelors of Science in Nursing**

**2008**

Allen County Community College

**Associates of Science**

**2006**

### TEACHING EXPERIENCE

Washburn University, Topeka Kansas

**August 2013-September**

**2016**

Adjunct professor in the Clinical setting for Second Level Bachelors students.

I developed a plan of learning for my students based on the curriculum of the School of Nursing.

I worked in the clinical setting affording the students opportunities to utilize what they learned in lecture to care for their patients in a controlled environment.

### RELATED EXPERIENCE

Kansas Neurological Institute

**Director of Healthcare Services, Senior ARNP**

**September 2017 – Present**

Provide comprehensive primary care services, including physical exams, diagnosis, and treatment of acute and chronic conditions. Order and interpret diagnostic tests and develop treatment plans. Prescribe medications and other therapies. Communicate effectively with patients, families, and other healthcare professionals. Maintain accurate and up-to-date patient medical records. Stay current with advancements in primary care and nursing practices.

Kansas Foot Care Associates

**Podiatry ARNP**

**April 2017 – August**

**2017**

Conduct assessments of the patient's feet to identify problems like corns, bunions, and infections. Develop and implement foot care plans for patients. Administer treatments for foot conditions such as ingrown toenails, fungal infections, and warts. Provide education and guidance to patients on how to properly care for their feet and prevent foot problems. Perform minor surgical procedures like corn and callus reduction and toenail trimming. Coordinate with other healthcare professionals such as physicians, podiatrists, and orthotists for

comprehensive patient care. Advise patients on proper footwear selection and fitting. Document patient's treatment and progress for future references. Keep up to date with current foot care practices and medical knowledge. Maintain a sterile and safe working environment in compliance with healthcare procedures and regulations

Saint Francis Hospital, Topeka, Kansas

**Emergency Room, Registered Nurse**

**February 2009 – November**

**2013**

Assess, treat, and monitor patients in a busy emergency room.  
Administer medications to the patient, provide support to the patient and their family and friends, and facilitate discharge of the patient home or to further care in another setting.

Saint Francis Hospital, Topeka, Kansas

**Medical/Surgical Floor**

**May 2008 – February 2009**

Assess, treat, and monitor patients on the medical floor helping patients to a better quality of health. I facilitated the patients and their families to return home or to another facility where healing and strengthening could occur.

**LANGUAGES**

English

**MEMBERSHIPS**

American Association of Nurse Practitioners



### **PURPOSE**

To outline process for planning, offering, and facilitating Continuing Nursing Education (CNE) at Kansas Neurological Institute (KNI), in accordance with KAR 60-9-107(d) requirements.

### **POLICY**

Kansas Neurological Institute (KNI) is committed to providing high-quality Continuing Nursing Education (CNE) that supports the ongoing professional development of nursing staff and promotes safe, evidence-based clinical practice. All CNE activities will be planned, implemented, and evaluated in compliance with applicable Kansas statutes and regulations, including KAR 60-9-107(d) and KSA 65-1117.

CNE offerings at KNI will be designed to enhance nursing knowledge, skills, and competencies relevant to patient care and organizational needs. Educational activities will be developed using a structured planning process, incorporate current evidence-based content, and include measurable learning outcomes.

KNI will ensure that all CNE activities are:

- Planned by a designated CNE Planning Committee
- Based on identified learning needs and current standards of practice
- Delivered by qualified instructors with appropriate education and experience
- Evaluated for effectiveness in meeting stated objectives
- Documented in accordance with regulatory requirements

Participation in CNE is considered a benefit of employment and supports the organization's commitment to excellence in patient care and professional nursing practice.

### **PROCEDURE**

#### **Planning Process**

The CNE Planning Committee will meet on a quarterly basis. During each meeting, the committee will identify the CNE topics to be presented, determine the expected outcomes, and review the process used to gather the information for the program to ensure that it reflects the most current and evidence-based practices.

The CNE programs will extend, and support educational opportunities offered in the classroom and other learning environments, with the goal of deepening participants' understanding and enhancing the practical application of the information presented.

All required documentation, including meeting notes, instructor credentials, bibliographic resources, program objectives, and learner evaluations; will be maintained as part of the official records for each CNE offering.



For every CNE program presented, the following elements will be completed and documented:

1. **Summary of Planning**

A summary of the planning process will be documented in the notes of the CNE Planning Committee meetings. These notes will include discussion of the process used to determine the schedule of CNE programs to be offered during the upcoming three-month period.

2. **Behavioral Objectives of the Offering**

Each CNE offering will include clearly defined behavioral objectives that describe the expected learning outcomes for participants.

3. **Content Meeting the Definition of CNE (KSA 65-1117)**

The content of each offering will meet the definition of Continuing Nursing Education as defined by KSA 65-1117. The planning committee will ensure that the information presented is current, evidence-based, and relevant to nursing practice.

4. **Instructor Education and Experience Documentation**

Documentation of each instructor's education and professional experience will be collected and maintained in the form of a Curriculum Vitae (CV).

5. **Current Bibliography for Each Presentation**

An up-to-date bibliography of the resources used in the development of each presentation will be received and included as part of the program documentation. Should include books published within the past 10 years, periodicals published within the past five years, or both.

6. **Learner Evaluation Form**

An evaluation form will be provided to all participants. The form will allow learners to assess both the achievement of the stated objectives and the expertise and effectiveness of the presenter.

### **Pricing for CNE**

At this time, no fee will be charged for Continuing Nursing Education (CNE). Participation in CNE is considered an additional benefit of employment at Kansas Neurological Institute.

### **Description of Announcement Materials and Distribution**

Digital and printed media will be used to announce the Continuing Nursing Education (CNE) activity. Electronic announcements will be distributed through established email distribution groups that include all licensed nursing staff and other relevant professionals at KNI.

Printed announcements will be posted in the Nursing Treatment Room on the main campus to ensure visibility for staff who may not regularly access email communications during their shifts. In addition, printed copies of the announcement can be mailed to interested participants upon request.



## Kansas Neurological Institute Policy Manual

### 13.14 Continuing Nursing Education

Information used in the announcements will be derived from the approved CNE activity planning materials, including the activity title, objectives, presenter information, date, time, location, and contact information. All announcements will include the required language specified in KAR 60-9-107(b)(3)(C).

#### **Attendance/Documentation**

The following records will be maintained:

- Attendance rosters with arrival and departure times
- Instructor presentation records
- Pilot study documentation
- Contact hour calculation worksheets
- Participant completion verification
- Post-tests and evaluations (if applicable)
- Complete documentation of the CNE offering (including objectives, agenda, and educational materials)
- Presenter information and qualifications
- Planning documentation and conflict of interest disclosures
- Participant sign-in/attendance records
- Certificates of attendance issued to participants
- Program evaluations and summary results

All documentation will be stored electronically in the CNE Education folder on the organization's Shared Drive. Records will be kept for two years, abiding by state regulatory requirements for continuing nursing education documentation.

#### **CNE Program Evaluation**

The program advisory committee will conduct a comprehensive program evaluation on an annual basis.

#### **Change of Coordinator**

Per KAR 60-9-107(b)(3)(H), KNI will notify the Kansas State Board of Nursing (KSBN) within 30 days of any change in the Continuing Nursing Education (CNE) coordinator, policies, or procedures. Notification will be submitted via email or written correspondence to KSBN. Documentation of the notification will be maintained by KNI to verify compliance with the 30-day reporting requirement.

Kansas Neurological Institute  
3107 SW 21<sup>st</sup> Street  
Topeka, KS 66604



CNE Training Roster  
Nursing/Medical Services  
Daniel Keck, MSN, FNP-C

**Training Topic/Program Title:**

**Date(s):**

**Time(s):**

**Presenter(s):**

**Total Hours Awarded:**

**Course Number:**

**Materials:** \*See Attached

**Attendance List**

| <b>Full Name (Print)</b> | <b>License #</b> | <b>Email</b> | <b>Signature</b> |
|--------------------------|------------------|--------------|------------------|
|                          |                  |              |                  |
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|                          |                  |              |                  |
|                          |                  |              |                  |

Please return the completed original training record to Dan Keck, NP-C



## *Continuing Nursing Education (CNE) Certificate*

*Name*

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*has successfully completed the requirements for the educational activity*

*Title of Activity*

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**Date:**

*Date*

**Contact Hours Awarded:**

*Hours*

**Instructor(s):**

*Instructor Name*

**Kansas Neurological Institute**

3107 SW 21<sup>st</sup> Street

Topeka, KS 66604

The Kansas Neurological Institute (KNI) is accredited to provide continuing nursing education (CNE) by the Kansas Board of Nursing.



Jill Simons  
Kansas State Board of Nursing 48200  
900 SW Jackson, Suite 1051  
Topeka, KS 66612

# INVOICE

Daniel J. Keck, FNP-C  
Director of Healthcare Services  
Kansas Department of Aging and Disabilities  
Director of Health Care Services  
Kansas Neurological Institute

**Invoice #** 0000001  
**Invoice Date** 04/20/2026  
**Due Date** 04/20/2026

| Item                                                                                                                                                                     | Description                     | Unit Price | Quantity | Amount   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------|----------|----------|
|                                                                                                                                                                          | Single Provider Application Fee | 100.00     | 1.00     | 100.00   |
| <b>NOTES:</b> Please return invoice with payment to Jill Simons<br>If paying through interfund. Please include Single Provider Application fee in the description field. |                                 |            |          |          |
| <b>Subtotal</b>                                                                                                                                                          |                                 |            |          | 100.00   |
| <b>Total</b>                                                                                                                                                             |                                 |            |          | 100.00   |
| <b>Amount Paid</b>                                                                                                                                                       |                                 |            |          | 0.00     |
| <b>Balance Due</b>                                                                                                                                                       |                                 |            |          | \$100.00 |

# SEIZURES: A BRIEF OVERVIEW

# Objectives

- Define a seizure; List three signs or symptoms of a seizure; State possible causes of seizures; Three Care giver recommendations; Documentation of a seizure; medications to be used during a seizure

# Symptoms of a Seizure

- Short-lived confusion.
- A staring spell.
- Jerking movements of the arms and legs that can't be stopped.
- Loss of consciousness or awareness.
- Changes in thinking or emotions. These may include fear, anxiety or a feeling of already having lived the moment, called *deja vu*.

# Definitions

**Epilepsy:** a chronic medical condition marked by recurrent epileptic seizures. Patients may have single seizures as a result of fever, drug withdrawal, or trauma, for example, but are not labeled as having epilepsy if seizures do not recur.

**EEG-video monitoring:** Continuous simultaneous recording of brainwaves and video observation of the behavior accompanying the EEG. This technique, carried out at comprehensive epilepsy centers, is employed to diagnose epilepsy and localize the seizure focus. The results are useful to determine therapy -- medical or surgical.

## Definitions

- **Absence seizure:** (also know as "*dialectic seizure*" or "*petit mal seizure*") a seizure that causes a brief loss of awareness. During an absence seizure, the patient stops any activity and stares blankly. Rarely, there may be some blinking.
- **Generalized seizure:** a seizure that occurs all through the brain.
- **Grand-mal seizure:** an older term for a seizure in which the patient loses consciousness and collapses. The patient also has body stiffening and violent jerking, and then often goes into a deep sleep. Also known as a *generalized convulsion*.

# Definitions

- **Aura:** a warning or initial symptom at the beginning of a seizure, experienced by the patient, but not visible to observers. Auras may progress to become focal or even generalized seizures, or they may exist alone.
- **Clonic seizure:** repetitive, rhythmic jerks that involve all or part of the body.
- **Complex partial seizure:** a seizure that includes impairment of awareness, for example, patients seem to be "out of it" or "staring into space." Unintentional movements or other movements are frequently a part of the seizure.



# Definitions

- **Seizure:** an event of altered brain function caused by abnormal or excessive electrical discharges in the brain. Most seizures cause sudden changes in behavior or motor function.
- **Seizure focus:** the area of the brain in which a seizure starts.
- **Status epilepticus:** a prolonged seizure (usually defined as lasting longer than 30 minutes) or a series of repeated seizures without regaining consciousness. Status epilepticus is a medical emergency and medical help should be obtained immediately

# Definitions

- **Tonic-clonic seizure:** a seizure marked by loss of consciousness, falling, stiffening, and jerking. This is the hallmark of a generalized motor seizure, which used to be called a "grand mal seizure."
- **Vagus nerve:** a small cranial nerve that passes through the neck and is connected to various areas of the brain and other organs in the body, including the stomach, heart, and lungs.
- **Vagus nerve stimulation:** a surgical treatment for epilepsy involving implantation in the neck of an electrode on the vagus nerve. The electrode is connected to a pacemaker that is placed under the skin in the chest. While the VNS is usually programmed to cycle continuously, the patient can turn the stimulator on, using a small magnet placed over the pacemaker, if he or she feels a seizure coming on.

# Epilepsy Facts

- 1 in 26 people will develop epilepsy during their lifetime
- More common than autism, cerebral palsy, MS and Parkinson's disease combined
- Epilepsy accounts for 1% of the global burden of disease ( WHO), equal to burden of lung ca in men and breast ca in women

# Risk of Epilepsy

- Highest at extremes of life ( 1st year of life and in elderly)
- Risk of having at least 1 seizure in lifetime is 10%, and 1/3 will develop epilepsy
- 2.2 mln of Americans
- 65 mln people worldwide

## Risk factors

- Head or brain injuries.
- Cognitive issues.
- Stroke.
- Alzheimer's disease.
- Brain tumors.
- Alcohol or illicit drug misuse.
- Family history of seizures.

# Seizure stages

- **Prodrome.** This is the earliest warning that a seizure may happen. During the prodrome, people may have a hard-to-describe sense that a seizure may happen. They also may have changes in behavior. This can happen in the hours or even days before a seizure.
- The prodrome stage may include an aura. The aura is the first symptom of a seizure. Symptoms during the aura may include the feeling that a person or place is familiar, called *deja vu*, or a feeling that a person or place is not familiar.
- Or people may simply feel strange, feel fear or panic, or even have good feelings. Symptoms also may include smells, sounds, tastes, blurred vision or racing thoughts. Most often, auras are feelings that are hard to describe. The prodrome may include headache, numbness, tingling, nausea or dizziness.
- Many people with seizures have a prodrome or aura. But some people do not.
- **Ictal phase.** The ictal phase lasts from the first symptom, including the aura, to the end of the seizure. Symptoms of the ictal phase depend on the type of seizure.
- **Postictal phase.** This is the period after a seizure during recovery. The postictal stage can last minutes or hours. Some people recover quickly, while others take hours. The length of the postictal phase depends on the type of seizure and what part of the brain was affected.
- During this phase, people may be slow to respond, have trouble with memory, and have trouble talking or writing. They may feel sleepy, confused, dizzy, sad, scared, anxious or frustrated. They also may have nausea, a headache or weakness. They may feel thirsty or urinate.

## When to see a doctor

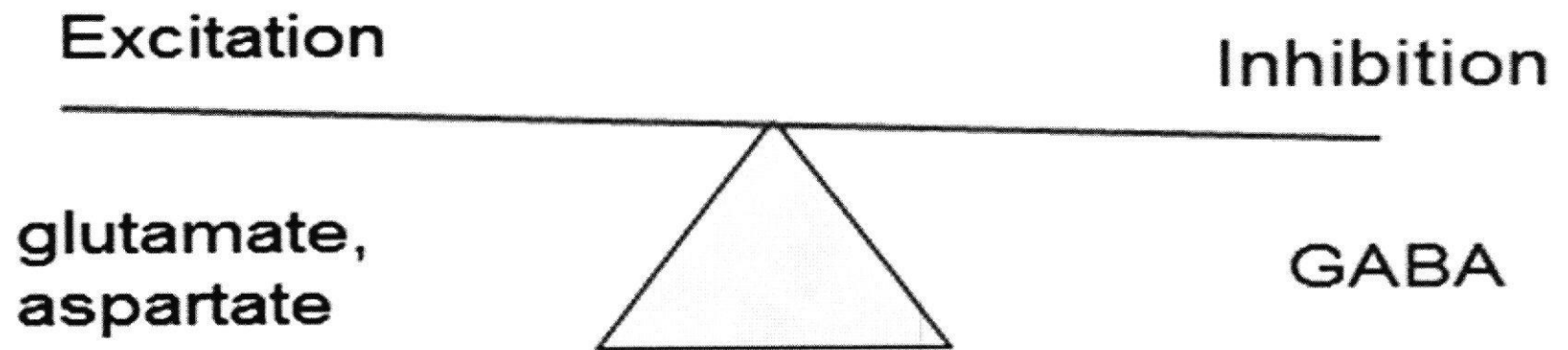
- The seizure lasts more than five minutes.
- The person isn't breathing after the seizure stops.
- A second seizure follows right away.
- The person has a high fever.
- The person's body overheats, called heat exhaustion.
- The person is pregnant.
- The person has diabetes.
- The seizure causes an injury.
- The seizure happens in water.

# Causes of Seizures

- A high fever. When fever causes a seizure, it's called a febrile seizure.
- An infection of the brain. This may include meningitis or encephalitis.
- Serious illness. This includes serious illness with COVID-19.
- Lack of sleep.
- Low blood sodium. This can happen if you take medicine that makes you urinate.
- Certain medicines that treat pain or depression or help people stop smoking.
- A new, active brain injury, such as head trauma. It can cause bleeding in an area of the brain or a stroke.
- The use of drugs that are sold on the streets. This includes amphetamines and cocaine.
- Alcohol misuse. Seizures can happen from withdrawal from alcohol or from drinking too much alcohol.



# Normal CNS Function



Modified from White, 2001

# Generalized Seizures

Tonic-clonic (in any combination)

Absence

Typical

Atypical

Absence with special features

Myoclonic absence

Eyelid myoclonia

Myoclonic

Myoclonic

Myoclonic atonic

Myoclonic tonic

Clonic

Tonic

Atonic

# Focal Seizures

- Without impairment of consciousness or awareness
- With observable motor or autonomic components. This roughly corresponds to the concept of “simple partial seizure.
- Involving subjective sensory or psychic phenomena only. This corresponds to the concept of an aura.
- With impairment of consciousness or awareness (dyscognitive). This roughly corresponds to the concept of complex partial seizure.
- Evolving to a bilateral, convulsive seizure (involving tonic, clonic, or tonic and clonic components). This expression replaces the term “secondarily generalized seizure.”

