

Agency Mission: To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

**Kansas State Board of Nursing  
Continuing Nurse Education Committee Agenda  
June 16, 2020 at 12:30 pm**

**NOTE:** The meeting will be held by Conference Call. To participate in the Conference Call, dial 1-877-278-8686, Access 538011

**Committee Members:** Julianna Rieschick, RN, MSN, NEA-BC – Chair  
Mandy Karstetter, LPN - V. Chair  
Tracie Mattivi Thomas  
Rebecca Sander, MSN, RN  
LaNell Hull, MSN, RN-BC  
Laura Aberle, BSN, RN  
Kenetta Markelionis, RN, MSN  
Karen Aufdemberge, RN, BSN

**Staff:** Carol Moreland, MSN, RN – Executive Administrator  
Chelsey Stephenson – Education Secretary

- I. Call to Order
- II. Additions/Revisions to Agenda  
  
Minutes:
  1. Approval of December 2019 Meeting
- III. Consent Items
  1. IOA Statistical Report
- IV. Unfinished Business
  - 1.
- V. New Business
  1. Program Coordinator Education
  2. LTP Relinquished Providers
    - i. Johnson County Community College – LT 0027-0549
    - ii. Miami County Medical Center – LT 00212-0772
  3. LTP 5 Year Renewal Applications
    - a. B. E. Education Group, LLC, LT 0258-0310 – March agenda
    - b. Manhattan Area Technical College, LT 0260-0710 – March agenda
    - c. Olathe Medical Center, LT 0048-0749 – March agenda
    - d. Seward County Community College, LT 0163-0250 – March agenda
    - e. Perinatal Resource, LT 0286-1213 – June agenda
    - f. Salina Surgical Hospital, LT 0707-0606 – June agenda
    - g. Care Management Society of America – KC Chapter (CMSA-KC), LT 0206-0606 – June agenda
    - h. Remedy Health Care Consulting, LLC, LT0293-0615 – June agenda

4. Initial LT Provider Applications
  - a. Interim Healthcare – March agenda
  - b. The Nursing Connection – March agenda
  - c. Tri-State Resources – June agenda
5. Agenda for September 2020 Meeting
  - a. Review/possible revision of CNE regulations
  - b. 5-year Legislative Review
    - i. K.A.R. 50-4-103

VI. Adjourn

**Please note: Additional items which have come to the attention of the Board or Committee will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the Board or Committee for discussion by Committee Members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30<sup>th</sup> calendar day may be addressed at the meeting at the discretion of the President of the Board or Chairperson of the Committee.**

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## CNE & IV Therapy Statistics

	December 2019	January 2020	February 2020	March 2020 *	April 2020
<b>IOA's</b>					
Received	64	65	62	84	91
Approved	47	51	45	73	82
Hours	2769.50	1962.80	1,875.0	4,221.0	3,633.9
Denied	13	13	12	11	9
Pending	4	1	5	0	0
<b>LTP Applications</b>					
Received	1	0	0	0	1
Approved	0	0	0	0	0
Denied	0	0	0	0	0
Pending	1	2	0	0	1
<b>SP Applications</b>					
Received	2	1	1	1	0
Approved	2	0	0	0	0
Denied	0	0	0	0	0
Pending	0	1	1	1	0
<b>IV Therapy Provider Applications</b>					
Received	0	0	0	0	0
Approved	0	0	0	0	0
Denied	0	0	0	0	0
Pending	0	0	0	0	0

\*Electronic IOA implemented on 3/7/2020

IOAs received in 2019: 1,052

CNE Contact hours approved in 2019: 29,542.26

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

**Name of Provider:** B.E. Education Group, LLC      Renewal Application    LT 0258-0310

**Name of Program Coordinator:** Barbara Wiman, BSN, RN

**Date to CNE Committee:**    March 24, 2020

Information Required	Received	NA
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	Received 1/30/2020	
The name and address of the organization on the application	✓	
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		✓
The name, education and experience of the program coordinator responsible for CNE	Barbara Wiman	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	✓	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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: ”</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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</li> </ul>	✓	

For long term providers, the policies and procedures for the offering approval process shall include the following:		
• A summary of the planning	✓	
• The behavioral objectives	✓	
• The content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The instructor's education and experience, documenting knowledge and expertise in the content area	✓	
• 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	✓	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	✓	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	✓	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results		✓
• Clinical hours		✓
<b>Documentation of Attendance</b>		
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:		
• The provider's name, address, provider number, and coordinator	✓	
• The date and title of the offering, and the presenter or presenters	✓	
• The participant's name and license number and the number of contact hours awarded	✓	
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:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>		✓
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>		✓
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>		✓
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>		✓
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>		✓
<b>Certificate of Attendance/CE Transcript</b>		
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	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	States signature will be on certificate, however is not on example	
<ul style="list-style-type: none"> <li>The name and license number of the participant</li> </ul>	✓	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
<ul style="list-style-type: none"> <li>A summary of the planning</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A copy of the offering announcement or brochure</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title and objectives</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The offering agenda or, for independent study, pilot test results</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A bibliography</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A summary of the participants' evaluations</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Each instructor's education and experiences</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Documentation to verify completion of the offering</li> </ul>	✓	



The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	✓	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:		
	#1: Mental Health America of the Heartland: Mental Illness in Nursing Facilities	#2: Too Much Stuff: Is This Hoarding or Clutter?
• A summary of planning	✓	✓
• A copy of the offering announcement or brochure	✓	
• The title and behavioral objectives	✓	On eval
• The offering agenda or, for independent study, pilot test results		
• Each instructor's education and experience	✓	✓
• A current bibliography	Not all current	Resources list
• The offering evaluation form	✓	✓

12/2018

Review completed by Carol Moreland, MSN, RN 2/5/2020

**Reference No.:** 24544 **Date submitted:** Jan 29 17:23 2020

**radio** ~ Renewal

**Providername** ~ B.E. Education Group, LLC

**providernum** ~ LT 0258-0310

**legalbody** ~ ~

**address** ~ 1432 S. Lindenwood Drive

**adress2** ~ Olathe, KS 66062

**telephone** ~ 913-764-2163

**email** ~ barbara@beeducationgroup.com

**coordinator** ~ Barbara Wiman

**date** ~ 01-29-2020

**planningce** ~ 25 lines. The process used to assess need and planning is based on topics needed for professionals to maintain license and specialty certification. Programs are identified by organizations, grantors, and requests made by organizations/past participants input. Professional development related to ethics, current trends in health care, client behavior/compliance/change/prevention and management of chronic conditions, and interviewing techniques are examples considered in assessment of need. The definition of CE used to determine the content of the offerings is that of cognitive and critical thinking skills and information that is applicable to patient education and self development as a professional. Policy is developed in accordance with the KSBN definition of CNE. Partnerships with other professional organizations providing information and innovative programming are considered during the planning stages to meet a broad audience of professionals with consideration of the skills needed to serve all age groups of clientele. The current substance abuse issues, mental health, and chronic disease management are prime requests currently and are given high priority based on grantor requests for proposals. Rural health care is of high importance in advisory groups and planning committees to reach those professionals through online/teleconferencing courses.