# Lennox-Gastaut Syndrome

- One of the most severe childhood epilepsies
- Described as triad of cognitive and behavioral abnormalities, multiple seizure types ( mainly tonic, atypical absence and atonic seizures) and presence of slow diffuse spike-and-wave discharges and bursts of fast activity seen on EEG during sleep

- Onset between 1 and 7 yrs (peak at 3 to 5 yrs)
- Prevalence 5 to 10% of childhood seizures
- 10-30% of cases progress from West syndrome
- Seizures are frequent and resistant to medical treatment requiring polypharmacy
- Prognosis is poor (underlying cause, comorbidities, frequent status, severe EEG abnormalities)

# Childhood Absence Epilepsy

- Childhood genetic generalized epilepsy
- Age of onset 4 to 10 yrs (peak 6 to 7 yrs) in otherwise normal children
- More frequent in girls
- Typical absence seizures- tens to hundreds a day, lasting 4 to 20 sec, abrupt loss of consciousness with cessation of voluntary activity, may have associated automatism

- **Prevalence- 10% of children with seizures**
- **Diagnostic evaluation- EEG with normal background and bursts of bilateral, synchronous 3 Hz spike and wave discharges, correlating with clinical event and provoked by hyperventilation**
- **Treatment- ethosuximide, valproate, lamotrigine**
- **Prognosis- excellent, 10% may develop infrequent generalized tonic-clonic seizures in later life**

# Juvenile Myoclonic Epilepsy

- Genetically determined generalized epilepsy
- Characterized by presence of myoclonic jerks on awakening, infrequent GTCs and typical absence seizures
- Age of onset varies from 8 to 26 yrs (majority between 12 and 18 yrs)



- Diagnostic procedures- all tests normal except for EEG, which shows 3-6 Hz generalized polyspike and wave discharges
- Treatment- valproate, levetiracetam, lamotrigine, clonazepam
- Prognosis- seizures are life-long, but usually well controlled with medication, improve after 4<sup>th</sup> decade of life

# Not everything that looks like a seizure is a seizure

- Migraine headache
- Syncope
- Psychogenic seizure
- Behavioral outbursts
- Breath holding spells
- Tics
- Sleep disorders

# Diagnosing Epilepsy

Detailed history and physical examination

EEG, video EEG

Imaging ( CT, MRI, PET)

# History

- Precipitating factors
- Aura
- Area of body first involved
- Progression of activity
- Specific activity observed (head or eye deviation, type of movement or posturing)
- Level of consciousness
- Incontinence
- Apnea or cyanosis
- Duration of seizure
- Postictal symptoms ( confusion, hemiplegia, aphasia)

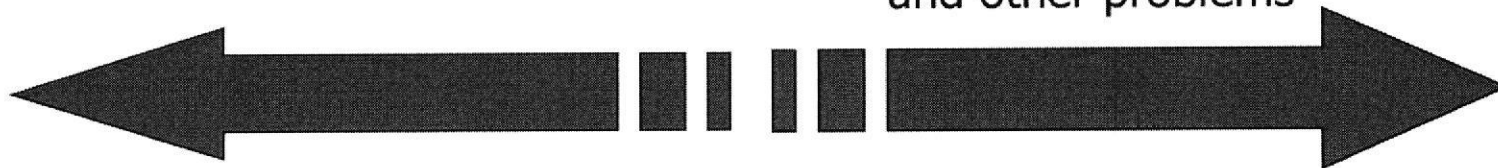
# Seizure Triggers

- Missed dose of medication
- Sleep deprivation
- Illness
- Stress, anxiety, overstimulation
- Hormonal changes
- Alcohol and drugs of abuse
- Hyperventilation
- Flashing lights
- Temperature extremes
- dehydration

# Spectrum of Severity

Uncomplicated epilepsy,  
Seizures controlled with  
medication

Seizures refractory to  
treatment; Epilepsy is disabling  
due to frequent seizures  
and other problems



Seizures not completely controlled by treatment;  
Epilepsy lowers standard of living due to social,  
emotional, and educational problems

# Complications

- **Falling.** If you fall during a seizure, you can injure your head or break a bone.
- **Drowning.** If you have a seizure while swimming or bathing, you're at risk of drowning.
- **Car accidents.** A seizure can cause loss of awareness or not being able to control a vehicle while driving.
- **Pregnancy complications.** Seizures during pregnancy pose dangers to pregnant people and their babies. And certain antiseizure medicines increase the risk of health conditions present at birth. If you have epilepsy and plan to become pregnant, work with your healthcare professional to check to see if your medicines need to be adjusted during pregnancy.
- **Mental health conditions.** People with seizures are more likely to have depression, anxiety or other mental health conditions. This can be from dealing with seizures or from the side effects of antiseizure medicines.
- **Sudden, unexpected death.** Rarely, a single seizure causes death. This is called sudden unexpected death in epilepsy (SUDEP). Seizures that aren't managed well and other factors play a role in the risk of SUDEP. But experts don't know the overall risks or the cause. Good treatment of seizures is vital in preventing SUDEP.
-

# Prevention of Seizures

- Not sleeping enough.
- Using alcohol or illicit drugs.
- Stress.
- Being around flashing lights.



# Psychosocial effects of epilepsy

- Stigma of epilepsy
- Compromised quality of life
- Lower self-esteem
- “Vulnerable child”
- High incidence of depression, anxiety, ADHD and learning problems
- Adverse effects of medications
- Parental stress

# Chest Physiotherapy

# Chest Physiotherapy

- A treatment intervention employed for improving pulmonary hygiene including positioning, chest percussion, vibration and manual hyperinflation to assist in mobilizing secretions in the lungs from peripheral airways into the more central airways so they can be expectorated and suctioned

# Chest Physiotherapy

- Most patients show improvement with physiotherapy including decreased daily sputum production, increased aerosolization of lung with increased clearance but no significant effect on PFT

# What conditions are treated by chest physiotherapy

- Cystic fibrosis
- COPD
- Bronchiectasis
- Pneumonia
- Neuromuscular disorders
- Atelectasis

# Types of Chest Physiotherapy

- Postural drainage
  - Chest percussion
  - Vibration
- 
- Chest physiotherapy should be followed by productive coughing and suctioning of the patient.
  - Chest physiotherapy should never be done after meals or drinks

# MANUAL PERCUSSION/CLAPPING

- Manual chest percussion involves rhythmically clapping on the chest wall over the area being drained to force secretions into larger airways for expectoration
- Position the hand so the fingers and thumb touch and the hands are cupped
- The procedure should produce a hollow sound and should NOT be painful
- Perform percussion over a single layer of clothing and not over buttons or zippers

## Percussion contraindication

- Percussion is contraindicated in patients with bleeding disorders, osteoporosis, fractured ribs, and open wounds and surgeries.
- Percussions should not be done over the spine, sternum, stomach, or lower back as trauma can occur to the spleen, liver, or kidneys
- Percussions should be performed for 30 to 60 seconds several times a day
- If there are tenacious secretions the area must be percussed for 3-5 minutes several times a day



# VIBRATION

- Vibration is a gentle shaking pressure applied to the chest wall to move secretions into larger airways
- The nurse or therapist uses rhythmic contractions and relaxation of arms and shoulder muscles over the patient's chest.
- During vibration, place your flat hand firmly against the chest wall on the appropriate lung segment to be drained.
- Vibrate the chest wall as the patient exhales

# POSTURAL DRAINAGE

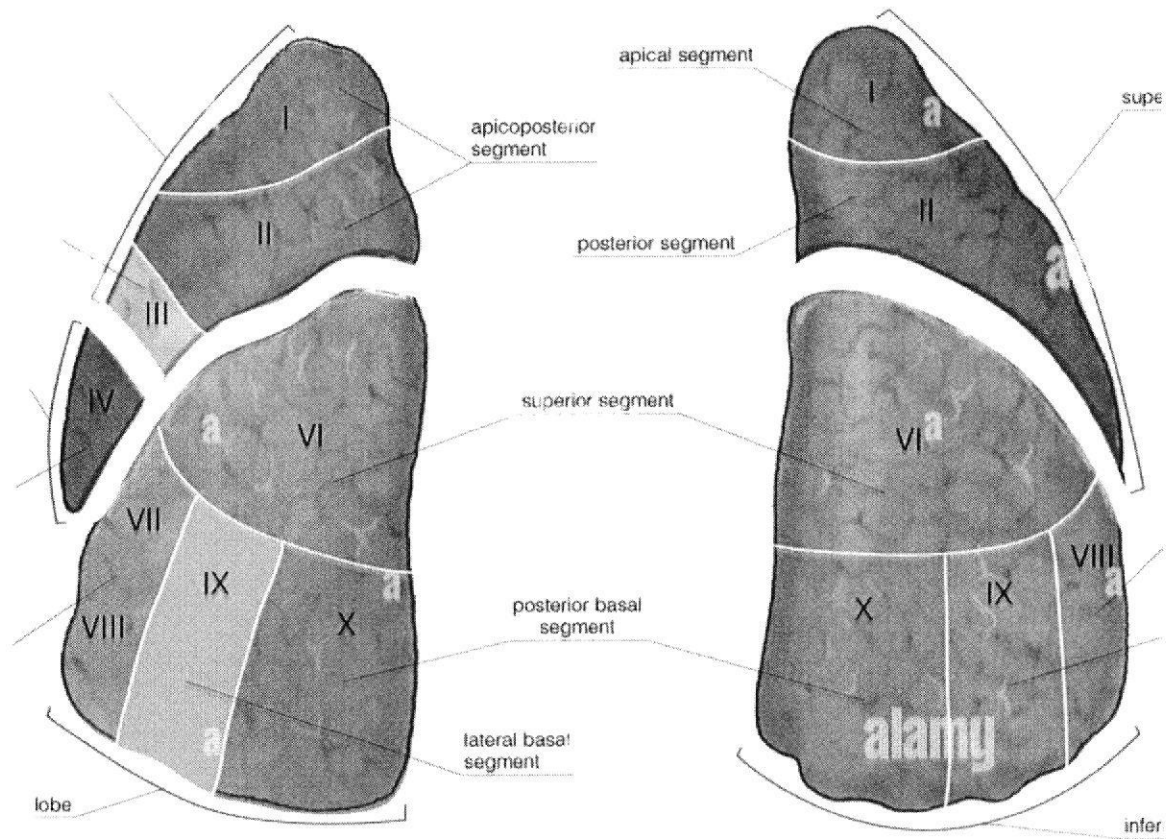
- Postural drainage is a technique in which different positions are assumed to facilitate the drainage of secretions from the bronchial airways
- Gravity helps move the secretions to the trachea to be coughed up more easily
- The goal of postural drainage is to help drain mucous from the affected lobes into the larger airways of the lungs so it can be coughed up more readily
- Not all patients need or benefit from postural drainage
- The lower lobes require drainage the most because the upper lobes drain by gravity

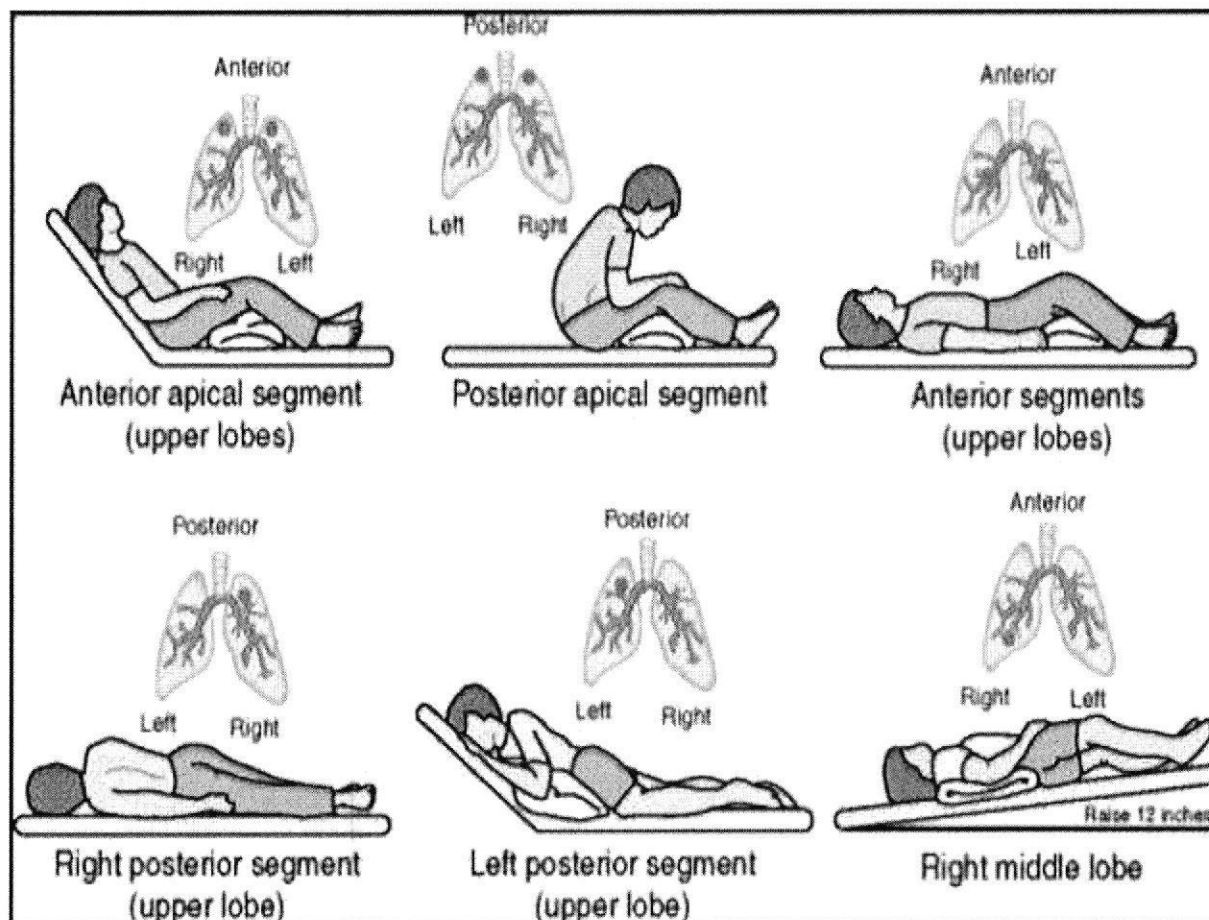
# POSTURAL DRAINAGE

- Postural drainage treatments are scheduled two or three times a day
- The best times include before breakfast, before lunch, in the late afternoon, and before bedtime.
- Avoid doing treatments shortly after meals because the positioning can cause vomiting

# LUNG LOBES AND SEGMENTS

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# POSTURAL DRAINAGE TECHNIQUE

- After positioning the patient have them remain in the position for 10 to 15 minutes to allow secretions to start to drain
- Perform percussion and vibration by keeping the patient in the appropriate position
- The sequence for chest physiotherapy usually: Positioning, percussion, vibration, and removal of secretions by coughing or suctioning

# INDICATIONS

- Used in patients who have an insufficient cough and are unable to clear secretions because they are thick, tenacious, or localized (plug)
- Conditions that may require chest physiotherapy:
  - Cystic Fibrosis
  - Bronchiectasis
  - Atelectasis
  - Lung Abscess
  - Pneumonia

# CONTRAINDICATIONS

- Reasons to not use chest physiotherapy:
- Increased IP
- Unstable head or neck injuries
- Active hemorrhage or hemoptysis
- Recent spinal injury
- Rib fracture
- Flail chest
- Uncontrolled hypertension
- Anticoagulation
- Thoracic surgery



## BEFORE YOU BEGIN

- Keep other interventions close at hand
- Suction machine
- Emergency Airway
- Patient should be monitored during treatment

# COMPLICATIONS

- Hypoxia
- Increased ICP
- Acute hypotension
- Pulmonary hemorrhage
- Pain
- Injuries
- Vomiting and aspiration
- Bronchospasm
- Dysrhythmias

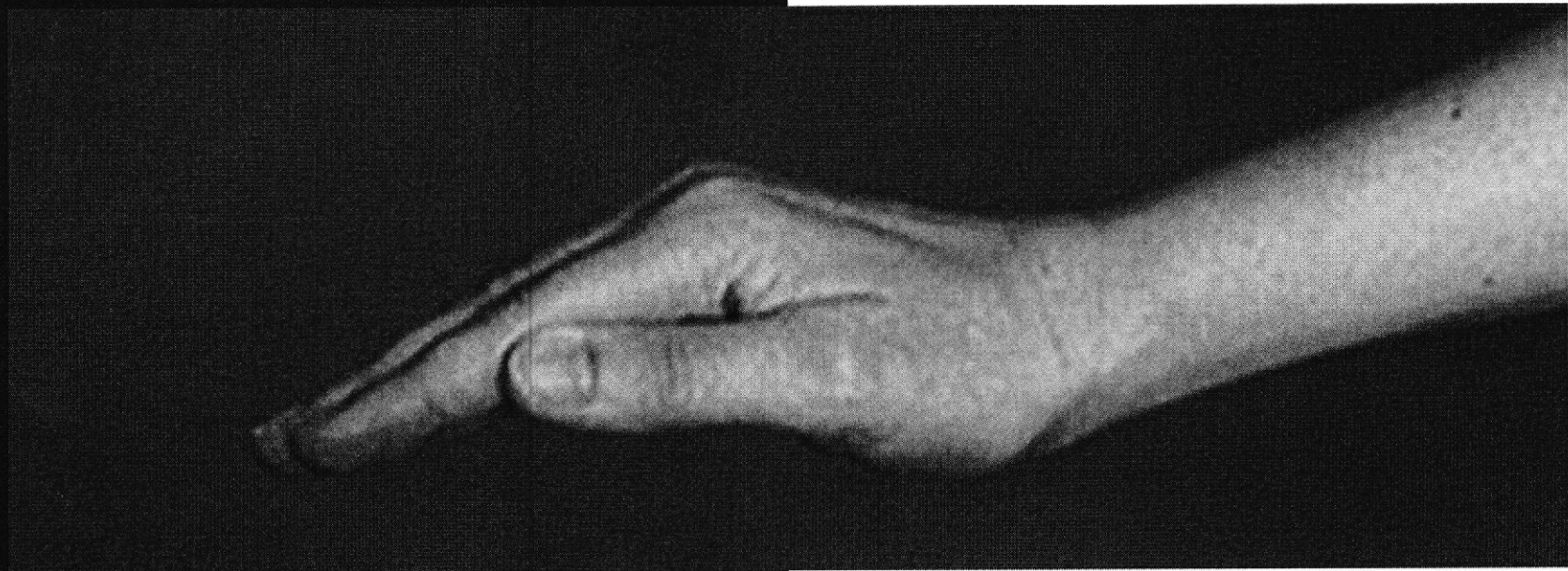
# Equipment used in Chest Physiotherapy

- Trendelenburg bed
- Pillows
- Stethoscope
- Suction machine
- Mechanical percussor
- Cardiac monitoring
- Pulse oximeter
- Emergency Airway

# Manual Chest Physiotherapy

- Assess the chest for pulmonary findings
- Assess respiratory rate
- Assess breathing, rhythm, skin color, BP, HR
- Assess the patient's ability to take a dep breath
- Perform chest physiotherapy
- Monitor following therapy

## Manual chest physiotherapy hand position



# Chest physiotherapy process

- Monitor O2 saturations throughout the treatment
- Suction gently before, during, and after the treatment
- Place in position of comfort
- Wash hands
- If the resident/child is intubated or unable to generate an effective cough, per form as indicated
- Upon completion of therapy, return the individual to a comfortable position

# Reasons for chest physiotherapy

- Indicated for difficulty with secretion clearance, evidence of retained secretions, and lung conditions that cause increased production of secretions
- Contraindicated in undrained lung abscess, lung tumors, pneumothorax, disease of the chest wall, lung hemorrhage, painful chest conditions, tuberculosis, severe osteoporosis, increased ICP, uncontrolled hypertension, and gross hemoptysis
- Improved respiratory efficiency
- Promote lung expansion
- Strengthen respiratory muscles
- Eliminate secretions

# Aims of Chest Physiotherapy

- Other aims of chest physiotherapy apart from mobilizing and clearing secretions are:
- Improve ventilation
- Decrease the work of breathing (WOB)



## Posttreatment expectations of chest physiotherapy

- Removal of secretions may be done by coughing or suctioning
- The patient rests several minutes
- Listening with a stethoscope for changes in breathing sounds
- Repeat percussion and vibration cycle according to orders and patient's tolerance and clinical response

# Steps to using chest physiotherapy

- Wash hands and don gloves
- Ensure the resident is in a comfortable position
- Apply the chest physiotherapy vest (Theravest) band
- Connect the vest or band to the chest physiotherapy machine
- Start the therapy session
- Suction the resident as needed during the session
- Administer breathing medications if ordered
- After the session disconnect the tubing and wipe it and the machine clean with an approved disinfectant
- Remove the vest or band from the resident
- Assess to make sure the resident is comfortable and breathing well
- **DO NOT LEAVE UNATTENDED**

**Long Term CNE Provider Checklist**  
(K.A.R. 60-9-107)

**Renewal or Initial**

**Name of Provider:** \_\_\_\_\_ **LT** \_\_\_\_\_

**Name of Program Coordinator:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Date to CNE Committee:** \_\_\_\_\_

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved:** \_\_\_\_\_

**Date Notified:** \_\_\_\_\_

| <b>Information Required</b>                                                                                                                                                                                                                                                                                                                                                         | <b>Received</b> | <b>NA</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|
| 1. Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting                                                                                                                                                                                                                     |                 |           |
| 2. The name and address of the organization on the application                                                                                                                                                                                                                                                                                                                      |                 |           |
| 3. The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization                                                                                                                                                                                                                 |                 |           |
| 4. The name, education and experience of the program coordinator responsible for CNE – include resume                                                                                                                                                                                                                                                                               |                 |           |
| A. Be a licensed professional nurse                                                                                                                                                                                                                                                                                                                                                 |                 |           |
| B. Have three years of clinical experience                                                                                                                                                                                                                                                                                                                                          |                 |           |
| C. Have one year of experience in developing and implementing nursing education                                                                                                                                                                                                                                                                                                     |                 |           |
| D. Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)                                                                                                                                                                                                                                                |                 |           |
| <b>Policies &amp; Procedures:</b>                                                                                                                                                                                                                                                                                                                                                   |                 |           |
| 5. Written policies and procedures, including at least the following areas:                                                                                                                                                                                                                                                                                                         |                 |           |
| A. Assessing the need and planning for CNE activities                                                                                                                                                                                                                                                                                                                               |                 |           |
| B. Fee assessment                                                                                                                                                                                                                                                                                                                                                                   |                 |           |
| C. Advertisements or offering announcements. Published information shall contain the following statement: “(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: _____” |                 |           |
| D. Notice of change of coordinator or required policies and procedures. The program coordinator shall notify                                                                                                                                                                                                                                                                        |                 |           |

|                                                                                                                                                                                                                                                     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days                                                                                                            |  |  |
| 6. For long term providers, the policies and procedures for the approval process shall include the following:                                                                                                                                       |  |  |
| A. A summary of the planning                                                                                                                                                                                                                        |  |  |
| B. The behavioral objectives                                                                                                                                                                                                                        |  |  |
| C. The content, which shall meet the definition of CNE in KSA 65-1117                                                                                                                                                                               |  |  |
| D. The instructor's education and experience, documenting knowledge and expertise in the content area                                                                                                                                               |  |  |
| E. A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both                                            |  |  |
| F. An offering evaluation that includes each participant's assessment of the following:                                                                                                                                                             |  |  |
| 1. The achievement of each objective                                                                                                                                                                                                                |  |  |
| 2. The expertise of each individual presenter                                                                                                                                                                                                       |  |  |
| 7. An approved provider may award any of the following:                                                                                                                                                                                             |  |  |
| A. Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours                                                                                                          |  |  |
| B. Credit for fractions of hours over 30 mins to be computed towards a contact hour                                                                                                                                                                 |  |  |
| C. Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum                                                                                        |  |  |
| D. Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results                                                                                                         |  |  |
| E. Clinical hours                                                                                                                                                                                                                                   |  |  |
| <b>Documentation of Attendance</b>                                                                                                                                                                                                                  |  |  |
| 8. Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:                             |  |  |
| A. The provider's name, address, provider number, and coordinator                                                                                                                                                                                   |  |  |
| B. The date and title of the offering, and the presenter or presenters                                                                                                                                                                              |  |  |
| C. The participant's name and license number and the number of contact hours awarded                                                                                                                                                                |  |  |
| 9. Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following: |  |  |
| A. The provider's name, address, provider number, and coordinator                                                                                                                                                                                   |  |  |

|                                                                                                                                                                                                               |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| B. The participant's name and license number, and the number of contact hours awarded                                                                                                                         |  |  |
| C. The title of the offering                                                                                                                                                                                  |  |  |
| D. The date on which the offering was completed                                                                                                                                                               |  |  |
| E. Either the completion of a posttest or a return demonstration                                                                                                                                              |  |  |
| <b>Certificate of Attendance/CE Transcript</b>                                                                                                                                                                |  |  |
| 10. A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider |  |  |
| 11. Each certificate and each CE transcript shall be complete before distribution to the participant                                                                                                          |  |  |
| 12. Each certificate and each CE transcript shall contain the following information:                                                                                                                          |  |  |
| A. The provider's name, address and provider number                                                                                                                                                           |  |  |
| B. The title of the offering                                                                                                                                                                                  |  |  |
| C. The date or dates of attendance or completion                                                                                                                                                              |  |  |
| D. The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded                                                                       |  |  |
| E. The signature of the individual responsible for the providership                                                                                                                                           |  |  |
| F. The name and license number of the participant                                                                                                                                                             |  |  |
| <b>Recordkeeping &amp; Storage</b>                                                                                                                                                                            |  |  |
| 13. For each offering, the approved provider shall retain the following for two years:                                                                                                                        |  |  |
| A. A summary of the planning                                                                                                                                                                                  |  |  |
| B. A copy of the offering announcement or brochure                                                                                                                                                            |  |  |
| C. The title and objectives                                                                                                                                                                                   |  |  |
| D. The offering agenda or, for independent study, pilot test results                                                                                                                                          |  |  |
| E. A bibliography                                                                                                                                                                                             |  |  |
| F. A summary of the participants' evaluations                                                                                                                                                                 |  |  |
| G. Each instructor's education and experiences                                                                                                                                                                |  |  |
| H. Documentation to verify completion of the offering                                                                                                                                                         |  |  |
| 14. The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals                                                                                       |  |  |
| <b>Program Evaluation Plan</b>                                                                                                                                                                                |  |  |
| 15. For long-term providers, a copy of the total program evaluation plan                                                                                                                                      |  |  |

12/2018

|                                                                            |  |
|----------------------------------------------------------------------------|--|
| <b>Two Proposed Offerings</b>                                              |  |
| The provider shall submit two proposed offerings, including the following: |  |
| 16. Offering #1                                                            |  |
| A. A summary of planning                                                   |  |
| B. A copy of the offering announcement or brochure                         |  |
| C. The title and behavioral objectives                                     |  |
| D. The offering agenda or, for independent study, pilot test results       |  |
| E. Each instructor's education and experience                              |  |
| F. A current bibliography                                                  |  |
| G. The offering evaluation form                                            |  |
| 17, Offering #2:                                                           |  |
| A. A summary of planning                                                   |  |
| B. A copy of the offering announcement or brochure                         |  |
| C. The title and behavioral objectives                                     |  |
| D. The offering agenda or, for independent study, pilot test results       |  |
| E. Each instructor's education and experience                              |  |
| F. A current bibliography                                                  |  |
| G. The offering evaluation form                                            |  |

12/2018, Rev 6/2025

# LONG-TERM CNE PROVIDER APPLICATION

## COVER PAGE

Initial Application: ☐ Renewal: ☒

Name of Provider: North Central Kansas Medical Center

Provider Number (For Renewal): LT0273-0911

Legal Body (If different from provider):

Address of Provider: 155 W. College Drive, Concordia, KS 66901

Telephone: 785-243-8507

Email: aslate@nckmed.com

Program Coordinator (RN): Alison Slate BSN RN

Date (mm/dd/yyyy): 07/06/2026

# Program Management

## Assessing Need and Planning CNE

Please describe what advisory groups or planning committees were formed and what factors were reviewed to determine what CNE subjects should be presented and how those presentations will meet the definition of CNE in KSA 65-1117(a).

CNE programs will be coordinated based on patient safety & staff development needs as reported by: Quality Assurance Director, CNO, Infection Control Nurse, Nurse Managers &/or CEO. CNE programs also will be coordinated based on requests/reports from SHN or community agencies. Evaluations completed at the end of each CNE program will ask for participant input: FUTURE PROGRAMS I WOULD LIKE TO ATTEND. Planning for CNE programs will be conducted at the monthly Nurse Manager meeting.

## Process for Fee Assessment

Describe the method for determining the price to charge for CNE, what procedure is used in case of insufficient fund checks, and refund requests due to cancellations.

CNE programs provided by NCKMC will be given free of charge to NCKMC employees. Fees may be required to purchase textbooks required for programs or when special circumstances arise such as if outside speakers/instructors require a fee for service. Sunflower Health Network members will be charged a reduced rate based on cost of materials, meals when offered, snacks and/or presenter fee. All other participants will be charged a non-reduced fee predetermined by NCKMC to cover materials, meals when offered, snacks and/or presenter fee. Refunds, minus textbook fees, will be given for 24 hour notice of inability to attend. The return of a check issued to North Central Kansas Medical Center due to insufficient funds will be subject to a \$30 returned check fee.

## Process for Advertisements or Announcements

Describe what material will be distributed or used to announce your CNE. Include all information sources used and the media used, printed or electronic. Copies of each announcement must be attached. All announcements are required to contain the required language in KAR 60-9-107(b)(3)(C).

Calendar of CE programs will be published at least quarterly for regularly scheduled programs (BLS, ACLS, PALS, NRP, TNCC, etc.). ALL publications for offering announcements shall contain the following statement: "North Central Kansas Medical Center is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for \_\_\_\_\_ contact hours applicable for APRN, RN, LPN or LMHT relicensure. Kansas State Board of Nursing provider number: LT0273-0911" Individual offerings for CNE programs will be published for NCKMC, SHN & surrounding communities at least 4-6 weeks in advance. Every attempt will be made to provide published community outreach for CNE programs. Offerings for CNE programs may be deemed urgent by the CNO or CEO, in which time notice may be less than 4 weeks & may not be advertised to SHN & surrounding communities.



### Process for Offering Approval

Please verify in writing that all information listed below will be completed for each offering before it is presented. 1. Summary of planning; 2. Behavioral objectives of the offering; 3. The content of the offering meets the definition of CNE pursuant to KSA 65-1117; 4. Documentation is received of each instructor's experience and education; 5. The bibliography of each presentation is received and up to date; 6. The evaluation form for the learner to assess achievement of the objectives and the expertise of the presenter. KAR 60-9-107(d)

All CNE offerings shall include the following:

1. A summary of program planning
  - a. Time spent on preparation for NCKMC budgetary measures
  - b. Instructor handout(s)
  - c. Agenda of program
2. Behavioral objectives related to program content
  - a. Behavioral objectives means the intended outcome of instruction is stated as measurable learning behaviors (K.S.A. 60-9-105 Definitions)
3. Content meeting the definition of K.S.A. 65-1117: "Continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered, professional and licensed practice nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public."
4. Documentation of the instructor's education, experience, knowledge & expertise in the content area
  - a. Curriculum Vitae of all NCKMC instructors will be kept on file in the Organizational Development Department.

### Process for Awarding Contact Hours

Describe the method of calculating contact hours for actual attendance that will be awarded for each presentation, utilizing the attendance roster. This must include your method of calculating partial credit, more than one hour, because of early departures or late arrivals. Describe also how instructor credit is calculated and how independent study credit is calculated. If you offer independent study, you must provide the complete pilot study which determines the amount of contact hours the completed material is worth. KAR 60-9-107(e)

"Contact hour" means 50 minutes of participation in a learning experience that meets the definition of CNE 60-9-10 (j).

- a. Contact hours are awarded based on documentation of the program agenda for the actual time attended
- b. Contact hours are awarded for classroom time, not breaks
- c. Lunch hours are awarded as contact hour only when specified upon advertisement of CNE program (i.e. "Lunch and Learn" offerings)
- d. Partial credit can be awarded for partial hours over one contact hour

Instructor credit

- a. Two contact hours for each hour of first-time preparation and presentation of an approved CNE offering will be awarded
  - b. Standardized, prepared curriculum will not be awarded contact hours for instructors (ACLS, PALS, PEARS, BLS, TNCC, nursing course instruction, etc.)
- Independent study is not offered at NCKMC at this time

### Process for Verifying Participation and Completion of Offering

Describe the contents of the roster of attendance and certificate of completion which you use, and documentation of independent study. A sample copy must be attached of each. KAR 60-9-107(f)(g)

An attendance roster will be provided for each CNE program and will contain the following:

- a. North Central Kansas Medical Center 155 W. College Drive Concordia, KS 66901  
Provider # LT0273-0911 Program Coordinator: Alison Slate, BSN, RN
- b. Date and Title of program offering
- c. Number of contact hours awarded
- d. Name of instructor(s)
- e. Participant name, License number

An attendance roster will be signed each day by each participant to verify attendance.

A certificate of attendance/CE transcript will be given to each participant after completion of an offering

The certificate/CE transcript will be completed before given to participant

The certificate/CE transcript will contain the following:

- f. North Central Kansas Medical Center 155 W. College Drive Concordia, KS 66901  
Provider # LT0273-0911
- a. Date of attendance and Title of program offering

### **Process for Record Keeping and Storage**

Please verify that you will keep the records of the offerings for a minimum of two years after presentation. List what records will be retained, the location of the records and the steps taken to ensure confidentiality and security of the records. KAR 60-9-107(h)

Records will be stored in a locked cabinet to ensure confidentiality and easy retrieval by authorized persons only (Organization Development Manager, CNO). If computer storage is utilized for record keeping, the file will be password protected with access by authorized persons stated above.

1. The following items will be maintained in locked cabinet for two years

- a. Summary of planning including time required and copy of instructor handout(s)
- b. Copy of offering announcement or brochure
- c. The program title and behavioral objectives
- d. Agenda
- i. For independent study: pilot study results
- e. Program bibliography
- f. Summary of participant evaluations
- g. Instructor curriculum vitae
- h. Daily roster of participant attendance and instructor sign-in

### **Process for Notice of Change of Coordinator or Required Policies**

Describe what methods will be used to notify KSBN of a change of coordinator or policies, and verify that you will notify KSBN of any change within 30 days. KAR 60-9-107(b)(3)(H)

Within 30 days: The Organizational Development Manager or Chief Nursing Officer will notify the Kansas State Board of Nursing in writing of any change in the person responsible for providership of CNEs through NCKMC.

Within 30 days: The Organizational Development Manager or Director of Nursing will notify the Kansas State Board of Nursing in writing of any change in the required policy & procedures written and approved by the Board during the initial application process. If NCKMC decides to no longer participate in providership, the Program Coordinator or CNO will notify the Kansas State Board of Nursing in writing of the location at which the offered program records will be accessible to the Board for the next two years.

### **Process for Verifying Participation and Completion of Offering**

Describe the contents of the roster of attendance and certificate of completion which you use, and documentation of independent study. A sample copy must be attached of each. KAR 60-9-107(f)(g)

An attendance roster will be provided for each CNE program and will contain the following:

- a. North Central Kansas Medical Center 155 W. College Drive Concordia, KS 66901  
Provider # LT0273-0911 Program Coordinator: Alison Slate, BSN, RN
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An attendance roster will be signed each day by each participant to verify attendance.

A certificate of attendance/CE transcript will be given to each participant after completion of an offering

The certificate/CE transcript will be completed before given to participant

The certificate/CE transcript will contain the following:

- f. North Central Kansas Medical Center 155 W. College Drive Concordia, KS 66901  
Provider # LT0273-0911

Revised: 2024-08

### Total Program Evaluation

Verify that you will perform a total program evaluation each year. A copy of the proposed evaluation must be attached.

**Note:** Each applicant must attach all documents required by KAR 60-9-107(i)(1) for two separate offerings which have been developed for presentation.

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#### Attestation:

I realize that this application is a legal document and that by signing below I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

If all the above information is correct please sign below.

Otherwise, please go back and correct any information that is necessary.

Signature:

Melissa Slate BSN RN

Date:

7-6-2026

## Pre-program Checklist

Name of Program: \_\_\_\_\_

Date: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

| Item to be completed                                                                                                 | Date | √ Completed | Completed by: | Time spent |
|----------------------------------------------------------------------------------------------------------------------|------|-------------|---------------|------------|
| Need for program identified<br><input type="checkbox"/> Independent study pilot test administered<br>Fee assessed =  |      |             |               |            |
| Topic researched for Bibliography sources                                                                            |      |             |               |            |
| a. Program outline<br>b. Handouts obtained                                                                           |      |             |               |            |
| CNE hours determined                                                                                                 |      |             |               |            |
| CNE certificate made                                                                                                 |      |             |               |            |
| Program flyer made                                                                                                   |      |             |               |            |
| Program flyer sent to<br>a. CCHC employees<br>b. SHN members<br>c. General community agencies via email<br>d. Other: |      |             |               |            |
| Behavioral objectives                                                                                                |      |             |               |            |
| Agenda                                                                                                               |      |             |               |            |
| Participant evaluation                                                                                               |      |             |               |            |
| Individual participant & instructor roster                                                                           |      |             |               |            |
| Instructor curriculum vitae if non-NCKMC employee                                                                    |      |             |               |            |
| Room reservation                                                                                                     |      |             |               |            |
| Snack/meal ordered                                                                                                   |      |             |               |            |
| Follow up email/poster/communication completed                                                                       |      |             |               |            |

## Program Evaluation & Statistical Summary Report

| Date | Title | Meets CNE Definition                                     | Projected Audience | # NCKMC # SHN #other Participants | # CNEs | Fee for program/amt                                                    | Need Identified by | Objectives & Agenda filed | Roster completed | Program Eval completed (not met objectives listed & reviewed) | Comments |
|------|-------|----------------------------------------------------------|--------------------|-----------------------------------|--------|------------------------------------------------------------------------|--------------------|---------------------------|------------------|---------------------------------------------------------------|----------|
|      |       | <input type="checkbox"/> yes <input type="checkbox"/> no |                    |                                   |        | <input type="checkbox"/> yes <input type="checkbox"/> no<br>amt: _____ |                    |                           |                  |                                                               |          |
|      |       | <input type="checkbox"/> yes <input type="checkbox"/> no |                    |                                   |        | <input type="checkbox"/> yes <input type="checkbox"/> no<br>amt: _____ |                    |                           |                  |                                                               |          |

**Program: Heartcode Pediatric Advanced Life Support (PALS) Course**

**Date: 1/6/2022**

**Location: Cloud County Health Center**

If you have signification problems or concerns with your course, please contact AHA directly at **877-AHA-4CPR**

| <b>APPLICATION TO PRACTICE</b>                                                               | <b>YES</b> | <b>NO</b> |
|----------------------------------------------------------------------------------------------|------------|-----------|
| If needed, I could utilize what I've learned in the next two weeks                           |            |           |
| I know the material well enough that I could share it with a co-worker in the next two weeks |            |           |

| <b>GENERAL PROGRAM QUESTIONS</b>               | <b>YES</b> | <b>NO</b> |
|------------------------------------------------|------------|-----------|
| The program was free of commercial bias        |            |           |
| Disclosure was given prior to the presentation |            |           |

| <b>LEARNING OBJECTIVE ANALYSIS</b>                                                            | <b>Excellent</b> | <b>Good</b> | <b>Fair</b> | <b>Poor</b> |
|-----------------------------------------------------------------------------------------------|------------------|-------------|-------------|-------------|
| Recognize a seriously ill or injured child by using a systematic approach                     |                  |             |             |             |
| Demonstrate high-quality cardiopulmonary resuscitation (CPR), including the roll of CPR coach |                  |             |             |             |
| Begin to stabilize a seriously ill or injured child                                           |                  |             |             |             |
| Practice effective team interaction                                                           |                  |             |             |             |

| <b>INSTRUCTOR EVALUATION: Denise Baumann</b> | <b>Excellent</b> | <b>Good</b> | <b>Fair</b> | <b>Poor</b> |
|----------------------------------------------|------------------|-------------|-------------|-------------|
| Knowledge of subject                         |                  |             |             |             |
| Clear and Organized                          |                  |             |             |             |
| Ability to stimulate interest                |                  |             |             |             |
| Instructional methods enhanced learning      |                  |             |             |             |
| Professional and Courteous                   |                  |             |             |             |
| Thoroughly answered questions                |                  |             |             |             |
| Comments:                                    |                  |             |             |             |

| <b>INSTRUCTOR EVALUATION: Ali Elsasser</b> | <b>Excellent</b> | <b>Good</b> | <b>Fair</b> | <b>Poor</b> |
|--------------------------------------------|------------------|-------------|-------------|-------------|
| Knowledge of subject                       |                  |             |             |             |
| Clear and Organized                        |                  |             |             |             |
| Ability to stimulate interest              |                  |             |             |             |
| Instructional methods enhanced learning    |                  |             |             |             |
| Professional and Courteous                 |                  |             |             |             |
| Thoroughly answered questions              |                  |             |             |             |
| Comments:                                  |                  |             |             |             |

| INSTRUCTOR EVALUATION: Emalee Jorgensen | Excellent | Good | Fair | Poor |
|-----------------------------------------|-----------|------|------|------|
| Knowledge of subject                    |           |      |      |      |
| Clear and Organized                     |           |      |      |      |
| Ability to stimulate interest           |           |      |      |      |
| Instructional methods enhanced learning |           |      |      |      |
| Professional and Courteous              |           |      |      |      |
| Thoroughly answered questions           |           |      |      |      |
| Comments:                               |           |      |      |      |

| INSTRUCTOR EVALUATION: Dr. Justin Poore | Excellent | Good | Fair | Poor |
|-----------------------------------------|-----------|------|------|------|
| Knowledge of subject                    |           |      |      |      |
| Clear and Organized                     |           |      |      |      |
| Ability to stimulate interest           |           |      |      |      |
| Instructional methods enhanced learning |           |      |      |      |
| Professional and Courteous              |           |      |      |      |
| Thoroughly answered questions           |           |      |      |      |
| Comments:                               |           |      |      |      |
|                                         |           |      |      |      |
|                                         |           |      |      |      |

| ADMINISTRATIVE ARRANGEMENTS                                           | Satisfactory | Unsatisfactory |
|-----------------------------------------------------------------------|--------------|----------------|
| The organization and flow of the course were logical and well-planned |              |                |
| The equipment was clean and in good working order                     |              |                |

|                                          |
|------------------------------------------|
| <b>The best thing about this course:</b> |
|                                          |

|                                                         |
|---------------------------------------------------------|
| <b>One thing I would change to improve this course:</b> |
|                                                         |