**feeassessment** ~ 25 lines. Fee assessment is determined by the number of hours of continuing education offered, the expertise of the instructor, content, and expenses incurred for the production of the course and if grant funding for the course is available through partners. Policy for refunds: Registration cancellation requests are accepted in writing 20 days prior to the course date. Tuition will be refunded. If cancellation request is received less than 20 days from the start of the course date, a voucher for future courses will be issued or the tuition can be transferred to another person for use on the date of the course.

The voucher will be valid for one year. If the course cannot be held due to the reasons beyond control of B.E. Education Group, LLC (acts of God, weather, lack of sufficient enrollment) a full refund or voucher for future courses will be issued. Insufficient fund checks will be assessed a \$30 fee. In the case of a partnering agency who is taking care of registration there are pre-determined guidelines and timelines established during the planning stage. Careful consideration is made to ensure exclusions of professionals who may not be able to travel and pay a high registration fee are incorporated into the planning of the offering.

**advertisement** ~ 20 lines. The process for advertising will include sending information to publications as determined by the planning committee. Website links and mailing list serves are used if outside audiences are targeted. Notice to hospital contacts, professional organizations, and clergy/faith based organizations are considered depending on the offering. See attachments requested for course offerings.

Published information shall contain the following statement: B.E. Education Group, LLC is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 3.0 contact hours applicable for APRN, RN, LPN and LMHT relicensure. Kansas State Board of Nursing provider number: LT0258-0310.

See sample attachments.

**approvalprocess** ~ 20 lines.

It is the policy of this company to follow the guidelines of the KSBN CNE KSA 65-1117. The CNE education coordinator, Barbara Wiman, BSN, verifies that all documentation of planning behavioral objectives of the offering, the content of the offering meets CNE requirements. All documentation for the instructor is obtained to include a biography/resume of experience, documenting knowledge and expertise in the content area, handouts, and bibliography including books published within the past 10 years and/or periodicals published within the last 5 years. The evaluation form for the learner to assess achievement of the objectives and the expertise of the presenter.

**contacthours** ~ 25 lines.

The policy for awarding credit for the offering is as follows: Credit will be given to the participant if the participant has attended the majority of the first hour. If arriving late or leaving more than 10 minutes from a one hour contact hour course or 30 minutes of a three or more contact hour course, no credit will be given. Instructor teaching the course for the first time will be given CE credit allowed at two contact hours for

each hour of the presentation, excluding standardized prepared curriculum.

**verifycompletion** ~ 25 lines.

Process for verifying participation: The provider shall maintain documentation to verify that each participant attended the offering. The provider, B.E. Education Group, LLC requires each participant to sign a daily roster, which contains the following information: 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, the date on which the offering was completed and the presenter or presenters names. See attachment.

Certificate of Completion: A certificate of attendance shall be awarded to each participant after completion of the offering. Each certificate will be completed before distribution to the participant. Each certificate will contain the following information: B.E. Education Group, LLC and any other sponsors of the program, address of the provider of continuing education and the provider number, the title of the offering, the date of completion, the number of contact hours awarded and if applicable, the designation of any independent study or instructor contact hours awarded, the signature of the person responsible for the providership, and the name and license number of the participant. See attachment of certificate.

**recordkeeping** ~ 20 lines.

All records for each offering will be kept a minimum of 2 years after the presentation. Records are kept electronically in a file as well as copies of the original roster, certificate sample, evaluations by each participant, evaluation summary and instructor resume, handouts, and course materials used. A summary of the planning process and announcement brochure with title and objectives, along with the agenda and documentation of completion for each participant are kept for a minimum of 2 years. The record storage system is kept confidential and locked in a secure system and can be accessed by authorized individuals of the company for easy retrieval.

**noticeofchange** ~ 10 Lines.

Change of notice of the coordinator or policies listed in this renewal will be sent to the KSBN office within 30 days electronically and with follow up letter.

**programevaluation** ~ 20 lines.

After and during the months following an offering the course will be evaluated using the Total Program Evaluation template. This template is the business policy for offering continuing education, the partnership for

future offerings, and all of the considerations as to value of each offering to licensed professionals. A review of all offering will be evaluated on a yearly basis and changes/agreements adjusted as necessary.

**Submission date** ~ 01-29-2020 17:23:19

**Form ID** ~ 1672730



## *Certificate of Attendance*

### *Addressing Mental Illness in Nursing Facilities*

*Barbara Wiman 14-82430-101*

*April 17, 2019 9:00am – 12:00pm*

*Presenter: Susan Crain Lewis, MSSW*

*Midwest Health*

*3024 SW Wanamaker Rd.*

*Topeka, KS 66614*

*Attended 3.0 hours of this continuing education program.*

*LT 0258-0310 B.E. Education Group, LLC is an Approved Provider by the Kansas Board of Nursing*

*#14-002 Approved Provider Kansas Behavioral Sciences Regulatory Board*

***Stacy Davis, MA***

*Director, Mental Health Promotion*

*Mental Health America of the Heartland*

*739 Minnesota Ave. Kansas City, KS 66101*

*(913) 281-2221*

*[www.mhah.org](http://www.mhah.org)*

***Barbara Wiman, RN, BSN***

*B.E. Education Group, LLC*

*1432 S. Lindenwood Dr.*

*Olathe, KS 66062*

*913-764-2163*

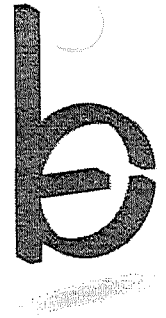
*[www.beeducationgroup.com](http://www.beeducationgroup.com)*

### Attendance Record

B.E. Education Group, LLC - 1432 S. Lindenwood Drive - Olathe KS 66062

**Provider Number: LT 0258-0310 and KSBSRB 14-002**

Coordinator, Continuing Education: Barbara Wiman, RN, BSN



**Name of course offering:** Addressing Mental Illness in Nursing Facilities

**Date:** April 17, 2019 **Time:** 9am-12pm **Location:** Midwest Health, 3024 SW Wanamaker Rd., Topeka, KS 66614

**Presenter:** Susan Crain Lewis, MSSW

**CNE contact hours awarded:** 3.0

Please sign your name as it appears on your license.

Name	Mailing Address	Credential/Title	Employer	License Number & State	Contact Hrs. Awarded

-15-

## **KSBN Total Program Evaluation**

**The format on the sample will be used to include Area, Frequency, Responsible Person, Criteria, Findings and Actions/recommendations by B.E. Education Group, LLC**

### **Program Administration**

Frequency of evaluation will be one time per year done by the President of B.E. Education Group, LLC and a designated partner. Job descriptions and suggestions for management of the programs will be made.