Improvements I will make in my practice as a result of attending this course:

Other Comments:

| ADDITIONAL AMERICAN HEART QUESTIONS                                                       | Satisfactory | Unsatisfactory |
|-------------------------------------------------------------------------------------------|--------------|----------------|
| The instructor provided instruction and help during my skills practice session            |              |                |
| The course content was presented clearly                                                  |              |                |
| The course prepared me to successfully pass the skills session                            |              |                |
| I will respond in an emergency because of the skills I learned in this course             |              |                |
| I took this course to obtain professional education credit or continuing education credit |              |                |
| The course learning objectives were clear                                                 |              |                |

| DIFFICULTY                                             | Too hard | Too Easy | Appropriate |
|--------------------------------------------------------|----------|----------|-------------|
| The overall level of difficulty of the course was..... |          |          |             |

| QUALITY                                              | Excellent | Good | Fair | Poor |
|------------------------------------------------------|-----------|------|------|------|
| The quality of videos and written materials was..... |           |      |      |      |

| SKILLS                                                   | YES | NO | Not Sure |
|----------------------------------------------------------|-----|----|----------|
| I am confident I can use the skills the course taught me |     |    |          |



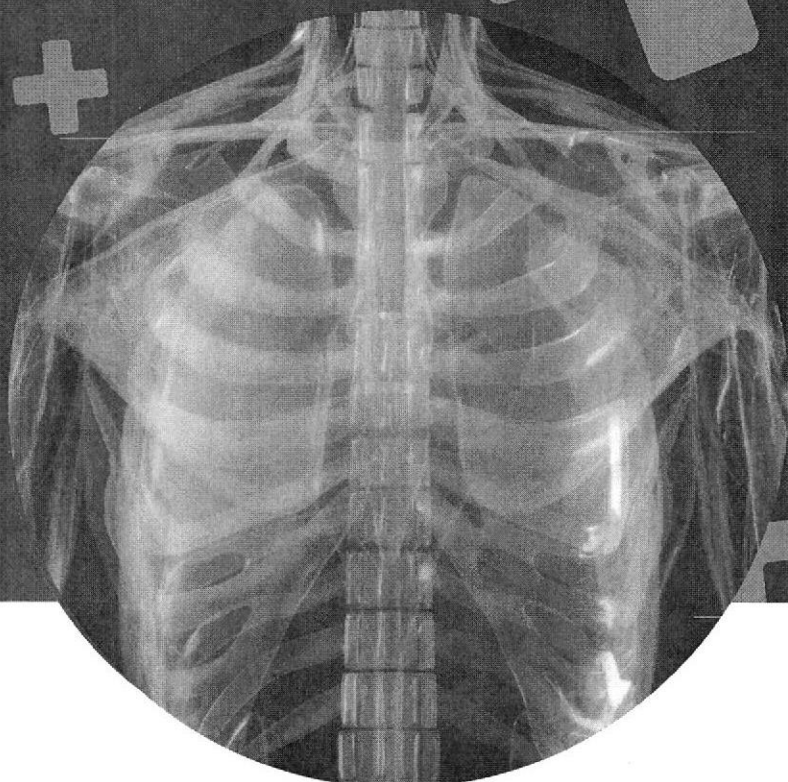
North Central Kansas  
Medical Center  
Salina Regional Health Center

# Respiratory Emergencies

July 28, 2025

1pm

Conference Room D



## Objectives



Identifies the difference between respiratory distress and respiratory failure



Describes the difference between high and low flow oxygen delivery systems



Verbalizes when to implement Vapotherm versus Bipap



Describes the different O2 delivery modalities and ranges of use

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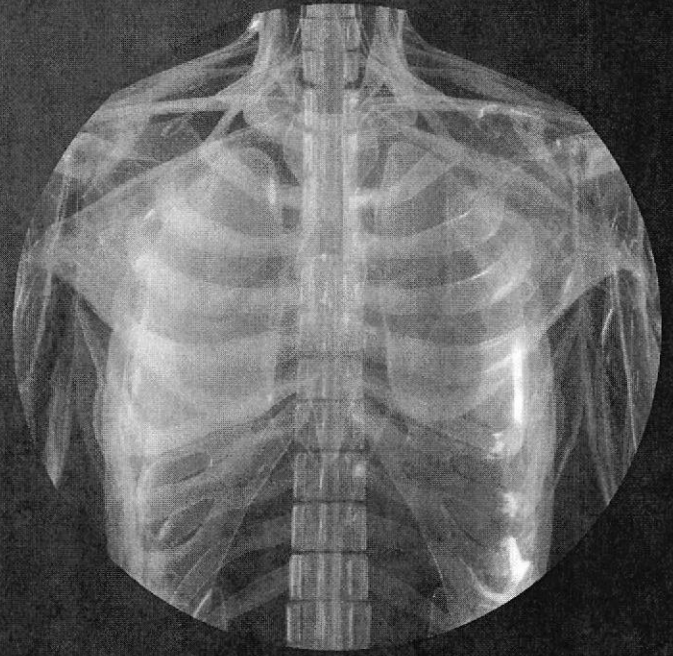
**Register on HealthStream by searching "NCKMC  
Respiratory Emergencies" or contact Ali at  
[aslate@nckmed.com](mailto:aslate@nckmed.com)**

North Central Kansas Medical Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering approved for 1 contact hours for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0273-0911

Education OS 159



# RESPIRATORY EMERGENCIES AGENDA



1

Welcome and Introduction (5 mins)

2

Respiratory Distress vs. Respiratory Failure  
(10 mins)

3

High flow and low flow oxygen delivery  
systems (15 mins)

4

Vapotherm (10 mins)

5

Bipap (10 mins)

6

Oxygen delivery methods and ranges of use  
(10 mins)

7

Questions and Evaluations (5 mins)

# EMALEE JORGENSEN

Care Manager

North Central Kansas  
Medical Center

Concordia, KS

## CONTACT

☎ 785-243-8588

☎ 785-614-2644

✉ ejorgensen@nckmed.com

🌐 www.nckmed.com

Assessing patient's needs, developing care plans, coordinating services and monitoring progress are all vital parts of being a care manager. Being a care manager means acting as a bridge between patients, families, healthcare providers and community resources, ensuring seamless care delivery and patient advocacy.

## EXPERIENCE

### Care Manager

DECEMBER 2025-PRESENT

Being a care manager means acting as a bridge between patients, families, healthcare providers and community resources, ensuring seamless care delivery and patient advocacy. Care coordination is facilitating communication among multiple providers, schedule appointments, manage medications and ensure continuity of care.

### Nursing Coordinator

DECEMBER 2020-DECEMBER 2025

Supervising nursing staff and providing guidance, mentorship to ensure adherence to care standards. Serving as a liaison between patients, families and interdisciplinary teams to ensure continuity of care. Planning and organizing patient assignments and staff scheduling.

### Medical-Surgical RN

JUNE 2015-DECEMBER 2020

Providing comprehensive care to patients, managing medical conditions, administering medications and treatments, and coordinating with health care teams. Developing and updating individualized care plans for patients. Educating patients and families about diagnoses, care plans, and discharge.

## SKILLS

- BLS/ACLS Certified
- PALS instructor certified
- TNCC certified
- STABLE certified
- Notary Public
- LEAN Green Belt Certification
- KOSCP member

### Hutchinson Community College

2013-2015

Associate's Degree in Nursing (RN)

### Cloud County Community College

2008-2010

Associate's Degree in General Studies  
Education OS 161

**Pediatric Advanced Life Support (PALS)  
Recertification Course**

**January 6, 2022 0800-1600**

**Cloud County Health Center Room 106**

**1100 Highland Drive Concordia, KS**

**Presenters: Denise Baumann RRT, Dr. Justin Poore MD,  
Emalee Jorgensen RN, Ali Elsasser RN**

Pediatric Advanced Life Support (PALS)

**Objectives:** The PALS Provider Course is designed to teach lifesaving skills required to be both a team member and a team leader in either a in-hospital or out-of-hospital setting.

The following will be reviewed & tested during this 1 day course:

- |                                       |                       |
|---------------------------------------|-----------------------|
| • Rapid Cardiopulmonary Assessment    | • Rhythm Disturbances |
| • Respiratory Distress or Failure     | • Vascular Accesses   |
| • Airway Techniques                   | • BLS/AED             |
| • PALS Scientific Update              | • Shock               |
| • BVM Ventilation & Airway Management |                       |
| • Pediatric Assessment                |                       |

\*American Heart Association has made some changes in the PALS course. The most major changes occur with Basic Life Support (BLS).

**A copy of current BLS card must be submitted to CCHC prior to attending course**

To become certified and pass this course, you must come prepared!

\*All pre-course requirements will be sent via mail or e-mail upon receipt of registration & payment.

\*Pretest must be completed & submitted to CCHC prior to attending course

Cloud County Health Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering approved for 7.5 Contact Hours applicable for APRN, RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0273-0911. Alison Elsasserl, BSN, RN, CNE Coordinator.

---

**PALS Registration January 6, 2022**

Registration fee: Concordia EMS: \$25

Sunflower Health Network members: \$150 (includes course textbook)

Non-members: \$200 (includes course textbook)

Optional: Additional Guideline Handbook \$15: yes \_\_\_ no \_\_\_

Name: \_\_\_\_\_

☐ Physician ☐ RN ☐ LPN ☐ RRT ☐ CRT

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Email: \_\_\_\_\_

License #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Please send pre-course info via email: yes \_\_\_ no \_\_\_

Return registration with payment or call for more information:

Ali Elsasser, RN, Organizational Development Manager

Cloud County Health Center

1100 Highland Drive Concordia, KS 66901

Phone: 785-243-1234 ext: 507

Email: [aelsasser@cchc.com](mailto:aelsasser@cchc.com)

The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA materials, do not represent income to the AHA.

Please NOTE CANCELLATION: Must be done at least one week prior to class to receive refund of class fee. Please note that instructors are based on number of students, so if cancelling or attending it is important to inform education department. Please sign that you understand: signature\_\_\_\_\_.

**Please describe what advisory groups or planning committees were formed and what factors were reviewed to determine what CNE subjects should be presented and how those presentations will meet the definition of CNE in KSA 65-1117 (a).**

CNE programs will be coordinated based on patient safety & staff development needs as reported by: Quality Assurance Director, CNO, Infection Control Nurse, Nurse Managers &/or CEO. CNE programs also will be coordinated based on requests/reports from SHN or community agencies. Evaluations completed at the end of each CNE program will ask for participant input: FUTURE PROGRAMS I WOULD LIKE TO ATTEND. Planning for CNE programs will be conducted at the monthly Nurse Manager meeting.

**Describe the method for determining the price to charge for CNE, what procedure is used in care of insufficient fund checks, and refund requests due to cancellations.**

CNE programs provided by NCKMC will be given free of charge to NCKMC employees. Fees may be required to purchase textbooks required for programs or when special circumstances arise such as outside speakers/instructors require a fee for service. Sunflower Health Network members will be charged a reduced rate based on cost of materials, meals when offered, snacks and/or presenter fee. All other participants will be charged a non-reduced fee predetermined by NCKMC to cover materials, meals when offered, snacks and/or presenter fee. Refunds, minus textbook fees, will be given for 24 hour notice of inability to attend. The return of a check issued to North Central Kansas Medical Center due to insufficient funds will be subject to a \$30 returned check fee.

**Describe what material will be distributed or used to announce your CNE. Include all information sources used and the media used, printed or electronic. Copies of each announcement must be attached. All announcements are required to contain the required language.**

Calendar of CE programs will be published at least quarterly for regularly scheduled programs (BLS, ACLS, PALS, NRP, TNCC, etc.). ALL publications for offering announcements shall contain the following statement: "North Central Kansas Medical Center is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for \_\_\_\_\_ contact hours applicable for APRN, RN, LPN or LMHT relicensure. Kansas State Board of Nursing provider number: LT0273-0911" Individual offerings for CNE programs will be published for NCKMC, SHN & surrounding communities at least 4-6 weeks in advance. Every attempt will be made to provide published community outreach for CNE programs. Offerings for CNE programs may be deemed urgent by the CNO or CEO, in which time notice may be less than 4 weeks & may not be advertised to SHN & surrounding communities.

Please verify in writing that all information listed below will be completed for each offering before it is presented. 1. Summary of planning; 2. Behavioral objectives of the offering; 3. The content of the offering meets the definition of CNE pursuant to KSA 65-1117; 4. Documentation is received of each instructor's experience and education; 5. The bibliography of each presentation is received and up to date; 6. The evaluation form for the learner to assess achievement of the objectives and the expertise of presented. KAR 60-9-107 (d)

All CNE offerings shall include the following:

1. A summary of program planning
  - a. Time spent on preparation for NCKMC budgetary measures
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  - c. Agenda of program
2. Behavioral objectives related to program content
  - a. Behavioral objectives means the intended outcome of instruction is stated as measureable learner behaviors (K.S.A. 60-9-105 Definitions)
3. Content meeting the definition of K.S.A. 65-1117: "Continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered, professional and licensed practice nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public."
4. Documentation of the instructor's education, experience, knowledge & expertise in the content area
  - a. Curriculum Vitae of all NCKMC instructors will be kept on file in the Organizational Development Department.
5. A bibliography that is reflective of program content
  - a. The bibliography is to include books published within the past 10 years and/or periodicals published within the past 5 years
6. Each CNE program will have an evaluation that includes each participant's assessment of
  - a. Assessment of learner achievement of each objective
  - b. Expertise of each individual presenter



**Describe the method of calculating contact hours for actual attendance that will be awarded for each presentation, utilizing the attendance roster. This must include your method of calculating partial credit, more than one hour, because of early departures or late arrivals. Describe also how instructor credit is calculated and how independent study credit is calculated. If you offer independent study, you must provide the complete pilot study which determines the amount of contact hours the completed material is worth. KAR60-9-107 (c).**

"Contact hour" means 50 minutes of participation in a learning experience that meets the definition of CNE 60-9-10 (j).

- a. Contact hours are awarded based on documentation of the program agenda for the actual time attended
- b. Contact hours are awarded for classroom time, not breaks
- c. Lunch hours are awarded as contact hour only when specified upon advertisement of CNE program ( i.e. "Lunch and Learn" offerings)
- d. Partial credit can be awarded for partial hours over one contact hour

Instructor credit

- a. Two contact hours for each hour of first-time preparation and presentation of an approved CNE offering will be awarded
- b. Standardized, prepared curriculum will not be awarded contact hours for instructors (ACLS, PALS, PEARS, BLS, TNCC, nursing course instruction, etc.)

Independent study is not offered at NCKMC at this time.

**Describe the contents of the roster of attendance and certificate of completion which you use, and documentation of independent study. A sample copy must be attached of each. KAR 60-9-107 (f) (g)**

An attendance roster will be provided for each CNE program and will contain the following:

- a. North Central Kansas Medical Center 155 W. College Drive Concordia, KS 66901  
Provider # LT0273-0911 Program Coordinator: Alison Slate, BSN, RN
- b. Date and Title of program offering
- c. Number of contact hours awarded
- d. Name of instructor(s)
- e. Participant name, License number

An attendance roster will be signed each day by each participant to verify attendance.

A certificate of attendance/CE transcript will be given to each participant after completion of an offering

The certificate/CE transcript will be completed before given to participant

The certificate/CE transcript will contain the following:

- f. North Central Kansas Medical Center 155 W. College Drive Concordia, KS 66901  
Provider # LT0273-0911
- g. Date of attendance and Title of program offering
- h. Number of contact hours awarded
  - i. Designation of any independent study or instructor contact hours
- i. Program Coordinators signature
- j. Participant name, License number

**Please verify that you will keep the records of the offerings for a minimum of two years after presentation. List what records will be retained, the location of the records and the steps taken to ensure confidentiality and security of the records. KAR 60-9-107 (b)**

Records will be stored in a locked cabinet to ensure confidentiality and easy retrieval by authorized persons only (Organization Development Manager, CNO). When computer storage is utilized for record keeping, the file will be password protected with access by authorized persons stated above.

1. The following items will be maintained in locked cabinet for two years
  - a. Summary of planning including time required and copy of instructor handout(s)
  - b. Copy of offering announcement or brochure
  - c. The program title and behavioral objectives
  - d. Agenda
    - i. For independent study: pilot study results
  - e. Program bibliography
  - f. Summary of participant evaluations
  - g. Instructor curriculum vitae
  - h. Daily roster of participant attendance and instructor sign-in

**Describe what methods will be used to notify KSBN of a change of coordinator or policies, and verify that you will notify KSBN of any change within 30 days. KAR 60-9-107 (b)(3)(H)**

Within 30 days: The Organizational Development Manager or Chief Nursing Officer will notify the Kansas State Board of Nursing in writing of any change in the person responsible for providership of CNEs through NCKMC.

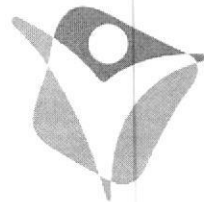
Within 30 days: The Organizational Development Manager or Director of Nursing will notify the Kansas State Board of Nursing in writing of any change in the required policy & procedures written and approved by the Board during the initial application process. If NCKMC decides to no longer participate in providership, the Program Coordinator or CNO will notify the Kansas State Board of Nursing in writing of the location at which the offered program records will be accessible to the Board for the next two years.