### **Policies for assessed need and planning:**

Assessment of policies related to evaluation tools and handouts for repeated programs will be done immediately following and on a 3-6 month basis. Comments from the presenters and participants will be taken into consideration prior to making changes. Responsible person will be the company President, designated partners and presenters.

### **Fee Assessment:**

Fees will be assessed for all new offerings, as well as existing offerings, based on enrollment figures and comments from participants related to reasonable market value and expenses for producing the course to include instructor fees, handout printing, refreshments, space expenses, etc. This will be done every 6 months by the company planners and President.

### **Announcement Review**

Review of the announcement will be done with each offering and will be reviewed every 6 months if the same offering is repeated or with changes in the offerings by the President of the company. Templates will be established for ease with compliance to the requirements by KSBN.

### **Offering approval process:**

Prior review of content, presenters, handouts, and frequency of offerings will be reviewed prior to any new offerings being advertised to professionals and at a minimum of 6 months after the first offering.

### **Award of contact hours for credit:**

All agendas and time of presentations will be monitored to ensure compliance at the time of each offering. All credits awarded will be in compliance with KSBN standards related to partial and full credit. Responsible person will be the President and designated partner/employee.

### **Verification of participation/completion:**

Verification of participation and completion will be the responsibility of the designated person handling registration and certificate preparation the day of the course offering. This might be the President of the company or partner or the instructor of the course offering dependent on the number of participants. This will also be done as



participants sign in on the roster at the beginning of the offering.

**Record keeping:**

Record keeping will be started at the onset of each offering through verification of attendance by the designated person at the course offering. Upon completion of the offering records will be reviewed by the President or designated person prior to storage. A check list of required items will be completed prior to storage to ensure compliance required by KSBN. At the end of the year, an audit of information will be completed and an annual report will be filed with KSBN.

**Notification of changes:**

Notification of changes related to the coordinator of continuing education or changes in ownership of B.E. Education Group, LLC will be made to KSBN no later than 30 days of said changes.

**Total Program Evaluation effectiveness:**

The Total Program Evaluation and contents to KSBN requirements will be reviewed and adjusted as necessary annually by the President of the company and reflected in written format to include actions and recommendations to correct or change policy as required.

# Offering #1

## Planning Summary

### **Mental Health America of the Heartland: Mental Illness in Nursing Facilities 3.0 CNE's**

Planning for this offering was done by B.E. Education Group, LLC and Mental Health America of the Heartland (MHAH) located at 739 Minnesota Ave. Kansas City, KS 66101 based on a grant received by MHAH through Kansas Department for Aging and Disability Services to offer mental health related offerings. Several offerings were developed by MHAH and 1 – 3 hour courses were offered to Skilled Nursing Facilities throughout Kansas during 2018 and 2019.

This course was developed to include nurses, other medical professionals and licensed social workers, mental all staff members of skilled nursing facilities. The content is listed below and developed to alert professionals, case managers, and social workers to think about mental health symptoms, behavior patterns and chronic disease management in aging adults who may have mental illness in addition to the aging process and health issues.

Including all staff members in this offering was important to assist professionals in identifying behaviors in aging adults that may indicate mental illness signs.

Payment to B.E. Education Group, LLC was negotiated for offering Nursing CE's during the grant period for all APRN, RN, LPN, and LMHT to be paid on a quarterly basis after all documents were received for each course offering.

Instructor is Susan Crain Lewis, MSSW, CEO of MHAH in Kansas City, KS – Experience cited on flyer for this course and submitted as an offering in this application.

**Mental Health America of the Heartland** resulted from the 1996 consolidation of three affiliates of the National Mental Health Association that served Johnson and Wyandotte, KS and Jackson, MO counties.

**Their Mission is:** Dedicated to promoting the mental health of the community and improving the quality of life of person with mental illness through advocacy, education and support.

### **Program Agenda and Outline**

Introductions – Presenter and participants

Overview of session and objectives

Exercise: Listing of Key Issues, Information desired by participants related to objectives

Review of populations typical in Nursing Facilities for Mental Health – confirmation of facility's resident population and issues

Overview of Major Mental Illnesses: Depression, Bipolar Disorder, Schizophrenia, Anxiety Disorders

Prevalence/incidence; typical onset; theories of causation; typical symptomology; differential diagnosis (alternative explanations for symptoms and behaviors); impact of illness, onset age, and symptomology on behavior, daily functioning, social and interpersonal interactions; overview of comorbidities (chronic and physical diseases, aging, multiple mental illnesses, substance use/abuse, and other confounding factors (age, race/culture)

Treatment, Recovery and Functional Improvement of depression, bipolar disorder, schizophrenia, anxiety disorders.

Sub-topics for each disorder include:

1. Clinical Treatment Strategies: Medication/Psychotherapy;
2. Recovery Strategies: care planning and case consultation, wrap plans
3. Symptom Reduction and Management: Identification of triggers, environmental modifications, rapport building and empathetic effective response to symptoms, holistic/wellness approaches-therapeutic lifestyle change – the impact of nutrition, sleep and exercise
4. Community Resources: crisis management, case consult, recovery, wellness and involvement

Questions and Answers, Wrap-Up and Evaluations

## Addressing Mental Illness in Nursing Facilities



**Susan Crain Lewis** is the President/CEO of the Mental Health America of the Heartland, responsible for oversight of all agency programs, finances, operations and personnel, and is the organization's lead policy and systems advocate. Ms. Lewis received a Bachelor of Arts in Sociology with a minor in Women's Studies from Allegheny College, and a Master of Science in Social Work from the University of Texas at Arlington. She possesses over 30 years of program development, management and implementation experience. She has worked in the fields of domestic violence, mental retardation and developmental disability, family planning, reproductive health and teen pregnancy prevention, mental health and child welfare, and with juvenile delinquents, at-risk youth, and persons with mental illness. She also possesses extensive background in outcome evaluation, community collaboration, and program, project and grants management and has personal and professional experience in cultural diversity training.

**WHAT:** 3-hour Core Training Program **WHERE:** Midwest Health, 3024 SW Wanamaker Rd., (Basement Training Room) Topeka, KS 66614

**WHEN:** This training is Wednesday, April 17, 2019 from 9:00 a.m. – 12:00 p.m.

**WHO SHOULD ATTEND:** Nursing staff including ARPN, RN, LPN, CNA, CMA, social worker, activity coordinator, physical therapist assistant, housekeeping, maintenance and dietary staff and other personnel.

**OBJECTIVES:** After attending this training, participants will be able to:

- Identify and describe mental health conditions of residents in nursing facilities.
- Identify non-mental health causes of troubling symptoms/behaviors.
- List "non-clinical" psychosocial, recovery/wellness, environmental interventions to reduce symptoms and improve mental wellbeing/quality of life of residents.
- Identify ways to build rapport and safely, empathetically and effectively respond to residents experiencing troubling symptoms/behaviors.
- Describe resources in the community to assist residents in crisis, provide case consultation, and promote resident recovery, wellness and involvement.

**CONTINUING EDUCATION:** B.E. Education Group, LLC is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 3 contact hours applicable for RN, LPN, and LMHT re-licensure. Kansas State Board of Nursing Provider Number LT0258-0310. Mental Health America of the Heartland is a pre-approved provider for social workers through the Kansas Behavioral Sciences Regulatory Board (BSRB) Provider Number 17-007. This continuing education provider is approved 3.0 hours for social workers and accepted for psychologists, professional counselors, masters prepared psychologists, marriage and family therapists and addiction counselors.

A Certificate of Attendance of 3.0 CEU's will be awarded to each participant. **PROGRAM IS FREE.**

**PRE-REGISTRATION: Pre-registration required. Please contact Stacy Davis at 913-222-5933 or [sdavis@mhah.org](mailto:sdavis@mhah.org) to register by Friday, April 12, 2019. Please provide our name and email and/or phone number.**

## Addressing Mental Illness in Nursing Facilities Mental Health America of the Heartland

### Bibliography

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Washington, DC, 5<sup>th</sup> edition, 2013.

American Society on Aging, The Blues: Not A Normal Part of Aging, San Francisco, CA, 1998.

Family Youth and Community Sciences Department, Florida Cooperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida <http://edis.ifas.ufl.edu/fy101>

Jeremy Burd, MD, "Mental Health Issues in Home Bound Seniors: A Community Resources Toolbox", presentation to CK Healthcare Professionals, April 2010.

National Institute of Mental Health website – [www.nimh.nih.gov](http://www.nimh.nih.gov)

Risk and Protective Factors for Suicide, Suicide Prevention Resource Center, [www.sprc.org](http://www.sprc.org)

Stephen S. Ilardi, PhD., "Change Your Brain-Healing Depression with TLC", presentation for Mental Health America of the Heartland, November 2009.

Kansas Department for Aging and Disability Services website of resources and tool kits. [www.KDADS.ks.gov](http://www.KDADS.ks.gov)

Using music as medicine for seniors. [www.AgingCare.com](http://www.AgingCare.com)

# Continuing Education Evaluation



**Program: Addressing Mental Illness in Nursing Facilities**  
**Date: April 17, 2019** **CNE: 3.0**  
**Location: Midwest Health, 3024 SW Wanamaker Rd., Topeka, KS 66614**

**Specialty:**     RN/LPN     (C)NA/PCT     Social Worker/Counselor     Other \_\_\_\_\_

**How did you hear about this course?**

Brochure/Pamphlet     Website     Employer     Other \_\_\_\_\_

	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree
<b>I Speaker Evaluation: Susan Crain Lewis, MSSW</b>					
1. Knowledge of subject					
2. Organization and clarity of content					
3. Appropriate and effective use of teaching materials (handouts, audiovisuals)					
4. Balanced amount of theory and application in presentation					
<b>II Content Evaluation</b>					
Now that I have attended this course, <b>I AM ABLE TO:</b>					
1. Identify and describe mental health conditions of residents in nursing facilities.					
2. Identify nonmental health causes of troubling symptoms/behaviors					
3. List "non-clinical" psychosocial, recovery/wellness, environmental interventions to reduce symptoms and improve mental wellbeing/quality of life of residents.					
4. Identify ways to build rapport and safely, empathetically and effectively respond to residents experiencing troubling symptoms/behaviors.					
5. Describe resources in the community to assist residents in crisis, provide case consultation to staff, and promote resident recovery, wellness and involvement.					
<b>III Presentation Evaluation</b>					
1. The content of this offering was relevant to my learning needs as a professional.					
2. The content of this offering was what I expected it to be from the registration brochure/flyer description.					
3. Information I learned will be beneficial to me and my care of patients/clients					
4. Overall I was satisfied with this educational offering.					
5. I would recommend this education offering to a co-worker.					

**Comments/additional classes I would like:**

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***Certificate of Attendance***

***Addressing Mental Illness in Nursing Facilities***

***Barbara Wiman 14-82430-101***

*April 17, 2019 9:00am – 12:00pm*

*Presenter: Susan Crain Lewis, MSSW*

*Midwest Health*

*3024 SW Wanamaker Rd.*

*Topeka, KS 66614*

*Attended 3.0 hours of this continuing education program.*

*LT 0258-0310 B.E. Education Group, LLC is an Approved Provider by the Kansas Board of Nursing*

*#14-002 Approved Provider Kansas Behavioral Sciences Regulatory Board*

***Stacy Davis, MA***

*Director, Mental Health Promotion*

*Mental Health America of the Heartland*

*739 Minnesota Ave. Kansas City, KS 66101*

*(913) 281-2221*

*[www.mhah.org](http://www.mhah.org)*

***Barbara Wiman, RN, BSN***

*B.E. Education Group, LLC*

*1432 S. Lindenwood Dr.*

*Olathe, KS 66062*

*913-764-2163*

*[www.beeducationgroup.com](http://www.beeducationgroup.com)*

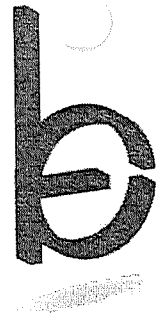


## Attendance Record

B.E. Education Group, LLC - 1432 S. Lindenwood Drive - Olathe KS 66062

**Provider Number: LT 0258-0310 and KSBSRB 14-002**

Coordinator, Continuing Education: Barbara Wiman, RN, BSN



**Name of course offering:** Addressing Mental Illness in Nursing Facilities

**Date:** April 17, 2019 **Time:** 9am-12pm **Location:** Midwest Health, 3024 SW Wanamaker Rd., Topeka, KS 66614

**Presenter:** Susan Crain Lewis, MSSW

**CNE contact hours awarded:** 3.0

Please sign your name as it appears on your license.

Name	Mailing Address	Credential/Title	Employer	License Number & State	Contact Hrs. Awarded

-25-

## Offering #2

## **Planning Summary 2020 KSBN Renewal for 5 years**

**B.E. Education Group, LLC and Recover Care, Inc.** to offer CE programs for nurses, social workers, and case managers for Skilled Care Facilities and Rehabilitation Centers in the KC Region.

A variety of courses were developed for Recover Care under an agreement to provide CNE's for case management staff and professionals with licenses in nursing and social work. The offerings were 1 contact hour programs. Recover Care works with local and regional hospitals to transition clients in need of extended rehabilitation services or extended long term care to skilled nursing facilities.

Staff was asked to make suggestions for offering that they felt would benefit them in their roles. Hoarding was a topic requested along with Self-Care and Helping the Family Transition to Rehabilitation and Home.

A fee was negotiated for the development of curriculum, delivery of the program and for CNE's. Recover Care and the Hospital personally invited staff working in Case Management for a "Lunch and Learn", so individuals received required staff meeting invites by the hospital director or in-service coordinator for that particular unit.