**Verify that you will perform a total program evaluation each year. A copy of the proposed evaluation must be attached.**

For the period of July 1 through June 30 of the previous year on or before the deadline designated by the Kansas State Board of Nursing during the initial application process, the following will be submitted in report form:

- a. Program evaluation
  - i. Program administration- Education Coordinator responsibility reviewed
  - ii. Program management- Policies & procedures reviewed
  - iii. Total Program Evaluation- overall effectiveness of CNE providership

Statistical summary report



# North Central Kansas Medical Center

Salina Regional Health Center

NORTH CENTRAL KANSAS MEDICAL CENTER  
CONTINUING NURSING EDUCATION PROGRAM  
155 WEST COLLEGE DRIVE  
CONCORDIA, KS 66901

Name: \_\_\_\_\_

License No: \_\_\_\_\_

(Title of offering)

(Date of offering)

North Central Kansas Medical Center

(Names/credentials of presenters)

Presenter(s)

North Central Kansas Medical Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering approved for ( ) contact hours for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0273-0911

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Alison Slate, BSN, RN  
Organizational Development Manager,  
Program Coordinator



# **Pediatric Advanced Life Support**

**Update Course**

**January 6, 2022**

**Room 106**

**Instructors: Denise Bauman, Ali Elsasser,  
Emalee Jorgensen, Dr. Justin Poore**

|           |                                         |
|-----------|-----------------------------------------|
| 0745-0800 | Registration                            |
| 0800-0815 | Introductions and Course Overview       |
| 0815-0825 | Science of Resuscitation                |
| 0825-0845 | CPR Coach High Performance Teams        |
| 0845-0900 | BLS Testing                             |
| 0900-0915 | BREAK                                   |
| 0915-0935 | Respiratory Skills Check off            |
| 0935-1005 | Vascular Access Skills Check off        |
| 1005-1035 | Rhythm Skills Check off                 |
| 1035-1130 | Case Scenarios Practice                 |
| 1130-1200 | LUNCH                                   |
| 1200-1315 | Case Scenarios Practice                 |
| 1315      | Course Summary and<br>Testing Details - |
| 1335-1500 | Core Case Testing                       |
| 1500-1600 | Written Test                            |
| 1600      | Course Ends/Checkout                    |

Medical Director: Justin Poore, MD

*The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the AHA.*

**Group 1**

Jessica Bechard  
Mayra Brooks  
Aubrey Grant  
Karla Weatherhead

**Group 2**

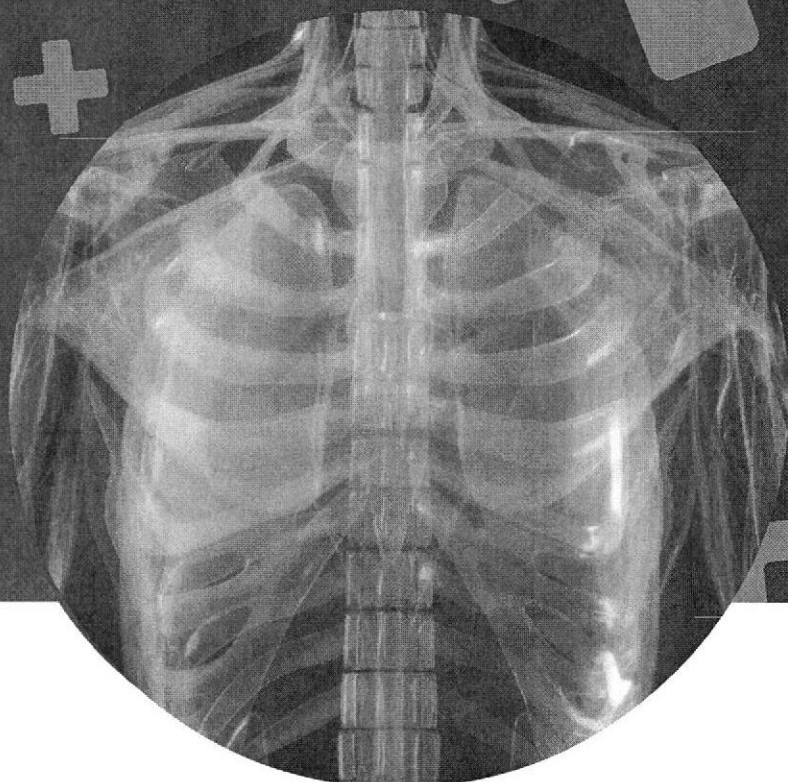
Jennifer Feight  
Sara Hake  
Tiffany Naccarato



North Central Kansas  
Medical Center  
Salina Regional Health Center

# Respiratory Emergencies

July 28, 2025  
1pm  
Conference Room D



## Objectives



Identifies the difference between respiratory distress and respiratory failure



Describes the difference between high and low flow oxygen delivery systems



Verbalizes when to implement Vapotherm versus Bipap



Describes the different O2 delivery modalities and ranges of use

## Bibliography

American Heart Association. (2021). Advanced cardiovascular life support (ACLS) provider manual: 2020 American Heart Association guidelines for CPR and ECC. American Heart Association.

Lippincott Williams & Wilkins. (2022). Lippincott nursing procedures (9th ed.). Wolters Kluwer.

## **Alison K. Slate**

26 Arrowhead Rd, Clyde, KS 66938

785-614-2673

[aslate@nckmed.com](mailto:aslate@nckmed.com)

### **Management Experience**

- **Organizational Development Manager** **2016-present**
  - North Central Kansas Medical Center (previously CCHC) Concordia, KS
  - Direct initial and competency education to nursing staff
  - Manage education for all staff
  - Coordinate inservice and continuing education opportunities for all hospital staff and contracted physicians
  - Coordinate community presentations in conjunction with local agencies for health education

### **Registered Nurse Experience**

**January 2010-2016**

**Cloud County Health Center**

- **House Supervisor/ER/Med-Surg Nurse**
  - Cross trained to several areas so able to float due to emergencies and census fluctuations
  - Provided competent nursing care to medical-surgical and emergency room patients
  - Supervised and coordinated patient care activities
  - Supervised and coordinated staffing needs

### **Certifications**

- |                                                  |              |
|--------------------------------------------------|--------------|
| • Basic Life Support                             | 2005-present |
| • Pediatric Advanced Life Support                | 2010-present |
| • Advanced Cardiac Life Support                  | 2010-present |
| • Trauma Nursing Core Course                     | 2013-present |
| • AHA Basic Life Support Instructor              | 2016-present |
| • AHA Pediatric Advanced Life Support Instructor | 2016-2025    |
| • Neonatal Resuscitation Program                 | 2010-2020    |

### **Education**

- |                                            |                   |                  |
|--------------------------------------------|-------------------|------------------|
| • <b>Fort Hays State University</b>        | <b>Hays, KS</b>   | <b>2014-2016</b> |
| ○ Received Baccalaureate Degree in Nursing |                   |                  |
| • <b>Brown Mackie College-Salina</b>       | <b>Salina, KS</b> | <b>2009-2010</b> |
| ○ Received Associate Degree in Nursing     |                   |                  |

# JULIE VINES

✉ jvines67@gmail.com  
🌐 julievines.cvink

☎ (620) 640 - 5092

📍 429 E. 13th Street, Kansas 66901

## PROFESSIONAL SUMMARY

- Associate of Science in Respiratory Therapy.
- An outstanding prioritizer with excellent patient care and critical thinking skills. I feel my best attribute is staying calm during highly stressful situations
- 33 years of experience ranging from basic respiratory care to critical care.
- Department manager 19 years out of the 33 years as a respiratory therapist. Have had the pleasure of overseeing: Cardiopulmonary Departments, Cardiac and Pulmonary Rehab Units, Sleep Centers and Cardiac Cath Lab.
- Proficient in all aspects of critical and basic respiratory care including adult, pediatric and neonatal care.
- Current Kansas License, current BLS, ACLS, NRP and PALS.

## WORK HISTORY

**Staff Respiratory Therapist**, Cloud County Health Center, Concordia, Kansas, United States 09/2022 - Current

- All aspects of respiratory care to include: Ventilator management, intubation and assisting with intubation, stabilizing and preparing patients for transport, BiLevel/CPAP set-up and management, Vapotherm, Airvo, Aerogen and all aspects of basic respiratory therapy.
- Respond to Code Blues and Traumas.
- Outpatient testing to include: Cardiac and Pulmonary Rehab, Holter Monitor set-up, Event Monitor set-up, Home Sleep Testing Set-up, EEG testing, Pulmonary Function Testing, Overnight Oximetry set-up and Stress Testing.

**PRN Staff Respiratory Therapist**, Geary Community Hospital, Junction City, Kansas, United States 09/2022 - Current

- All aspects of respiratory care to include: Ventilator set-up and management, assist with intubation, weaning and extubation from ventilator, BiLevel/CPAP set-up and management, Vapotherm set-up and management, Aerogen. All aspects of basic respiratory care.
- Respond to Code Blues, Rapid Response Team member, High Risk Deliveries and Traumas.
- Outpatient procedures to include: EKG's, EEG's, Stress Testing, Holter Monitor set-up and scoring, Pulmonary Function testing, Cardiac and Pulmonary Rehab.
- Equipment experience: PB 980 Ventilators and BiLevel/CPAP, V60, Vapotherm, Aerogen, DeVilbiss CPAP and BiLevel equipment, Nellcor pulse oximetry equipment, MUSE EKG system.

**Director Cardiopulmonary Services**, Geary Community Hospital, Junction City, Kansas, United States 08/2015 - 09/2022

- Maintained day to day operations of Cardiopulmonary Services.
- Responsible for Cardiac and Pulmonary Rehab.
- Responsible for Sleep Center.
- All aspects of respiratory care to include: Ventilator management, intubation assistance, weaning and extubation from ventilators, BiLevel/CPAP administration and management, Vapotherm, Aerogen and all aspects of basic respiratory care. Respond to Code Blues, high risk deliveries, Rapid Responses and Traumas.
- Assisted with annual budget, monitored productivity and staff adjustments to meet productivity.
- Completed annual evaluations, completed annual competencies.
- Oversaw ABG equipment to include: QA, follow IQCP plan, training and maintaining of ABG records.
- Adult, Pediatric and Neonatal experience.
- Covered call, back-up call, covered shifts to ensure shifts were covered, covered for Cardiac and Pulmonary Rehab.
- Outpatient testing to include: Hook-up Holter Monitors and scored Holter Monitor, EEG testing, Pulmonary Function Testing.

**Director Cardiopulmonary Services**, St. Catherine Hospital, Garden City, Kansas, United States 10/2004 - 08/2015

- Budgetary responsibilities to include: managing and scheduling staff, meeting productivity requirements, annual budget review and submission, annual evaluations, annual competencies for all staff.
- All aspects of respiratory care to include: ventilator management, BiLevel/CPAP set-up and management, assist with intubations, weaning and extubation from ventilators, respond to traumas, rapid response team member, respond to high risk deliveries and code blues. All aspects of basic respiratory therapy.
- Established and ran Cardiac Cath Lab - Cardiac Cath Lab became a new service line for St. Catherine Hospital in 2009 and I was the manager in charge of the Cath Lab. Oversaw Cardiology Clinic which was next door to the cath lab. Participated in cath procedures as a scrub and ran the MAC Lab case documentation equipment. Part of the call team for emergency Cath Lab procedures.
- Managed the Sleep Center/EEG department - two bed sleep lab.
- Set-up and scored Holter Monitors, assisted with Stress Testing.

**Staff Respiratory Therapist in Level III Nursery**, University Of Alabama Hospital (UAB) Nursery, Birmingham, Alabama, United States 08/2001 - 10/2004

- All aspects of neonatal respiratory care to include: Ventilator management, assist with intubation, weaning and extubation from ventilators.
- Attend high risk deliveries.

**NORTH CENTRAL KANSAS MEDICAL CENTER  
ORGANIZATIONAL DEVELOPMENT  
POLICY AND PROCEDURE**

**Continuing Nursing Education Provider**

**Number: 06-00-13**

*This policy is intended to be a resource to assist practitioners in the performance of their responsibilities. It is not intended nor may it be used to define the standard of care in any given situation. The standard of care is dependent upon the learning, skill, and conduct of a practitioner in a given circumstance and must be established through expert testimony provided by members of the same profession in the same or similar communities under like circumstances.*

**POLICY:**

Continuing Nursing Education [CNE] programs will be provided in compliance with regulations established by the Kansas State Board of Nursing [KSBN] and based upon identified needs of North Central Kansas Medical Center nursing staff. A licensed registered nurse [RN] with a baccalaureate degree and at least 3 years clinical experience will be designated to oversee the Continuing Nursing Education Provider. The Program Coordinator will notify the Kansas State Board of Nursing in writing of any changes in the individual responsible for providership or required policies and procedures within 30 days of change. (KAR 60-9-107(b)(3)&(H)) The final accountability for the education functions of North Central Kansas Medical Center is the responsibility of the organizational development manager. Optimum use of available resources will be considered when planning CNE programs.

**GENERAL INSTRUCTIONS:**

1. The number of CNE programs scheduled will depend upon the resources available as determined through priority setting.
2. CNE programs coordinated by North Central Kansas Medical Center will be a minimum of 1 contact hour.
3. CNE program planning will be done by Organizational Development with input from nursing leadership, risk management, staff nurse request and online needs assessment. An annual total program evaluation will be conducted yearly. Annual report will be reviewed by Nursing Leadership.
4. Needs assessment
  - A. Ongoing needs identification will be done using both formal and informal methods, including:
    1. Online nursing staff surveys
    2. Feedback from Nursing Leadership
    3. Practice changes
    4. Program evaluations
    5. Continuous quality improvement
  - B. An online formal needs analysis will be conducted annually to prioritize and develop an educational plan.
  - C. All requests for CNE programs must be submitted through the organizational development department.
    - 1) Potential instructors should contact the CE provider in Organizational Development to discuss/plan the course. In the discussion the following topics will be addressed:
      - a) Title that reflects the content
      - b) Measurable objectives or learning outcomes
      - c) Copy of outline, handouts and bibliography. (Note references should not be older than 3-5 years)
      - d) Curriculum Vitae for each instructor
      - e) Target Audience
      - f) Scheduling and speaker needs
      - g) Agenda
      - h) Needs Identification for topic



- i) Registration Process
  - j) Fees (if applicable)
  - k) A list of participants should be sent in advance to Organizational Development so a roster and certificates can be made.
- 2) When program has been approved and the information to put together, Organizational Development will:
  - a) Develop the electronic file
  - b) Create the flyer
  - c) Enter participants into CNE database to create roster
  - d) Develop evaluation tool
  - e) Certificates will be printed from CNE database.
- 3) Upon completion of program the evaluation is compiled and stored in the electronic file.
- 5. Content for CNE offerings will be determined according to KS 65-1176.
  - A. Continuing nursing education means learning experiences intended to build upon the education and experiential bases of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.
  - B. CNE does not include in-service education, on-the-job training, orientation, instruction specific courses, and offerings containing some content as courses that are part of basic preparation at the level of current licensure or certification, CPR [cardiopulmonary resuscitation], BLS [basic life support], or Code Blue.
- 6. Promotional Materials
  - A. Promotional materials announcing CNE programs may be sent to all patient care units, placed on the break room bulletin boards, e-mailed, placed on the education page of the SRHC Internet and Intranet Home Pages, and mailed to nurses' home addresses as appropriate. Flyers will be posted and/or mailed a minimum of 4 weeks prior to the program.
  - B. Promotional materials will contain the following information: sponsorship by North Central Kansas Medical Center, program title; presenter information; date, time, and location of program; objectives; target audience; fee schedule; preregistration form; number of contact hours offered; KSBN provider statement; and provider number.
- 7. CNE program fees will be based on the cost of delivering the North Central Kansas Medical Center employees will be charged a reduced fee whenever feasible. PRN [as often as necessary] and LOA [leave of absence] personnel from the health center are considered employees and are charged the employee fee. Under most circumstances, volunteers and EMTs [emergency medical technicians] will be allowed to attend CNE programs at the employee rate. However, this will be determined on a program-by-program basis. CNE programs are designed beyond the scope of the basic entry level nursing curricula. If, however, student nurses wish to attend a CNE program, they will qualify for the same rate as employees. When cosponsoring with another agency, the other agency's staff may also qualify for the same rate as employees. Sunflower Health Network employees will also receive a reduced fee.
- 8. Insufficient funds will be handled per North Central Kansas Medical Center policy.
- 9. Preregistration/Cancellation
  - A. Preregistration is required for all programs that offer continuing education credit. It is the employee's responsibility to arrange with their manager for time off to attend. Employees will not be considered registered until organizational development has received the registration and applicable fees.
  - B. Cancellations received prior to the registration deadline for the program will be given a full refund of all fees paid.
  - C. Cancellations received after the registration deadline but before the program begins will be refunded all fees paid minus an administrative fee for processing.
  - D. No refunds will be given for cancellations after the program begins.
  - E. Exceptions to these regulations will be determined on a per-case basis by the provider coordinator and/or organizational development director.
- 10. Instructor Selection Criteria
  - A. The selection of an instructor will be based on the following qualifications:
    - 1. Academic preparation and/or clinical experience relevant to the program content.

2. Teaching experience and knowledge of adult education principles is preferred. (Principles of adult education and teaching methodologies will be reviewed with potential instructors who lack teaching experience.)
3. References.
11. Auditing of CNE programs is not allowed.
12. Audiovisual/Audiotaping CNE Programs
  - A. Participants may not record a CNE program by any audiovisual method.
  - B. If planned in advance and with the consent of the presenter(s), certain CNE programs may be audio/video taped by organizational development. Approval for recording is at the discretion of the organizational development director.
13. North Central Kansas Medical Center does not provide nursing contact hours for programs provided by other agencies unless the program is co-sponsored by NCKMC or SRHC. A single course providership may be obtained by the outside agency through the Kansas State Board of Nursing.
  - A. The decision to co-sponsor a program is the responsibility of the provider coordinator and/or the organizational development manager.
  - B. In order to be considered a co-sponsorship, the program topic/content must address an identified need of the medical center and must target medical center employees.
  - C. The provider coordinator or designee must be a member of the program planning committee.
  - D. All policies regarding NCKMC continuing education will apply to co-sponsorship.

#### **DOCUMENTATION:**

1. Kansas State Board of Nursing Regulations

North Central Kansas Medical Center will maintain a long-term providership within the regulations set forth by the Kansas State Board of Nursing. All continuing nursing education programs will be planned, produced, presented and evaluated based on KSBN regulations as set forth in the "Kansas Nurse Practice Act Laws and Administrative Regulations."

  - A. CNE programs are organized, systematic and evaluative educational experiences beyond basic nursing preparation. Orientation, in-service education, on-the-job training, and education designed for the general public are not considered CNE.
  - B. Daily roster shall contain the Provider's name, address, provider number and coordinator, participants name and license number and the number of contact hours awarded, the title of the offering and the date on which the offering was completed and the presenter or presenters names. KAR 60-9-107 (f) (1)
  - C. Each nurse participant will be required to sign a daily roster. The participant is responsible for verifying the information on the course roster (name, address, license number). The provider coordinator or designee will monitor the registration process.
  - D. Certificates of attendance will be awarded to participants after completion of the program. Each Certificate shall be complete before distribution to the participant. Each certificate will contain:
    1. Name of provider, North Central Kansas Medical Center, address and the provider number;
    2. Title of the offering;
    3. Date(s) of attendance or completion;
    4. Number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded;
    5. The handwritten or electronic signature of the individual responsible for the providership;
    6. Name and license number of the participant;
    7. The following statement: "North Central Kansas Medical Center is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for ( ) contact hours for (APRN, RN, LPN or LMHT) relicensure. Kansas State Board of Nursing provider number LT0273-0911."
    8. Clear identification of instructor contact hours awarded, if applicable.
  - E. Nurses must keep certificates received for attending CNE programs because KSBN requires proof of successful completion of the required number or approved CNE contact hours when renewing a nursing license. The Organizational Development department will charge a fee for duplicate certificates.



- F. The number of contact hours to be awarded for each program will be determined by the Provider Coordinator based on KSBN policy. Partial credit will not be given unless program content is completed within the hours awarded.
- G. Participants who arrive eleven minutes or more after the program begins, or who leave eleven or more minutes before the program ends will not receive full credit. If the program qualifies for partial credit (see 1-E) participants who arrive late or leave early may be given partial credit.
- H. A nurse who prepares and presents a CNE program may receive instructor credit for the first time presentation of the content. A 50-minute presentation equals two contact hours of instructor credit. The minimum presentation length is 50 minutes. A nurse presenter will receive regular contact hour credit if she/he participates in a part of the program that is presented by other presenters.
- I. An electronic file will be maintained for at least 2 years for each CNE program presented under the North Central Kansas Medical Center's KSBN providership. All CNE records will be stored on the organizational development share drive to be organized by year of offering July 1 to June 30 by month of offering. A separate file folder with the title of each program will be stored by month in this yearly file. The electronic file for each program should include, but will not be limited to the following: KAR 60-9-107(h)(1)(3)
  1. The program flyer, summary of planning, agenda, objectives, presentation and handouts (if applicable). If the content for the program uses a text, said text will be stored in organizational development for a period of 4 years or until the course is updated with a new text;
  2. Bibliography shall include books published within the past 10 years and/or periodicals published within the last 5 years or both;
  3. Faculty file (including instructor curriculum vitae);
  4. A scanned copy of the course roster with written license numbers where needed;
  5. Evaluation data (summary of evaluations);
  6. At least one copy of promotional material(s); and
  7. A single nurse sample certificate.
- J. After the program, the program coordinator will review the signed roster and electronic file. An electronic note will be entered into the file with a date and electronic signature of the provider coordinator noting review of file.
- K. CNE records will be kept on a secure computer drive to ensure confidentiality and easy retrieval of records only accessible to Organizational Development staff and the CNO. Data in this drive is backed up daily according to hospital policy.
- L. The following statement will be prominently displayed on all promotional materials for CNE programs: (60-9-107(b) (3) (A))
  - "North Central Kansas Medical Center is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for ( ) contact hours for (APRN, RN, LPN or LMHT) relicensure. Kansas State Board of Nursing provider number LT0273-0911."
2. North Central Kansas Medical Center does not release roster lists to any individuals or groups.

#### **REVIEW HISTORY:**

- First Effective: 12/2022 (Combined policy 06-11-11 and 06-00-12)
- Reviewed: 1/24 AS; 12/24 AS, 12/25 AS,
- Revised: 6/2026 AS

**APPROVED:**

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Della Strait, MSN RN

Director of Nursing

---

Alison Slate, BSN RN

Organizational Development Manager

*(Original signatures on file)*

## **PALS OBJECTIVES**

Upon successful completion of this course, the student should be able to:

- Recognize a seriously ill or injured child by using a systematic approach
- Demonstrate high-quality cardiopulmonary resuscitation (CPR), including the roll of CPR coach
- Begin to stabilize a seriously ill or injured child
- Practice effective team interaction

## **PALS BIBLIOGRAPHY**

American Heart Association. (2021). *Pediatric advanced life support (PALS) provider manual: 2020 American Heart Association guidelines for CPR and ECC*. American Heart Association.

Respiratory Emergencies

July 28, 2025

North Central Kansas Medical Center

Presenters: Julie Vines, RRT

5 = Agree      4 = Somewhat agree      3 = Neutral      2 = Somewhat disagree      1 = Disagree

**After the program, I can:**

1. Identify the difference between respiratory distress and respiratory failure

5      4      3      2      1

2. Describe the difference between high and low flow oxygen delivery systems

5      4      3      2      1

3. Verbalize when to implement Vapotherm versus Bipap

5      4      3      2      1

4. Describe the different O2 delivery modalities and ranges of use

5      4      3      2      1

**Presenter:** Julie Vines, RRT

5. Presenter demonstrated expertise of subject matter      5      4      3      2      1

6. Presenter allowed questions regarding material presented      5      4      3      2      1

STRENGTHS OF PROGRAM:

WAYS I WILL USE THE INFORMATION:

WAYS TO IMPROVE PROGRAM:

I WOULD ATTEND FUTURE PRESENTATIONS ASSOCIATED WITH THIS TOPIC: †YES †NO  
FUTURE PROGRAMS I WOULD LIKE TO ATTEND ARE:

| Name | SIGNATURE | ADDRESS, PHONE, EMAIL | LICENSE |
|------|-----------|-----------------------|---------|
|      |           |                       |         |
|      |           |                       |         |
|      |           |                       |         |
|      |           |                       |         |
|      |           |                       |         |
|      |           |                       |         |

Alison Slate, BSN, RN  
Program Coordinator

Instructor/Presenters  
Julie Vines, RRT

Instructor Signature

| NAME | SIGNATURE | ADDRESS, PHONE, EMAIL | LICENSE |
|------|-----------|-----------------------|---------|
|      |           |                       |         |
|      |           |                       |         |
|      |           |                       |         |
|      |           |                       |         |
|      |           |                       |         |

Alison Slate, BSN, RN  
Program Coordinator

Instructor/Presenters  
Julie Vines, RRT

Instructor Signature

## **Denise M Baumann**

1401 L Street, Concordia, KS 66901

785-275-1180

[dmbaumann@cchc.com](mailto:dmbaumann@cchc.com)

### **Management Experience**

- **Cardiopulmonary Department Director** **11/2015-present**
  - Cloud County Health Center Concordia, KS
  - Manage staff for all RT responsibilities including EKG, EEG, Cardiac Rehab, PFT lab, Event monitors, Holter monitor, Stress testing and all respiratory services in and out patient.
  - Manage competencies for ABG and RT staff.

### **Respiratory Experience**

**July 1991-present**

**Cloud County Health Center, Republic County Hospital & Salina Regional Health Center**

- **Staff Respiratory therapist**
  - Competent in Ventilator management, BiPAP/CPAP, all aspects of Respiratory patient care.
  - Competent in ABG punctures and analysis
  - Competent in performing all EKG, EEG, PFT, KOH and holter monitor testing
  - Cardiac Rehab
  - RT patient care in the emergency room and neonatal

### **Certifications**

- |                                   |              |
|-----------------------------------|--------------|
| • Basic Life Support              | 1991-present |
| • Pediatric Advanced Life Support | 2005-present |
| • Advanced Cardiac Life Support   | 2000-present |
| • Neonatal Resuscitation Program  | 2000-present |
| • Stable Certification            | 2005-present |

### **Education**

- |                                                           |                      |                         |
|-----------------------------------------------------------|----------------------|-------------------------|
| • <b>Cloud County Community College</b>                   | <b>Concordia, KS</b> | <b>1986,1988-1989</b>   |
| ○ General Education                                       |                      |                         |
| • <b>Emporia State University</b>                         | <b>Emporia, KS</b>   | <b>Fall 1986</b>        |
| ○ General Education                                       |                      |                         |
| • <b>Wichita State University</b>                         | <b>Wichita, KS</b>   | <b>Spring/Fall 1987</b> |
| ○ General Education                                       |                      |                         |
| • <b>California College of Health Science</b>             | <b>Concordia, KS</b> | <b>1989-1991</b>        |
| ○ Associate Degree Applied Science, Respiratory Therapist |                      |                         |

**Justin M. Poore, D.O.**

1431 Noble Road  
Concordia, KS 66901  
785-243-4272  
[jpoore@cchc.com](mailto:jpoore@cchc.com)

**Education:**

University of Kansas School of Medicine, Smoky Hill Family Practice, Family Medicine  
Residency, 2000-2003  
Des Moines University Osteopathic Medical Center, D.O. Degree, 2000  
Fort Hays State University, B.S. Biology, 1995

**Licensure and Certification:**

Fully licensed to practice medicine and surgery in State of Kansas – 2001  
Board Certification – July 2003-July 2010  
Advanced Life Support Provider– 1998-present  
Pediatric Advanced Life Support Provider – 2000-present  
Drug Enforcement Agency – 2000-present  
Advanced Trauma Life Support Provider – 2002-present  
Pediatric Advanced Life Support Instructor – 2011-present

**Honors, Awards, Commendations:**

Sigma Sigma Phi National Osteopathic Honor Society  
Class Rank 10<sup>th</sup> out of 185 students in medical school class  
Kansas Osteopathic Primary Care Scholarship, 1996-2000  
Kansas Osteopathic Auxiliary Association Scholarship Award, 1999  
Smoky Hill Family Practice Behavioral Science Award, 2003



**Long Term CNE Provider Checklist**  
(K.A.R. 60-9-107)

**Renewal or Initial**

**Name of Provider:**

**LT** \_\_\_\_\_

**Name of Program Coordinator:**

**Date Received:**

**Date to CNE Committee:**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved:** \_\_\_\_\_

**Date Notified:** \_\_\_\_\_

| <b>Information Required</b>                                                                                                                                                                                                                                                                                                                                                    | <b>Received</b> | <b>NA</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|
| 1. Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting                                                                                                                                                                                                                |                 |           |
| 2. The name and address of the organization on the application                                                                                                                                                                                                                                                                                                                 |                 |           |
| 3. The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization                                                                                                                                                                                                            |                 |           |
| 4. The name, education and experience of the program coordinator responsible for CNE – include resume                                                                                                                                                                                                                                                                          |                 |           |
| A. Be a licensed professional nurse                                                                                                                                                                                                                                                                                                                                            |                 |           |
| B. Have three years of clinical experience                                                                                                                                                                                                                                                                                                                                     |                 |           |
| C. Have one year of experience in developing and implementing nursing education                                                                                                                                                                                                                                                                                                |                 |           |
| D. Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)                                                                                                                                                                                                                                           |                 |           |
| <b>Policies &amp; Procedures:</b>                                                                                                                                                                                                                                                                                                                                              |                 |           |
| 5. Written policies and procedures, including at least the following areas:                                                                                                                                                                                                                                                                                                    |                 |           |
| A. Assessing the need and planning for CNE activities                                                                                                                                                                                                                                                                                                                          |                 |           |
| B. Fee assessment                                                                                                                                                                                                                                                                                                                                                              |                 |           |
| C. Advertisements or offering announcements. Published information shall contain the following statement: “(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: ” |                 |           |
| D. Notice of change of coordinator or required policies and procedures. The program coordinator shall notify                                                                                                                                                                                                                                                                   |                 |           |

|                                                                                                                                                                                                                                                     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days                                                                                                            |  |  |
| 6. For long term providers, the policies and procedures for the approval process shall include the following:                                                                                                                                       |  |  |
| A. A summary of the planning                                                                                                                                                                                                                        |  |  |
| B. The behavioral objectives                                                                                                                                                                                                                        |  |  |
| C. The content, which shall meet the definition of CNE in KSA 65-1117                                                                                                                                                                               |  |  |
| D. The instructor's education and experience, documenting knowledge and expertise in the content area                                                                                                                                               |  |  |
| E. A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both                                            |  |  |
| F. An offering evaluation that includes each participant's assessment of the following:                                                                                                                                                             |  |  |
| 1. The achievement of each objective                                                                                                                                                                                                                |  |  |
| 2. The expertise of each individual presenter                                                                                                                                                                                                       |  |  |
| 7. An approved provider may award any of the following:                                                                                                                                                                                             |  |  |
| A. Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours                                                                                                          |  |  |
| B. Credit for fractions of hours over 30 mins to be computed towards a contact hour                                                                                                                                                                 |  |  |
| C. Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum                                                                                        |  |  |
| D. Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results                                                                                                         |  |  |
| E. Clinical hours                                                                                                                                                                                                                                   |  |  |
| <b>Documentation of Attendance</b>                                                                                                                                                                                                                  |  |  |
| 8. Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:                             |  |  |
| A. The provider's name, address, provider number, and coordinator                                                                                                                                                                                   |  |  |
| B. The date and title of the offering, and the presenter or presenters                                                                                                                                                                              |  |  |
| C. The participant's name and license number and the number of contact hours awarded                                                                                                                                                                |  |  |
| 9. Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following: |  |  |
| A. The provider's name, address, provider number, and coordinator                                                                                                                                                                                   |  |  |

|                                                                                                                                                                                                               |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| B. The participant's name and license number, and the number of contact hours awarded                                                                                                                         |  |  |
| C. The title of the offering                                                                                                                                                                                  |  |  |
| D. The date on which the offering was completed                                                                                                                                                               |  |  |
| E. Either the completion of a posttest or a return demonstration                                                                                                                                              |  |  |
| <b>Certificate of Attendance/CE Transcript</b>                                                                                                                                                                |  |  |
| 10. A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider |  |  |
| 11. Each certificate and each CE transcript shall be complete before distribution to the participant                                                                                                          |  |  |
| 12. Each certificate and each CE transcript shall contain the following information:                                                                                                                          |  |  |
| A. The provider's name, address and provider number                                                                                                                                                           |  |  |
| B. The title of the offering                                                                                                                                                                                  |  |  |
| C. The date or dates of attendance or completion                                                                                                                                                              |  |  |
| D. The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded                                                                       |  |  |
| E. The signature of the individual responsible for the providership                                                                                                                                           |  |  |
| F. The name and license number of the participant                                                                                                                                                             |  |  |
| <b>Recordkeeping &amp; Storage</b>                                                                                                                                                                            |  |  |
| 13. For each offering, the approved provider shall retain the following for two years:                                                                                                                        |  |  |
| A. A summary of the planning                                                                                                                                                                                  |  |  |
| B. A copy of the offering announcement or brochure                                                                                                                                                            |  |  |
| C. The title and objectives                                                                                                                                                                                   |  |  |
| D. The offering agenda or, for independent study, pilot test results                                                                                                                                          |  |  |
| E. A bibliography                                                                                                                                                                                             |  |  |
| F. A summary of the participants' evaluations                                                                                                                                                                 |  |  |
| G. Each instructor's education and experiences                                                                                                                                                                |  |  |
| H. Documentation to verify completion of the offering                                                                                                                                                         |  |  |
| 14. The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals                                                                                       |  |  |
| <b>Program Evaluation Plan</b>                                                                                                                                                                                |  |  |
| 15. For long-term providers, a copy of the total program evaluation plan                                                                                                                                      |  |  |

12/2018

|                                                                            |  |
|----------------------------------------------------------------------------|--|
| <b>Two Proposed Offerings</b>                                              |  |
| The provider shall submit two proposed offerings, including the following: |  |
| 16. Offering #1                                                            |  |
| A. A summary of planning                                                   |  |
| B. A copy of the offering announcement or brochure                         |  |
| C. The title and behavioral objectives                                     |  |
| D. The offering agenda or, for independent study, pilot test results       |  |
| E. Each instructor's education and experience                              |  |
| F. A current bibliography                                                  |  |
| G. The offering evaluation form                                            |  |
| 17, Offering #2:                                                           |  |
| A. A summary of planning                                                   |  |
| B. A copy of the offering announcement or brochure                         |  |
| C. The title and behavioral objectives                                     |  |
| D. The offering agenda or, for independent study, pilot test results       |  |
| E. Each instructor's education and experience                              |  |
| F. A current bibliography                                                  |  |
| G. The offering evaluation form                                            |  |

12/2018, Rev 6/2025

**KANSAS STATE BOARD OF NURSING**

**LANDON STATE OFFICE BUILDING**

**900 SW JACKSON, SUITE 1051**

**TOPEKA, KS 66612-1230**

**Continuing Education Annual Report**

Name of Provider: GERTI  
Provider Number (for Renewal): LT0249-0916  
Legal Body (if different from provider): \_\_\_\_\_  
Address of Provider: 18109 W. 112th Street, Olathe, KS 66061  
Telephone: 9134778252  
E-Mail Address: chriso@ecojc.org  
Program Coordinator: Chris Osborn  
Reporting Year: 2026

**Interactive Offerings**

Total Number of Offerings: 31  
Total Number of offering Contact Hours: Sum of all contact hours presented 109  
Total Number of APRN Participants: 2  
Total Number of RN Participants: 145  
Total Number of LPN Participants: 16  
Total Number of LMHT Participants: 0

*Offering Contact Hours taught by: Sum of OH taught by each category total should be the same as :Total Number of Offering Contact Hours*

Nurses: 0

Others: 109

# Independent Study Offerings

*Complete only if you offer Independent Study*

Number of Independent Study topics offered: 0

Total Number of Independent Study Contact Hours: 0  
*Sum of all contact hours for IS topics*

Total Number of APRN Participants: 0

Total Number of RN Participants: 0

Total Number of LPN Participants: 0

Total Number of LMHT Participants: 0

## *Attestation*

*I realize that this application is a legal document and by submitting this application you are declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.*

*If all the above information is correct please sign and date below.*

*Otherwise please go back and correct any information that is necessary.*

Signature: Chris Olson

Date: 7-1-26

## Bibliography for Dealing with Difficult People

Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2022). *Crucial Conversations: Tools for Talking When Stakes Are High* (3rd ed.). New York, NY: McGraw Hill.

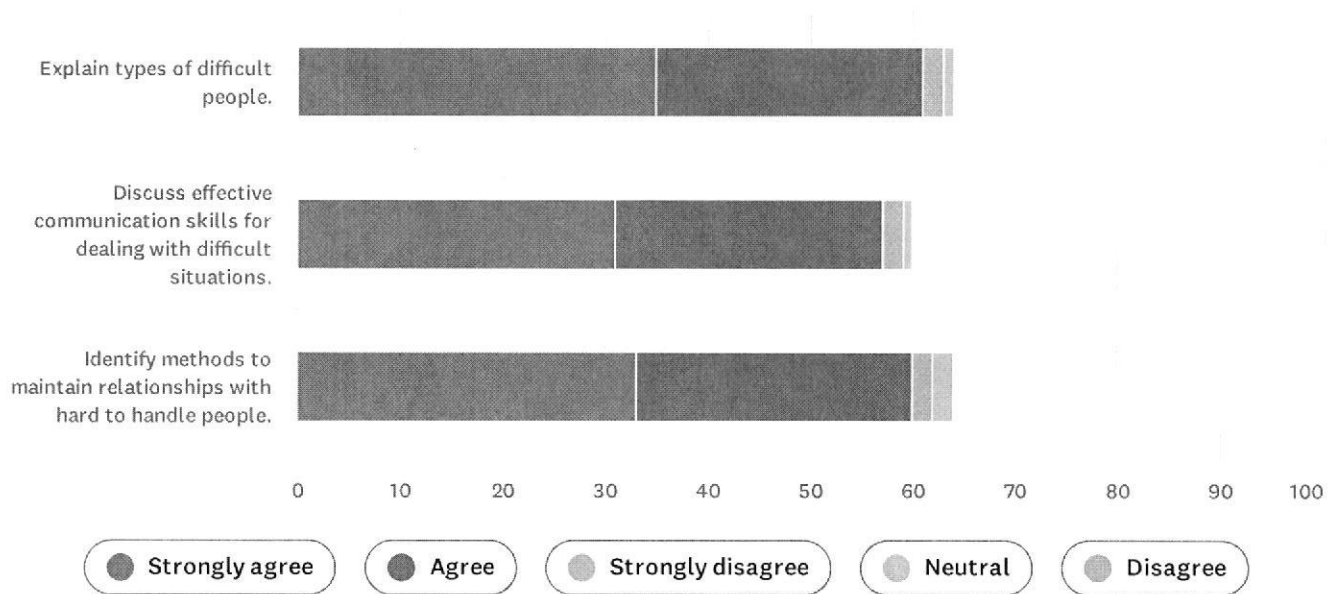
Shapiro, J. (2018). *The Emotionally Intelligent Nurse Leader*. Indianapolis, IN: Sigma Theta Tau International.

Stone, D., Heen, S., & Patton, B. (2023). *Difficult Conversations: How to Discuss What Matters Most* (Updated ed.). New York, NY: Penguin Books.