**Attached are course materials related to the offering titled: Too Much Stuff? Is this Hoarding or Clutter?** Taught by Barbara Wiman, BSN, Coordinator of Continuing Education and President of B.E. Education Group, LLC

# Continuing Education Evaluation

**Program: Too Much Stuff? Is this Hoarding or Clutter?**

**18 people attended**

**Date: September 24, 2019**

**Contact hours: 1.0**

**Location: Lawrence Memorial Hospital, 325 Maine St., Lawrence, KS 66044**

**Specialty:**     RN/LPN/APRN/LMHT     (C)NA/PCT     Social Worker/Counselor     Other

**How did you hear about this course?**

Brochure/Pamphlet/Email     Website     Employer     Other

<b>I Speaker Evaluation: Barbara Wiman, BSN</b>	<b>5 Strongly Agree</b>	<b>4 Agree</b>	<b>3 Neutral</b>	<b>2 Disagree</b>	<b>1 Strongly Disagree</b>
1. Knowledge of subject	9	9			
2. Organization and clarity of content	12	6			
3. Appropriate and effective use of teaching materials (handouts, audiovisuals)	11	7			
4. Balanced amount of theory and application in presentation	9	7	2		
<b>II Content Evaluation</b>					
Now that I have attended this course, <b>I AM ABLE TO:</b>					
1. Describe Hoarding and Chronic Disorganization characteristics	13	5			
2. Discuss strategies/resources available to help a person who may have a hoarding disorder or chronic disorganization	11	6			
3. Identify 3 reasons a person may have disorganization in their lives.	14	4			
<b>III Presentation Evaluation</b>					
1. The content of this offering was relevant to my learning needs as a professional.	9	8	1		
2. The content of this offering was what I expected it to be from the registration brochure/flyer description.	11	5	2		
3. Information I learned will be beneficial to me and my care of patients/clients	11	6	1		
4. Overall I was satisfied with this educational offering.	11	6	1		
5. I would recommend this education offering to a co-worker.	11	6	1		

**Comments/additional classes I would like:**

*Pictures would enhance the presentation.*

*Pictures within the presentation would have added to the overall content – for examples.*

*Great content – more time on resources/referrals would have been helpful but grateful for the handouts you gave to review.*

*Great Class!! Thank you for coming and the great food!!*

*Thank You!!*

*Thank you for the awesome spread for lunch!!!!*



B. E. EDUCATION GROUP, LLC

Professional Development • Wellness Education • Continuing Education

## *Certificate of Attendance*

### *Too Much Stuff? Is this Hoarding or Clutter?*

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*September 24, 2019 12 pm to 1 pm.*

*Presenter: Barbara Wiman, BSN*

*Lawrence Memorial Hospital*

*325 Maine Street*

*Lawrence, KS 66044*

*Attended 1.0 hours of this continuing education program.*

*LT 0258-0310 B.E. Education Group, LLC is an Approved Provider by the Kansas Board of Nursing*

*#14-002 Approved Provider Kansas Behavioral Sciences Regulatory Board*

***Barbara Wiman, RN, BSN***

***B.E. Education Group, LLC***

***1432 S. Lindenwood Dr.***

***Olathe, KS 66062***

***913-764-2163***

***[www.beeducationgroup.com](http://www.beeducationgroup.com)***

**Barbara A. Wiman RN, BSN**

1432 S. Lindenwood Drive

Olathe, Kansas 66062

Email: Barbara@beeducationgroup.com

C: 913-636-4788 W: 913-764-2163

**Education:** Saint Louis University School of Nursing

**Current Nursing Licensure:** Missouri and Kansas

**Certifications:** Childbirth Educator, Teen Specialist Training Program

**Owner/President of B.E. Education Group, LLC**

B.E. Education Group, LLC offers specialty curriculum development, design and delivery; consulting services; professional development, wellness education and continuing education for Community Health Workers, Nurses, Social Workers, Behavioral Health Professionals, and Allied Health Professionals. The company is an approved provider of continuing education by Kansas State Board of Nursing and Behavioral Health Sciences Regulatory Board for RN's, LPN's, LMHT's, Social Workers, Psychologists, Professional Counselors, Masters Level Psychologists, Marriage and Family Counselors, and Addiction Counselors.

Continuing education includes, but is not limited to, best practices for professionals, chronic illness management, behavioral health topics, stress related topics, mid-life health for women and men, and life balancing for all ages.

In June, 2015 worked with the Missouri Department of Health and Senior Services and Mid America Regional Council, Kansas City, MO grant to design and teach health educators, Community Health Workers, and health professionals in three cities how to utilize "The Road to Health Toolkit" related to prevention or delay of Type 2 Diabetes in the community.

Grant project in 2015 with EITAS (Developmental Disabilities Services of Jackson County, MO) and UMKC Institute for Human Development focuses on the education and role of the Community Health Worker in clients with intellectual and physical disabilities. Developed 12 hour module titled "Health disparities in the Developmental Disability Sector for Community Health Workers.

Feb. 2017-Sept. 2017 Working with current H.E.A. L. grant from the Kansas City, Mo Health Department and Mother & Child Health Coalition related to "Business Case for Breastfeeding" through Mo Health & Senior Services funding.

2010- Present Adjunct Faculty for Metropolitan Community College teaching the Community Health Worker course.

2013-Present Partnership to provide continuing education for programs related to professional development with Mental Health America of the Heartland, Kansas City, KS.

2016- Present Partnership with the Shuchart Foundation for Mental Health Awareness to provide continuing education for programs related to professional development.

## **Personal Statement**

Expertise in nursing and healthcare to include leadership, community and professional education, curriculum design, assessment of needs, public speaking and motivation to implement health and wellness education/policy with organizations. A broad background in nursing with targeted expertise in community education ranging from childbirth education, early childhood development, women's health including mid-life health and wellness, men's health, and community wellness and prevention of chronic disease. Through a foundation grant worked with women's services leadership for a major hospital system to establish a Perinatal and Women's Mental Health program to include individual and group counseling. Recently worked with Metropolitan Community College, Training for Tomorrow Workforce Development Grant and Mid-America Regional Council's (MARC) Regional Healthcare Initiative to develop a Community Health Worker program that is now being recognized by the state of Missouri's Department of Health and Senior Services Division. Worked with several nationally recognized organizations, state organizations, and community organizations on projects related to health and wellness, mentoring and community education. Served on a variety of boards related to health including the Mother and Child Health Coalition of Kansas City, who has and continues to be a Federally Funded Healthy Start site.

As a result of these previous experiences, I am aware of the importance of frequent communication among project members and community members to construct realistic goals while conducting and assessing the health of a community. In addition to my full and part time nursing career through the years, I am married and have six adult children and now the fun of being a grandparent. Parenting has been an integral part of my personal life and has greatly enhanced my professional life. Life balancing continues to be learned and practiced daily. Our adult children and their partners continue to provide new perspectives and ideas as they face the challenges of being a parent as well as a consumer of health care.