## Dealing with Difficult People

Q1 65 responses

### Evaluation of objectives

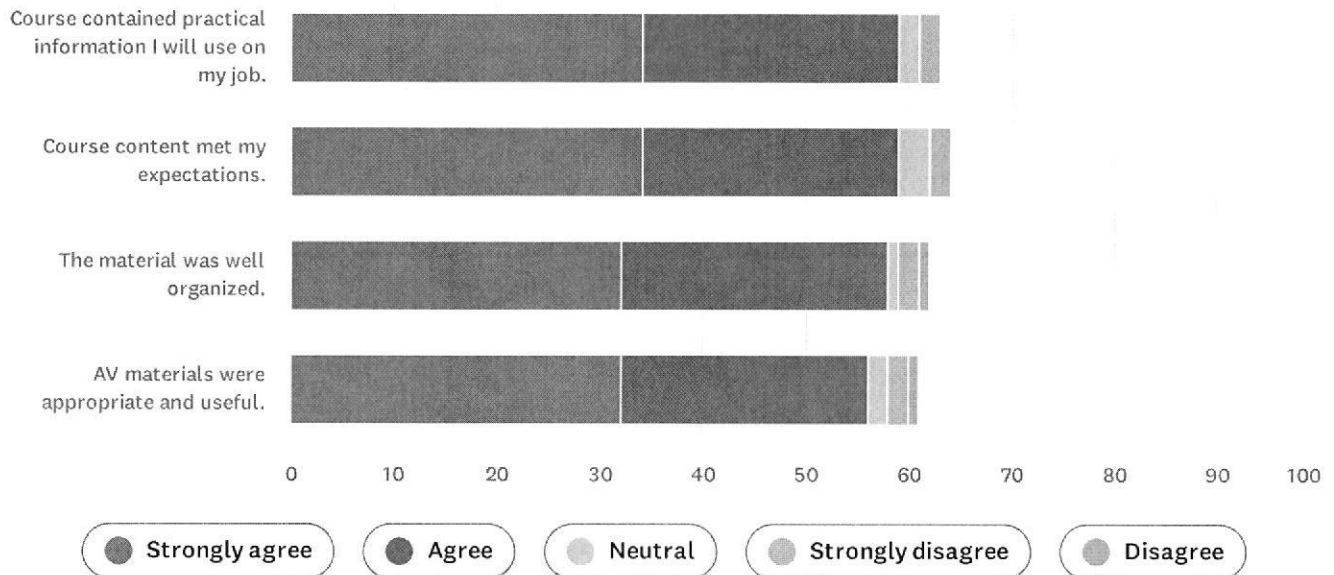




## Dealing with Difficult People

Q2 64 responses

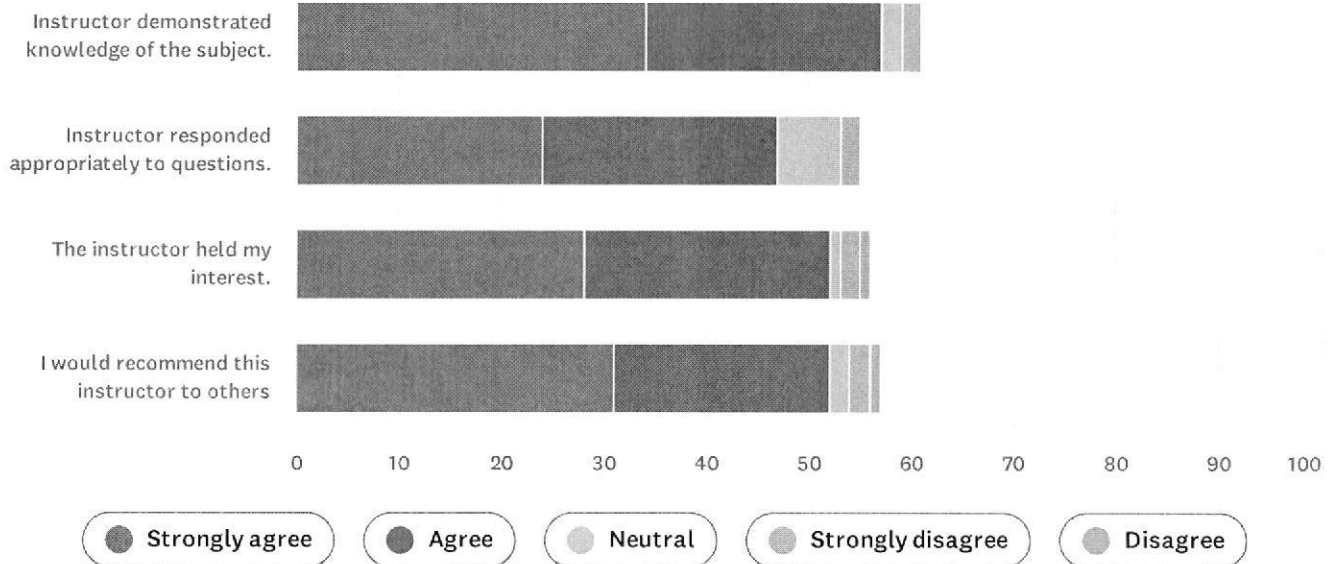
### Evaluation of course content



## Dealing with Difficult People

Q3 61 responses

### Evaluation of instructor



## Dealing with Difficult People

### Q4 Please tell us other topics you would like to hear about.

Answered: 8   Skipped: 57

| # | RESPONSES                                                                                                                                                                                                                                                                                                                                         | DATE              |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1 | n/a                                                                                                                                                                                                                                                                                                                                               | 2/6/2026 9:27 PM  |
| 2 | none                                                                                                                                                                                                                                                                                                                                              | 6/15/2025 3:46 PM |
| 3 | N/A                                                                                                                                                                                                                                                                                                                                               | 4/30/2025 4:15 PM |
| 4 | I felt this course was not as well done and as well laid out as all of the other courses I have done. This course felt more like the slides to a lecture, with speaking points and not much explanation. There was obviously content, but the information was not conveyed as thoroughly or explained as well as the other courses I have viewed. | 4/30/2025 4:35 AM |
| 5 | Resident with Dementia                                                                                                                                                                                                                                                                                                                            | 3/27/2025 7:24 PM |
| 6 | NA                                                                                                                                                                                                                                                                                                                                                | 7/17/2024 9:48 AM |
| 7 | Easier said than done but a great refresher! :)                                                                                                                                                                                                                                                                                                   | 6/13/2023 9:26 PM |
| 8 | making people feel needed and what it does if they aren't                                                                                                                                                                                                                                                                                         | 4/28/2023 3:16 AM |

# CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS AWARDED TO

NAME: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

Approved for 1 continuing education clock hour for Kansas Licensed Social Workers by  
The Kansas Behavioral Sciences Regulatory Board. Provider Number: 07-003

Approved for 1 continuing education clock hour for Kansas Licensed Administrators by  
The Kansas Department for Aging & Disability Services. (1 ADM) Long-Term Sponsorship number: LTS-A1141

Approved for 1 continuing education clock hour for Kansas Licensed Nurses  
by the Kansas Board of Nursing. KSBN Provider # LT0249-0916

In

ONLINE COURSE  
Dealing with Difficult People

Date Here

*Belinda Vierthaler*

Belinda Vierthaler, LMSW, LACHA, Presenter

\_\_\_\_\_ Date

*Chris Osborn*

Chris Osborn, RN, LACHA, Coordinator

\_\_\_\_\_ Date

PRESENTED BY



18109 W. 112th St.  
OLATHE, KANSAS 6606  
1913-477-8251

## **Summary of Planning Toxic Positivity**

The educational need for this program was evaluated by the Chief Executive Officer/Director of Education, GERTI faculty, the Evergreen Director of Health, and the Business Coordinator. The planning committee reviewed participant evaluations from previous educational activities, identified emerging best practices in long-term care throughout Kansas, and considered feedback received through professional networking and collaboration with healthcare providers.

This assessment identified a need for education focused on recognizing and addressing toxic positivity in healthcare settings. Feedback from nurses and other healthcare professionals indicated that well-intentioned but dismissive responses to stress, grief, burnout, and emotional challenges can negatively affect communication, teamwork, employee well-being, and the quality of person-centered care. Participants expressed a desire for practical strategies to foster authentic communication, validate emotions, build resilience, and create a psychologically safe workplace for both colleagues and those they serve.

In response, Toxic Positivity was developed to help nurses (and other staff) recognize the impact of toxic positivity, distinguish healthy optimism from emotionally dismissive behaviors, and apply evidence-based communication strategies that promote empathy, resilience, and compassionate, person-centered care while meeting the continuing nursing education (CNE) requirements for nurses.

**ONLINE CEUS**  
AVAILABLE WHEN  
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**GERT**   
913-477-8242  
[WWW.GERTI.ORG](http://WWW.GERTI.ORG)

**Toxic Positivity**  
**1 CNE**

GERTI is approved as a provider of continuing nursing education by the Kansas Board of Nursing.

This course offering is approved for contact hours applicable for APRN, RN, LPN,  
or LMHT re-licensure.

Kansas Board of Nursing Provider Number LT0249-0916

## Program Management

### Assessing Need and Planning CNE

Please describe what advisory groups or planning committees were formed and what factors were reviewed to determine what CNE subjects should be presented and how those presentations will meet the definition of CNE in KSA 65-1117(a)

GERTI utilizes an interdisciplinary advisory and planning process to identify continuing nursing education (CNE) topics that are relevant, evidence-based, and responsive to the educational needs of nurses and other long-term care professionals.

Planning includes input from organizational leadership, nursing professionals, educators, clinical staff, and subject matter experts with experience in long-term care, assisted living, dementia care, rehabilitation, hospice, and person-centered care. Educational needs are identified through a variety of sources, including participant evaluations from previous programs, requests from healthcare organizations, changes in federal and state regulations, emerging best practices, quality improvement initiatives, workforce trends, and identified gaps in knowledge or clinical practice.

The planning group reviews this data to determine educational priorities and selects topics that are designed to enhance the knowledge, competence, and/or performance of licensed nurses. Each educational activity includes clearly defined learning outcomes, evidence-based content, qualified presenters with expertise in the subject matter, and evaluation methods to assess whether the learning objectives were achieved.

All CNE activities are planned to meet the definition of continuing nursing education outlined in KSA 65-1117(a) by providing organized learning experiences that contribute directly to the professional growth and continued competence of licensed nurses in the practice of nursing.

### Process for Fee Assessment

Describe the method for determining the price to charge for CNE, what procedure is used in case of insufficient fund checks, and refund requests due to cancellations.

GERTI determines the price for CNE activities based on a cost-analysis model that considers program development expenses, presenter fees, materials, technology, and administrative support. Pricing is also evaluated in comparison to similar educational offerings to ensure affordability and accessibility while maintaining program quality. Fees are clearly communicated to participants prior to registration.

In the event of a returned check due to insufficient funds, participants are notified promptly and required to remit payment using an alternative method, such as credit card or certified funds. A service fee may be assessed in accordance with organizational policy. Registration and access to course materials or certificates may be withheld until payment is received in full.

Refund requests due to cancellations are handled according to established policy. Participants who cancel within the designated timeframe prior to the scheduled activity may receive a full or partial refund, less any administrative fees. Cancellations received after the stated deadline may not be eligible for a refund; however, substitutions or transfer of registration to a future program may be permitted when appropriate. If GERTI cancels an activity, participants are notified and provided a full refund or the option to transfer to another offering.

#### Process for Advertisements or Announcements

Describe what material will be distributed or used to announce your CNE. Include all information sources used and the media used, printed or electronic. Copies of each announcement must be attached. All announcements are required to contain the required language in KAR 60-9-107(b)(3)(C).

GERTI promotes and announces its continuing nursing education (CNE) activities primarily through its website and social media platforms to ensure accessibility and awareness among its target audience. Information is also shared through email communications when appropriate and may be distributed through partner organizations, professional associations, and direct outreach to healthcare communities and long-term care providers.

The Director of Education or educator is responsible for developing the brochure/announcement of offering via GERTI website, email or other appropriate media to include:

- Providership name and/or sponsorship if applicable;
- Title of offering as well as a brief summary of offering;
- Dates, times, and locations, map if necessary;
- List of coordinators of offering, speakers, and their credentials;
- Purpose of offering;
- Behavioral objectives;



- Target audience, exceptions if in compliance with other professional organizations regulations;
- Fees and exceptions as determined by the policies of GERTI must be stated on the brochure. Partial credit will be awarded at the discretion of the provider. Refund provided according to policy;
- CNE contact hours to be awarded;
- The Kansas State Board of Nursing accreditation statement: "Grow with Evergreen Resources for Transforming Innovations is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This offering is approved for contact hours applicable for RN, LPN or LMHT re-licensure. Kansas State Board of Nursing provider number: LT0249-0916", K.S.A. 60-9-107(b)(3)(C). GERTI will not grant fractional increments of hours as stated in the providership policies;
- Statement of Cancellation/Refund policy.

#### Process for Offering Approval

Please verify in writing that all information listed below will be completed for each offering before it is presented. 1. Summary of planning; 2. Behavioral objectives of the offering; 3. The content of the offering meets the definition of CNE pursuant to KSA 65-1117; 4. Documentation is received of each instructor's experience and education; 5. The bibliography of each presentation is received and up to date; 6. The evaluation form for the learner to assess achievement of the objectives and the expertise of the presenter. KAR 60-9-107(d)

GERTI verifies that the following requirements will be completed and documented for each continuing nursing education (CNE) offering prior to presentation, in accordance with KAR 60-9-107(d):

A summary of the planning process will be completed and maintained.

Behavioral learning objectives will be developed and documented for each educational activity.

The content of each offering will be reviewed to ensure it meets the definition of continuing nursing education as outlined in KSA 65-1117.

Documentation of each instructor's education, qualifications, and relevant experience will be obtained and maintained.

A current bibliography or list of references supporting the educational content will be obtained from each presenter and maintained in the activity file.

An evaluation form will be provided to all participants to assess the extent to which the learning objectives were achieved, the effectiveness of the educational activity, and the expertise of the presenter.

GERTI is committed to maintaining complete documentation for each CNE activity and ensuring all regulatory requirements are met before the educational offering is presented.

#### Process for Awarding Contact Hours

Describe the method of calculating contact hours for actual attendance that will be awarded for each presentation, utilizing the attendance roster. This must include your method of calculating partial credit, more than one hour, because of early departures or late arrivals. Describe also how instructor credit is calculated and how independent study credit is calculated. If you offer independent study, you must provide the complete pilot study which determines the amount of contact hours the completed material is worth. KAR 60-9-107(e)

Guidelines for awarding credits for attendance to CNE offerings:

- “Contact hour” means 50 minutes of participation in a learning experience that meets the definition of CNE in Kansas State Board of Nursing K.S.A. 65-1117 and amendments thereto.
- All participants must sign the course roster, ensuring that their names on both the rosters and certificates are identical to the nurse’s name as it appears on their nursing license.
- Partial credit will be awarded at the discretion of the provider. One contact hour will be given for each 50 minutes of attendance. Partial credit may only be awarded for more than one contact hour, in accordance with K.A.R. 60-9-106(e)(1-2).
- Auditing of offerings is permitted with approval of the course coordinator. Participants who audit will register on the class roster, but will receive no continuing education credit. The course coordinator will document on the course roster that no credit was provided for audit participation.
- Instructors will be eligible for instructor credit hours which shall be two contact hours for each hour of first-time preparation and presentation of an approved offering excluding any standardized, prepared curriculum, as specified by Kansas State Board of Nursing K.S.A. 60-9-106(c)(4), 60 9 107(e)(3).

- Children and unregistered persons, unless pre-approved, will not be allowed in the room during offerings.

Process for Verifying Participation and Completion of Offering Describe the contents of the roster of attendance and certificate of completion which you use, and documentation of independent study. A sample copy must be attached of each. KAR 60-9-107(f)(g)

Participant completion of offerings:

Documentation to verify that each participant attended the offering as specified by the Kansas State Board of Nursing K.S.A. 60-9-107(f) will include the following:

- A daily roster which the participant must sign each session, as indicated by the provider which includes:
  - The provider's name, address, provider number and coordinator;
  - The date and title of the offering and the presenter(s);
  - The participant's name and license number and the number of contact hours awarded.

For self-paced online continuing nursing education activities, GERTI verifies participation through the learning management system. Participants must register individually, complete all required course content, complete the course evaluation. Participants must also successfully complete the required post-test before contact hours are awarded. Certificates of completion are issued only after all participation requirements have been satisfied.

CNE certificates:

- Each certificate shall be complete before distribution to the participant;
- Each certificate shall contain the following information:

The provider's statement KSA 60-9-107 b (3) (C) including name, address, and provider number;

The title of the offering;

The date or dates of attendance or completion;

The number of contact hours awarded and, if applicable, the designation of any independent study;

The signature of the individual responsible for the providership;

The name and license number of the participant, as specified by Kansas State Board of Nursing K.S.A. 60-9-107(g).

- Certificates of completion will be issued at the end of the program or mailed/emailed to each participant within two (2) weeks following the program.

#### Process for Record Keeping and Storage

Please verify that you will keep the records of the offerings for a minimum of two years after presentation. List what records will be retained, the location of the records and the steps taken to ensure confidentiality and security of the records. KAR 60-9-107(h)

1. Records are maintained for at least two (2) years in accordance with the regulations of the Kansas State Board of Nursing K.S.A. 60-9-107(h)(1).
2. Records will be maintained in a locked filing cabinet in the GERTI office.

A copy of each CNE offering(s) will be retained for a period of at least two (2) years, as required by Kansas State Board of Nursing K.S.A. 60-9-107 (h), are as follows:

- Summary of each planning session of each CNE offering(s);
- Copy of the brochure and/or announcement;
- Copy of title and objectives;
- Copy of course syllabus;
- Bibliography and/or References (books 10 yrs, periodicals 5 yrs);
- Summary of participant evaluations;
- Copy of pre and post-tests, if applicable;
- Each instructor(s) education and experience; and
- Documentation to verify completion of the offering will include:
  - A daily roster which the participant must sign each session, as indicated by the provider which includes:
    - The provider's name, address, provider number and coordinator;
    - The date and title of the offering and the presenter(s);
    - The participant's name and license number and the number of contact hours awarded.

#### Process for Notice of Change of Coordinator or Required Policies

Describe what methods will be used to notify KSBN of a change of coordinator or policies, and verify that you will notify KSBN of any change within 30 days. KAR 60-9-107(b)(3)(H)

The program coordinator shall notify the Kansas State Board of Nursing in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days.

#### Process for Verifying Participation and Completion of Offering

Describe the contents of the roster of attendance and certificate of completion which you use, and documentation of independent study. A sample copy must be attached of each. KAR 60-9-107(f)(g)

Participant completion of offerings:

Documentation to verify that each participant attended the offering as specified by the Kansas State Board of Nursing K.S.A. 60-9-107(f) will include the following:

- A daily roster which the participant must sign each session, as indicated by the provider which includes:
- The provider's name, address, provider number and coordinator;
- The date and title of the offering and the presenter(s);
- The participant's name and license number and the number of contact hours awarded.

CNE certificates:

- Each certificate shall be complete before distribution to the participant;
- Each certificate shall contain the following information:

The provider's statement KSA 60-9-107 b (3) (C) including name, address, and provider number;

The title of the offering;

The date or dates of attendance or completion;

The number of contact hours awarded and, if applicable, the designation of any independent study;

The signature of the individual responsible for the providership;

The name and license number of the participant, as specified by Kansas State Board of Nursing K.S.A. 60-9-107(g).

- Certificates of completion will be issued at the end of the program or mailed/emailed to each participant within two (2) weeks following the program.