## **Positions and Employment**

1969 – 1970 - Staff nurse, Obstetrics, Jewish Hospital, St. Louis, MO  
1970-1976 - Instructor of Nursing, Maternal/Child/GYN/Leadership, Jewish Hospital and DePaul School of Nursing, St. Louis, MO  
1977-1978 – Nurse Manager Family Centered Care, St. Joseph Medical Center, Kansas City, MO  
1980-1988 - Coordinator, Childbirth & Parent Education, St. Joseph Medical Center, Kansas City, MO  
1988-1999 - Vice President/National Director, Childbirth Education, Council of Childbirth Educators, Merriam, KS  
1992-1996 - Speakers Bureau, Wyeth Ayerst Labs, Philadelphia, PA  
1999-2009- System Coordinator, Perinatal & Women's Health Education, Saint Luke's Health System, Kansas City, MO  
2010-2014 - Part-time Industry Coordinator and Development, Health Care; Metropolitan Community College, Institute for Workforce Innovation, Kansas City, MO  
2009- Present – Owner/President, B.E. Education Group, LLC, Olathe, KS  
2015-Present – Part time adjunct faculty for Community Health Worker Course, Metropolitan Community College, Kansas City, MO

## **Other Experience and Professional Memberships**

1970-2008 – Association of Women's Health Obstetrics and Neonatal Nursing (AWHONN)  
1982-2006 – Co-Founder, Kansas City Area Childbirth Educators, Inc.,  
1997-2003 – Board of Advisors, **Moms In Motion Certification Teacher Training**, Evanston, IL  
2000-Present – Mother and Child Health Coalition, Greater Kansas City, (A Federal Healthy Start site)  
Board Chair-2005-6, Board of Directors 2004-2007 and current member  
2003-2006 – Women's Assembly of Kansas and Missouri Board of Directors  
2003-2006 - Advisory Board of Wyandotte County Health Dept., Family Planning Committee, Kansas City, KS  
2005-Present – Greater Missouri Leadership Foundation member, 2012-2016 - Board of Directors,

Columbia, MO

2008-Present- Kansas City, MO Health Commission, Women, Infants and Children's Health Committee (now called Birth Outcomes committee)

2010-Present- Mid-America Regional Council, Community Health Worker Collaborative and the KC Communities of All Ages Committee, Greater Kansas City Metro Area. Executive Team and Advocacy Co-Chair MARC Regional Community Health Worker Collaborative.

2017 Kansas Community Health Worker Coalition member and member of the Education Sub-Committee.

**Representative Career Achievements:**

Midlife/menopause health and wellness education course: currently teach a 1-3 hour course for the consumer and professional continuing education.

Birth Educators Special Training Course: Development, design, coordination, and marketing of a three-day nationally recognized certification course for childbirth educators, established in 1986. The course is nationally recognized by professional organizations, government and state administered organizations, and hospital systems. The Council of Childbirth Educators, Inc. was established as a subsidiary of Educational Resources, Inc.

Fetal Heart Monitoring Course: Co-Author, designer and implementer of the independent study certification. A basic and advanced course by video was designed to meet the needs of registered nurses requiring advanced credentialing in this specialty. First known course in the United States to be administered by independent study for professionals in perinatal nursing. 1991.

Short Stay Maternity Course: Author, designer and implementer of one-day course. Targeted to hospital facilities expanding women's services to the home care arena. Offered in 1996.

Courses for the Community Health Worker, 9 Continuing Education courses for Medical Interpreters, Hospice and Palliative Care, Health Unit Coordinator Certification, Healthcare Logistics Associate: Coordination, development and delivery of courses for Metropolitan Community College, Kansas City, MO 2011-2014.

**Publications:**

Project Editor for Book: Practical Strategies for Childbirth Educators, published by Educational Resources, Inc. and the Council of Childbirth Educators, Inc., 1995. Coordination of 143 contributors to the book, manuscript development and production, marketing, sales and distribution of the book.

Quarterly Newsletter for the Council of Childbirth Educators, Inc. Selection of articles, manuscript coordination, printing, and distribution to membership.

Fetal Heart Monitoring Certification Course Study Guide, 1989, 1991, 1997.

Birth Educators Special Training Certification Course Study Guide, 1986, with revisions yearly to 1999.

Audio Continuing Education Independent Study Guide and Post Test, 1992 to 1995, 15 Total.

Short Stay Maternity Course Study Guide, 1996

Consultant for testing and item writer of LPN and RN NCLEX Review Courses, 1986-1999.

Riley, S., Schwakopf, J., Wiman, B (1996) "Carousel of Choices, Your Personal Guide to Childbirth Before and After", Kansas City Area Childbirth Educators, Inc., Kansas City, Kansas.

Bridgwater, N., Wiman, B (1998) Childbirth Education Options, Exploring One-Day Classes. AWHONN Lifelines, 2 (2), 49-52.



# Resources for Help: Chronic Disorganization & Hoarding

Presented: September 24, 2019 Barbara Wiman, BSN; [www.beeducationgroup.com](http://www.beeducationgroup.com)

## **Aging Resources:**

Aging Information Line for Lawrence and Topeka – 1-800-798-1366

Aging Information Line for Johnson County – 913-715-8861

Aging Information Line for Wyandotte and Leavenworth Counties – 913-573-8531

Jayhawk Area Agency on Aging – [www.jhawkaaa.org](http://www.jhawkaaa.org)

## **Mental Health Resources:**

Mental Health Association of the Heartland

739 Minnesota Ave.

Kansas City, KS 66061

913-281-2221 [www.mhah.org](http://www.mhah.org) and [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)

Compassionate Ear Warmline: 913-281-2251 or 1-800-warmear (927-6327)

Consumer-operated, telephone support program warmline.

Bert Nash Community Mental Health Center, 200 Maine St., Lawrence, KS

785-843-0102

## **Legal Services**

Kansas Legal Services – [www.kansaslegalservices.org](http://www.kansaslegalservices.org)

712 S. Kansas Ave.

Topeka, KS 66603

800-723-6953

## **Online Resources:**

[www.cluttersanonymous.org](http://www.cluttersanonymous.org) – A self-help 12 step organization with chapters throughout the U.S. Members can receive a newsletter and several brochures on the topic of clutter.

- ~ [www.add.org](http://www.add.org) National Attention Deficit Disorder Association  
ADD coaches can assist individuals to become better organized and to establish organizational systems.

[www.ocfoundation.org](http://www.ocfoundation.org) – OCF Foundation – 617-973-5801

A self-help organization dedicated to the expansion of understanding, research and treatment of obsessive-compulsive disorder

[www.napo.net](http://www.napo.net) – National Association of Professional Organizers (NAPO)

Provides information, products, and assistance to help other organize their homes or business.