**Chris Osborn, R.N., M.B.A., L.A.C.H.A.**

chriso@ecojc.org

(816) 516-1835

**EDUCATION**    **Master of Business Administration, GPA 4.0**  
Baker University, Overland Park, KS campus – August 2002

**Bachelor of Science in Nursing, GPA 3.73**  
Pittsburg State University, Pittsburg, KS – May 1997

**LICENSES**

- Kansas Licensed Adult Care Home Administrator
- Kansas Registered Nurse

**EXPERIENCE**

2/06 - Present

**Chief Executive Officer / Chief Operating Officer / Chief Business Officer / GERTI Director, Geriatrics-** Evergreen Living Innovations, Inc. (ELI), Evergreen Hospice Care, & GERTI (Grow with Evergreen Resources for Transforming Innovations), Olathe, KS

- Provide programmatic leadership and input for strategic planning processes with the Executive Team and Board of Directors
- Develop business plans with the Executive Team and Board of Directors
- Act as a liaison and representative between the ELI Board and GERTI, Development and Evergreen Hospice Care, LCC
- Developed strategic plan to expand services through Evergreen Hospice Care
- Supervise fundraising and marketing efforts for Evergreen Living Innovations
- Grew GERTI's course offerings, student enrollment, consulting revenues, and speaking engagements locally and nationally each year
- Developed, implemented, and instructed training programs to improve the quality of care in long-term care nursing homes
- Promote culture change and person centered care in nursing homes through educational programs and speaking engagements
- Provide consulting on quality improvement to healthcare organizations

9/00 - 12/05:

**Director of Nursing / Assistant Director of Nursing / Quality Assurance Coordinator / Charge Nurse Supervisor, Geriatrics-** Lakeview Village, Lenexa, KS

- Coordinated project development of new Care Center units, "Green House" homes, from conception to ground breaking
- Conducted resident focus groups for new Care Center project
- Managed \$4 million Care Center budget and increased revenues annually
- Wrote policies and procedures to comply with state and federal regulations
- Presented staff education to improve staff knowledge and resident care
- Developed educational pain management pamphlet for residents, family members, and staff
- Assisted in development of end-of-life program to improve the dying process for residents



- Acted as liaison with pharmacist to improve medication management
- Led Falls Committee and decreased resident falls by 10% from previous year
- Led Wound Management Team and decreased pressure ulcers below state avg.
- Developed Weight Management Program and decreased dietary recommendations by 75%
- Communicated with physicians regarding residents' condition and plan of care
- Communicated with resident and family members to resolve concerns
- Developed, implemented, and monitored quality assurance programs and presented to committees

8/98 - 8/00: **Staff Nurse, Operating Room-** Truman Medical Center, Kansas City, MO

- Assisted surgeons with operations and medication administration
- Assisted in the teaching and counseling of patients and families

6/97 - 5/98: **Staff Nurse, Medical/Surgical-** Mount Carmel Medical Center, Pittsburg, KS

- Coordinated patient care with healthcare staff, physicians, and families

## HONORS

- 2020 Olathe Accessible Community Award for serving the elderly with innovative person centered care
- 2008-2025 Evergreen Living Innovations was awarded the Promoting Excellent Alternatives in Kansas (PEAK) Nursing Homes Award from the Kansas Department for Aging and Disability Services (KDADS)
- 2012-2015 selected as a coach for LeadingAge Kansas' Center for Leadership
- 2011 selected to LeadingAge's Leadership Academy Class of 2012, one of 32 selected nationally
- 2011 guest speaker on medication reduction at LeadingAge Kansas' fall conference in Wichita, KS
- 2010 co-authored Death & Dying module for University of North Texas' Certified Aging Services Professional program
- 2010, 2009, 2008, & 2006 guest speaker on culture change in nursing homes at Pioneer Network's National Conference
- 2010 & 2009 guest speaker on leadership and culture change in nursing homes at the Missouri Health Care Association's annual conference
- 2009 GERTI & Evergreen Living Innovations awarded the United Community Services Excellence in Community Service award which is given to a human service organization that has significantly improved the lives of Johnson County residents
- 2009 guest speaker on leadership and culture change in nursing homes at the American Association of Homes and Services for the Aging's Annual Meeting & Exposition in Chicago, IL
- 2008 guest speaker on culture change in nursing homes at the Utah Health Care Association's 46<sup>th</sup> Annual Convention & Showcase in Salt Lake City, UT
- 2008 GERTI and Evergreen Living Innovations were awarded the first annual Ombudsman Award of Excellence by the Kansas Long-Term Care Ombudsman Program and recognized by Kansas Senate Resolution 1865
- 2007 guest speaker on leadership and culture change in nursing homes at the



American Association of Homes and Services for the Aging's Annual Meeting & Exposition in Orlando, FL

- 2007 guest speaker on leadership and culture change in nursing homes at the American College of Health Care Administrators' national conference in Charlotte, NC
- 2005 Centers for Medicare and Medicaid cited co-authored pain management article in *Provider* magazine (2002) in newly revised "Guidance to Surveyors" and posted article on the "Sharing Innovations in Quality" web repository
- Panel speaker for "Good Endings" Seminar detailing end-of-life program for elders in nursing homes, sponsored by Kansas Association of Homes and Services for the Aging (KAHSA)
- 2004 Director of Nursing when Lakeview Village was named one of the top 10 nursing homes in Kansas by KDOA
- 2004 Lakeview Village received Innovation of the Year Award for "Good Endings" Program from KAHSA
- 2003 Lakeview Village received Promoting Excellent Alternatives in Kansas Nursing Homes Award from KDOA for creating a culture that empowered residents and staff
- Guest speaker at Joint Summer Training for Adult Care Home Staff and KDHE Surveyors, "Pain Management and Quality Care at the End of Life"
- 2002 Co-authored article detailing pain management program that was published in local newspaper, Nursing News and national magazine, Provider.
- 2002 Clinical Care Award for Pain Management Program at Lakeview Village awarded by KAHSA

**COMMUNITY** • 2017-2024, LeadingAge Kansas Board

**INVOLVEMENT** • 2015-2019, LeadingAge Leadership Academy Alumni Network Board

**BOARDS &** • 2013-2016, Kansas Adult Care Executives Board

**COMMITTEES** • 2012-2016, LeadingAge Kansas Center for Leadership Coach

• 2012-2017, LeadingAge Leadership Academy Continued Learning Comm.

• 2011-present, Olathe Persons with Disabilities Advisory Board

• 2011-2012, Kansas Secretary on Aging's PEAK Workgroup

• 2010-present, Olathe Rotary Club member

• 2012-2016 and 2018-2022, Board member

• 2010-2012, LeadingAge Housing with Services Committee

• 2010-2015, Kansas Culture Change Coalition Board

• 2011-2014 Board Treasurer

• 2009-present, Olathe Chamber of Commerce member

• 2006-2017, Johnson County Comm. College Practical Nursing Advisory Board

• 2010-2012 Committee Chair

• 2006-2013, Kansas City Kansas Community College Health Occupations Advisory Board

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AVAILABLE WHEN  
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**GERT**   
913-477-8242  
[WWW.GERTI.ORG](http://WWW.GERTI.ORG)

**Dealing with Difficult People**  
1 CNE

GERTI is approved as a provider of continuing nursing education by the Kansas Board of Nursing.

This course offering is approved for contact hours applicable for APRN, RN, LPN,  
or LMHT re-licensure.

Kansas Board of Nursing Provider Number LT0249-0916

# LONG-TERM CNE PROVIDER APPLICATION

## COVER PAGE

Initial Application: ☐ Renewal: ☒

Name of Provider: GERTI

Provider Number (For Renewal): LT0249-0916

Legal Body (If different from provider):

Address of Provider: 18109 W. 112th Street, Olathe, KS 66061

Telephone: 9134778252

Email: chris0@ecojc.org

Program Coordinator (RN): Chris Osborn

Date (mm/dd/yyyy): 06/30/2026

### Total Program Evaluation

Verify that you will perform a total program evaluation each year. A copy of the proposed evaluation must be attached.

**Note: Each applicant must attach all documents required by KAR 60-9-107(i)(1) for two separate offerings which have been developed for presentation.**

---

#### **Attestation:**

I realize that this application is a legal document and that by signing below I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

If all the above information is correct please sign below.

Otherwise, please go back and correct any information that is necessary.

Signature: \_\_\_\_\_

*Chris Osborn*

Date: \_\_\_\_\_

*6-30-2026*

# CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS AWARDED TO

NAME: \_\_\_\_\_

LICENSE: \_\_\_\_\_

Approved for 1 continuing education clock hour for Kansas Licensed Social Workers by  
The Kansas Behavioral Sciences Regulatory Board. Provider Number: 07-003

Approved for 1 continuing education clock hour for Kansas Licensed Administrators by  
The Kansas Department for Aging & Disability Services. (1 ADM) Long-Term Sponsorship number: LTS-A1141

Approved for 1 continuing education clock hour for Kansas Licensed Nurses  
by the Kansas Board of Nursing. KSNB Provider # LT0249-0916

In

ONLINE COURSE

Toxic Positivity

Date Here

*Belinda Vierthaler*

Belinda Vierthaler, LMSW, LACHA, Presenter

\_\_\_\_\_

Date

*Chris Osborn*

Chris Osborn, RN, LACHA, Coordinator

\_\_\_\_\_

Date

PRESENTED BY



18109 W. 112TH ST.  
OLATHE, KANSAS 66061  
913-477-8251

## Toxic Positivity Bibliography

American Association of Critical-Care Nurses. (2021). *AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence* (2nd ed.). Aliso Viejo, CA: AACN.

<https://www.medicalnewstoday.com/articles/toxic-positivity>: What to Know About Toxic Positivity, Medically reviewed by Jacquelyn Johnson, PsyD. — Written by Zawn Villines on March 30, 2021



# **BELINDA S. VIERTHALER, LMSW, LACHA**

**15101 170<sup>th</sup> Street  
Bonner Springs, KS 66012  
(913) 485-7750  
belindav2954@att.net**

## **EDUCATION**

|              |                                             |                                            |
|--------------|---------------------------------------------|--------------------------------------------|
| October 2003 | <b>Kansas City Kansas Community College</b> | Adult Care Home Administrator<br>Practicum |
| May 2000     | <b>University of Kansas</b>                 | Master of Social Work                      |
| May 1999     | <b>University of Kansas</b>                 | Bachelor of Social Work                    |

## **EXPERIENCE**

August 2016 to present- **GERTI Instructor and Chief Development Officer**  
Evergreen Living Innovations, INC.

Direct, instruct and promote education programs for long-term care employees. Grant writing, fundraising, and marketing. Oversee external marketing, social media marketing, and online presence.

April 2015 to June 2016- **Community Leader**  
The Piper Assisted living and Memory Care

Promoted new community, provided outreach, assisted in opening and provided administration and leadership to community.

May 2012 to May 2017- **Instructor/AIT Coordinator**  
Johnson County Community College

Developed new Administrator-In-Training (AIT) program, applied for and awarded sponsorship from State, developed and instructed two in-person classes, coordinated AIT practicum, revised and instructed Assisted Living Operators Course

September 2011 to September 2012- **Kansas Culture Change Coalition Board Chairperson**

August 2009 to March 2012- **State Long-Term Care Ombudsman**  
State of Kansas

Governor appointed -Director of the Office of the State Long-Term Care Ombudsman and state-wide advocacy for more than 26,000 residents in over 650 long-term care communities  
Responsible for 10 employees (9 Regionals and 1 Senior Administrative Assistant)  
Control costs/maintain budget  
Promote program statewide  
Recruit, retain and train volunteers across the state

September 2007 to May 2008- **Executive Director**  
Villages of Jackson Creek- Skilled Nursing and Assisted Living

Responsible for successfully opening new 120 bed skilled nursing and 52 unit assisted living community.  
Direct, coordinate and responsible for all day-to-day operations, including compliance with State regulations (obtaining all necessary licenses for new community)



Hire all direct reports and oversee hiring process for all employees  
Promote census growth  
Control costs/maintain budget

October 2003 to September 2007- **Administrator**  
Shawnee Gardens Healthcare and Rehabilitation

Direct, coordinate and responsible for all day-to-day operations of 145 bed skilled nursing community with 150-160 employees.  
48.3% turnover rate (lowest in division)  
Increased skilled mix from 16 (2005) to 32 average (2006)  
3<sup>rd</sup> highest profit margin in 2005 and 5<sup>th</sup> highest in 2006 in division (45 buildings)  
Successfully opened 28-bed Express Recovery Unit (March 2006)

April 2003 to September 2003- **Executive Director**  
Ashford Place Assisted Living

Direct, coordinate and responsible for day-to-day operations for 75 unit residential care community with a 29 unit Alzheimer's care wing with 40-50 employees.

July 2001 to January 2003- **Executive Director**  
Mission Springs Assisted Living

Direct, coordinate and responsible for day-to-day operations of two buildings, 92 units with 60-65 employees.

June 1997 to January 2003- **Senior Teller**  
Bank Of America

General teller responsibilities.

April 2000 to July 2001- **Social Worker**  
Overland Park Regional Medical Center- Geriatric-Psychiatry Unit

Provide individual therapy, group therapy, discharge planning, psychosocial assessments, treatment plans and resource acquisition.

May 1999 to April 2000- **Social Worker**  
Independence Regional Health Center

Provide social work services for skilled nursing, rehab, partial day program, geri-psych, and emergency room.



**Course Objectives:**

Explain types of difficult people.

Discuss effective communication skills for dealing with difficult situations.

Identify methods to maintain relationships with hard-to-handle people

**Course Description:** Do you struggle to work with difficult clients, family members, co-workers, and colleagues? This presentation will discuss effective methods of handling those situations and several strategies for communicating with and maintaining relationships with people that can cause difficulties at work (and at home).

## **Summary of Planning Dealing with Difficult People**

The educational need for this program was evaluated by the Chief Executive Officer/Director of Education, GERTI faculty, the Evergreen Director of Health, and the Business Coordinator. The planning committee reviewed participant evaluations from previous educational activities, identified emerging best practices in long-term care throughout Kansas, and considered feedback received through professional networking and collaboration with healthcare providers.

This assessment identified a need for education focused on effectively managing difficult interactions in healthcare settings. Long-term care and other healthcare professionals expressed challenges in communicating with and responding to difficult individuals, including residents, family members, coworkers, and other stakeholders. In response, the program was developed to address these identified learning needs while meeting the continuing nursing education (CNE) requirements for nurses.

**Toxic Positivity Objectives**

Define toxic positivity.

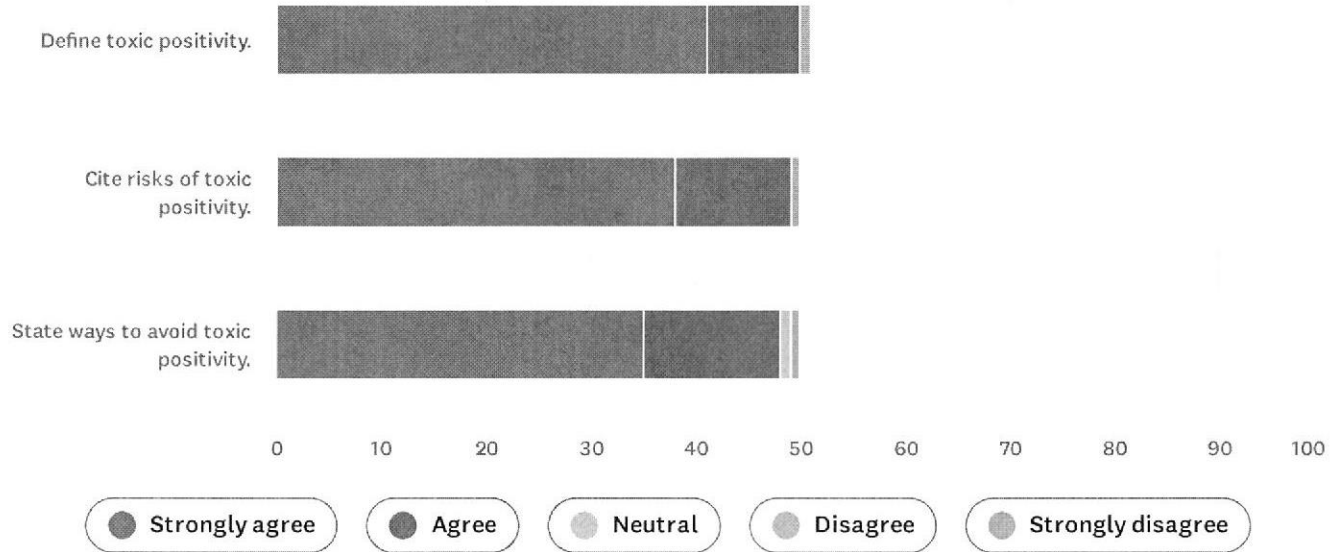
Cite risks of toxic positivity.

State ways to avoid toxic positivity.

## Toxic Positivity

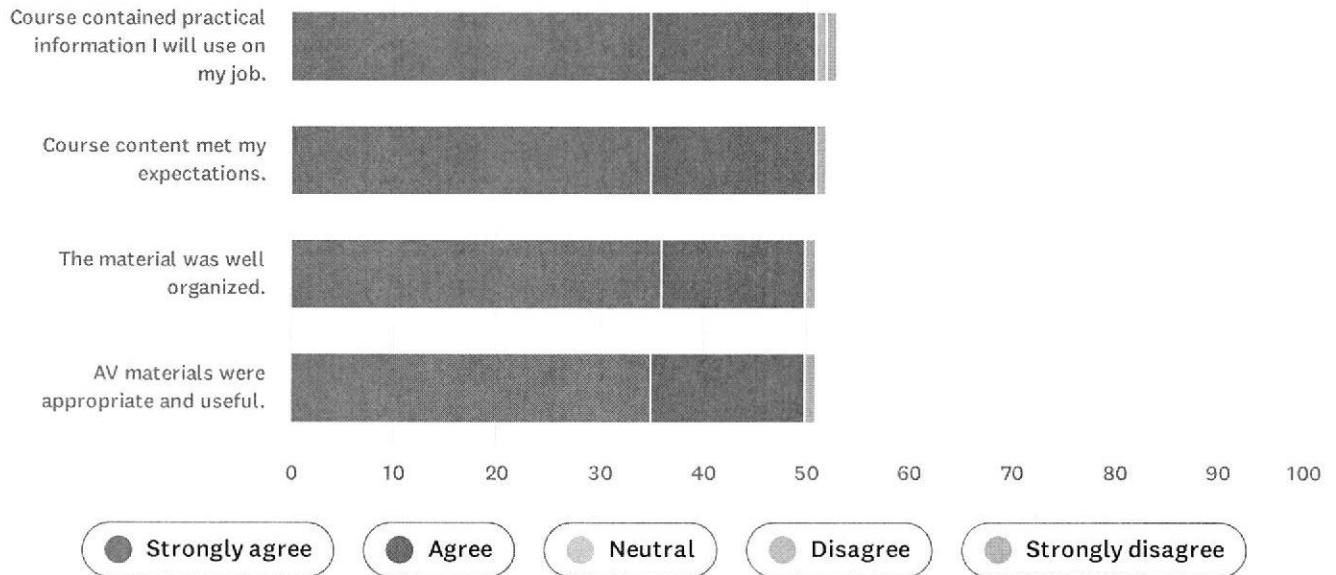
Q1 52 responses

### Evaluation of objectives



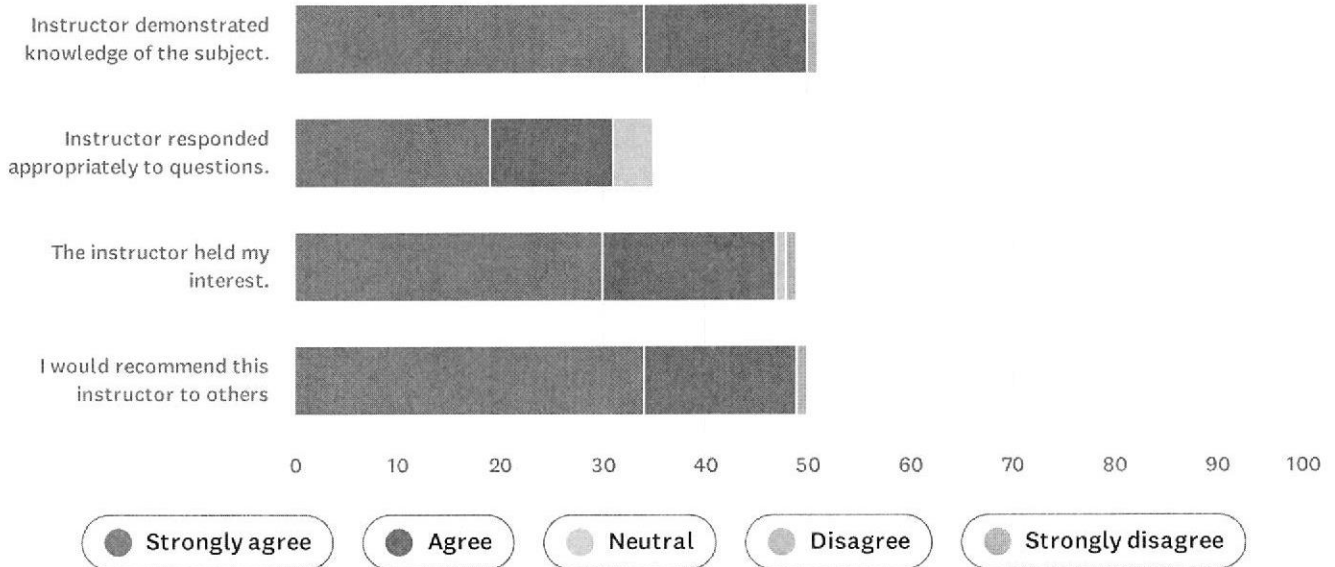
Q2 52 responses

## Evaluation of course content



Q3 51 responses

### Evaluation of instructor





## Q4 Please tell us other topics you would like to hear about.

Answered: 6 Skipped: 46

| # | RESPONSES                                                                                                                                                                                                                                                                                                                                                                                   | DATE               |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1 | n/a                                                                                                                                                                                                                                                                                                                                                                                         | 4/8/2026 11:26 AM  |
| 2 | n/a                                                                                                                                                                                                                                                                                                                                                                                         | 6/13/2025 2:33 PM  |
| 3 | na                                                                                                                                                                                                                                                                                                                                                                                          | 7/17/2024 3:20 PM  |
| 4 | Will get to this as I continue and complete the whole course content. Thanks                                                                                                                                                                                                                                                                                                                | 4/9/2024 10:36 AM  |
| 5 | You may have already gone over this topics - mental health statistics during covid pandemic , caregiver burnout - what can we do, "great resignation "                                                                                                                                                                                                                                      | 1/20/2022 11:05 AM |
| 6 | Loved this topic as I find it also has great relevance in the work setting. This could be modified to fit organizations. How does toxic positivity prevent us from seeking truth, root cause analysis and solutions from non-traditional sources. 'It could always be worse' thinking doesn't ask the question...but how could it be even better? I always love to listen to you speak! :-) | 1/19/2022 11:15 AM |