[www.nsgcd.org](http://www.nsgcd.org) – National Study Group on Chronic Disorganization (NSGCD)

Non-profit organizations serving professional organizers and related professions who are interested in the study and methods of serving chronically disorganized people.

[www.clutterandhoardingpros.com](http://www.clutterandhoardingpros.com) – Clutter and Hoarding Pros

[www.childreofhoarders.com](http://www.childreofhoarders.com) – Children of Hoarders

[www.HGTV.com](http://www.HGTV.com) – 5 Culprits-of-Disorganization

TV show and resource for organization of clutter

[www.Challengingdisorganization.org](http://www.Challengingdisorganization.org) – Fact sheets for consumers/professionals on organization techniques, communication with persons with chronic disorganization and Hoarding Disorder.

[www.psychiatry.org](http://www.psychiatry.org) – American Psychiatric Association

[www.mentalhealth.com](http://www.mentalhealth.com) – Center for Internet Mental Health

[www.nimg.nih.gov](http://www.nimg.nih.gov) – National Institute of Mental Health

[www.amazon.com](http://www.amazon.com) – Variety of self-help books available on hoarding/organizing

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

**Name of Provider:** Manhattan Area Technical College Renewal LT 0260-0710

**Name of Program Coordinator:** Laurie Stegeman, MSN, RN

**Date to CNE Committee:** March 24, 2020

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
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	1/21/2020	
The name and address of the organization on the application	✓	
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	✓	
The name, education and experience of the program coordinator responsible for CNE	Laurie Stegeman, MSN, RN	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	✓	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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: "</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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</li> </ul>	✓	

For long term providers, the policies and procedures for the offering approval process shall include the following:		
• A summary of the planning	✓	
• The behavioral objectives	✓	
• The content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The instructor's education and experience, documenting knowledge and expertise in the content area	✓	
• 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	✓	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	✓	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	✓	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results		✓
• Clinical hours		✓
<b>Documentation of Attendance</b>		
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:		
• The provider's name, address, provider number, and coordinator	✓	
• The date and title of the offering, and the presenter or presenters	✓	
• The participant's name and license number and the number of contact hours awarded	✓	
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:		
• The provider's name, address, provider number, and coordinator		✓
• The participant's name and license number, and the number of contact hours awarded		✓
• The title of the offering		✓
• The date on which the offering was completed		✓
• Either the completion of a posttest or a return demonstration		✓
<b>Certificate of Attendance/CE Transcript</b>		
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	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
• The provider's name, address and provider number	No provider # on certificate	
• 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 or instructor contact hours awarded	Not on certificate	
• The signature of the individual responsible for the providership	✓	
• The name and license number of the participant	✓	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	✓	
• A copy of the offering announcement or brochure	✓	
• The title and objectives	✓	
• The offering agenda or, for independent study, pilot test results		✓
• A bibliography	✓	
• A summary of the participants' evaluations	✓	
• Each instructor's education and experiences	✓	
• Documentation to verify completion of the offering	✓	

The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	✓	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:		
• A summary of planning	✓	Only one submitted since IV Therapy is only course offered
• A copy of the offering announcement or brochure	✓	
• The title and behavioral objectives	✓	
• The offering agenda or, for independent study, pilot test results	✓	
• Each instructor's education and experience	✓	
• A current bibliography	✓	
• The offering evaluation form	✓	

12/2018

Review completed by Carol Moreland, MSN, RN 1/23/2020

**Reference No.:** 24538 **Date submitted:** Jan 21 14:40 2020

**radio** ~ Renewal

**Providername** ~ Manhattan Area Technical College

**providernum** ~ LT0260-0710

**legalbody** ~ ~

**address** ~ 3136 Dickens Ave

**adress2** ~ Manhattan, KS 66503-2499

**telephone** ~ 785-320-4543

**email** ~ lauriestegeman@manhattantech.edu

**coordinator** ~ Laurie A Stegeman

**date** ~ 01-21-2020

**planningce** ~ Needs Assessment

The college has held a Long Term providership since 2010. The primary use of the providership is to provide an LPN IV Therapy Certification Course. The college has identified additional courses that also may be needed but have not utilized the providership in this way. We are seeking to renew our LT CNE providership.

The Director of Nursing at MATC has a program advisory committee (PAC) that meets twice a year in April and November, to evaluate the nursing program. The committee membership includes nursing representatives from the major employers in Manhattan and the surrounding counties. The meeting agenda includes continuing education needs. We plan to continue to use the advisors on this committee to assist in formal and informal needs assessment, including a formal annual survey. IV Therapy certification continues to be requested from outside our college and the surrounding community.

Regulation 65-1117(a) describes the meaning of continuing education. It is our intent to provide continuing education classes that fulfill this requirement by primarily focusing on topics of interest to nurses (both LPN and RN) actively working in practice in acute care, or long-term care as well as nursing education topics.

**feeassessment** ~ 1. Course fees and payment instructions are a part of the course flyer. Cash, check and credit card payments are accepted at MATC. The price is determined by administration and includes instructors payment, lab fees for IV lab items, proctoring fee for exam with other miscellaneous costs included. Currently, we charge 365.00 per course which includes 38 contact hours for LPNs and 20 contact hours for RN re-

licensure. If the student has taken the IV therapy course in NUR 220 - our current ADN course, we only charge for the IV Therapy Certification Exam - \$75.00.

2.The refund policy is identified on the course flyer. It states: Students may request refund of course tuition and fees if written notification is received at the MATC front office before 5:00pm a week before the start of the course. No refunds are given after course start date. See attached flyer.

3.The college contracts with a collection agency to pursue insufficient funds checks. Students that are enrolled in a multi-week class (IV therapy) will be removed from the class if an insufficient funds check is presented, and the student isn't able to provide other funds for payment.

**advertisement** ~ A course flyer containing the required CNE statement is disseminated by regular mail-when requested, email and published on the college website [www.manhattantech.edu](http://www.manhattantech.edu).

A.A sample of the course flyer can be found in Appendix B--see attached.

**approvalprocess** ~ The following is a summary of the planning process:

- a)(Policy and Procedure found in Appendix C)
- b)Perform formal and informal needs assessment at program advisory committee meetings through survey both formal and informal.
- c)Verify that topics meet definition of CNE in 65-1117 in KNPA.
- d)Identify potential instructors.
- e)Verify instructor credentials, education and experience by requiring resume and CV when instructor agrees to teach.
- f)Require behavioral objectives from instructor at least 8 weeks before class scheduled.
- g)Distribute flyers at least 6 weeks before dates of class.

Behavioral objectives 60-9-105 d

Behavioral objectives are required for each CNE offering. These are defined as "intended outcome of instruction stated as measurable learning behaviors". Faculty experts and the program coordinator at MATC will mentor CNE instructors as needed to write appropriate objectives that contain the targeted outcome of the CNE offering stated



in measurable objectives.

#### Content meeting definition of CNE

The program coordinator will work from the needs assessment and use the definition of CNE in 65-1117 ("learning experiences intended to build upon the educational 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.") to ensure that CNE meets the requirements stated in the KNPA. As stated before, the plan is to offer courses which will have a direct link to nursing practice and nursing education.

#### Instructor's education and experience.

Early communication with a potential instructor will include verification that the instructor has expertise and knowledge in the specific topic. Requirement of a resume or CV at least 8 weeks before the class will serve as a second verification of the instructor's qualifications.

#### Bibliography

Each instructor will be asked to submit a bibliography of at least 3 references for their CNE offering. The references may be a combination of books and periodicals. The instructor will be advised books must have a copyright date not older than 10 years, and periodicals must have a publication date not older than 5 years.

#### CNE evaluation

A sample evaluation form is attached as Appendix D. It shows the course-specific and instructor evaluation questions as well as some general questions that will be used to evaluate each CNE offering to ascertain whether or not the learner met each objective as well as the expertise of the presenter was demonstrated.

**contacthours** ~ 1. Contact hours will be awarded for each CNE offering. Partial credit will not be awarded for a single topic course that is completed on one calendar day.

2. Attendees who arrive more than 10 minutes late, or leave more than 30 minutes before the end of the class will not receive CNE credit for the class.

3. All attendees will be required to sign a daily attendance roster, which contains the provider's name, address, provider number and

coordinator; the date and title of the offering and the presenter(s), participant's name and license number, and the number of contact hours awarded. Appendix E shows a sample of a course roster.

4. Instructors may be granted credit of two contact hours for each hour of first-time preparation and presentation of an approved offering, excluding any standardized, prepared curriculum.

5. Independent study credit will not be offered.

6. Clinical continuing education will not be offered, except for the clinical component of LPN IV therapy. The contact hours for LPN IV therapy are awarded for clinical hours completed.

**verify completion** ~ A student roster is completed for documentation to verify that each participant attended the offering. Signature on a daily roster is required of each participant.

Certificate.

a. Certificates of attendance shall be awarded to participants after completing an offering (see Appendix F).

b. Each Certificate will be complete before distribution to participants.

c. Each Certificate will contain the provider's name, address and provider number, title of the offering, date(s) of attendance, number of contact hours awarded, signature of the Continuing Education Coordinator, and license number of the participant.

**recordkeeping** ~ The following records will be maintained for at least two years:

a) A summary of the planning.

b) Copy of the offering announcement or brochure.

c) Title and objectives

d) Offering agenda.

e) Bibliography.

f) Summary of the participant's evaluations.

g) Instructor education and experience.

h) Daily rosters that document attendance and completion of the offering.

Record storage

Record Storage will be located in the offices of the Department of Nursing within locked file cabinets as well as on the Nursing Shared Drive (password protected).

i) Locked cabinets provide security for paper copies; Most copies will be

online under the Nursing Drive which needs a password for access.  
j) File drawers and location (including online location) provide easy retrieval.

**noticeofchange** ~ Process for notice of change of coordinator. The Continuing Education Coordinator will notify the board in writing if there is any change of the individual responsible for providership and required policies and procedures within 30 days of the change. The former Nursing Director retired in 2017. A formal notification to the KSBN (Carol Moreland) was completed to notify and request for approval of a new LT CNE coordinator status by the new Director- Laurie Stegeman. See Appendix G for letter of approval for change in 2017.

**programevaluation** ~ An evaluation plan will be maintained and evaluated at least annually. When the annual renewal is announced per KSBN, is a reminder to perform this annual renewal / update of the CNE providership. The updated plan is attached as follows.

**Submission date** ~ 01-21-2020 14:40:01

**Form ID** ~ 1672730

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Cover Page KSBN CNE 5-Year Renewal

KANSAS STATE BOARD OF NURSING  
LONDON STATE OFFICE BUILDING  
900 SW JACKSON, SUITE 1051  
TOPEKA, KS 66612-1230  
LONG-TERM CNE PROVIDER

Initial Application 5-year renewal

LT PROVIDER NUMBER: \_\_\_\_\_ LT 0260-0710 \_\_\_\_\_

NAME OF PROVIDER \_\_\_ Manhattan Area Technical College \_\_\_\_\_

LEGAL BODY \_\_\_\_\_

(if different from provider)

ADDRESS OF PROVIDER \_3136 Dickens Avenue \_\_\_\_\_

\_\_\_\_\_ Manhattan, KS 66503 \_\_\_\_\_

PROGRAM COORDINATOR (RN) \_\_\_ Laurie A. Stegeman MSN, RN \_\_\_\_\_

TELEPHONE \_\_\_\_\_ 785-320-4543 \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ lauriestegeman@manhattantech.edu \_\_\_\_\_

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.

\_\_\_\_\_/s/ Laurie A. Stegeman\_\_\_\_\_/ MSN, RN \_\_\_\_\_ 1/24/20 \_\_\_\_\_

Signature of Program Coordinator

Date

**Long Term CNE Provider Checklist  
(K.A.R. 60-9-107)  
For  
Manhattan Area Technical College  
Division of Nursing**

**Administration**

**I. 60-9-107 b [1][A] Name and address of organization:**

Manhattan Area Technical College  
3136 Dickens Avenue  
Manhattan, KS 66503

**II. 60-9-107 b [1][B] Name and address of department or unit:**

Department of Nursing  
Manhattan Area Technical College  
3136 Dickens Avenue  
Manhattan, KS 66503

**III. 60-9-107 b [2] Qualifications of program coordinator:**

60-9-107 c [1]

Laurie Stegeman, MSN, RN  
Director of Nursing  
Appendix A – Curriculum Vitae Laurie Stegeman

**IV. 60-9-107 b [3] [A] Program Management: Written Policies and Procedures**

**Needs Assessment**

The college has held a Long Term providership since 2010. The primary use of the providership is to provide an LPN IV Therapy Certification Course. The college has identified additional courses that also may be needed but have not utilized the providership in this way. We are seeking to renew our LT CNE providership.

The Director of Nursing at MATC has a program advisory committee (PAC) that meets twice a year in April and November, to evaluate the nursing program. The committee membership includes nursing representatives from the major employers in Manhattan and the surrounding counties. The meeting agenda includes continuing education needs. We plan to continue to use the advisors on this committee to assist in formal and informal needs assessment, including a formal annual survey. IV Therapy certification continues to be requested from outside our college and the surrounding community.

Regulation 65-1117(a) describes the meaning of continuing education. It is our intent to provide continuing education classes that fulfill this requirement by primarily focusing

on topics of interest to nurses (both LPN and RN) actively working in practice in acute care, or long-term care as well as nursing education topics.

**V. 60-9-107 b (3) [B] Processing for fee assessment**

1. Course fees and payment instructions are a part of the course flyer. Cash, check and credit card payments are accepted at MATC.
2. The refund policy is identified on the course flyer. See Appendix B
3. The college contracts with a collection agency to pursue insufficient funds checks. Students that are enrolled in a multi-week class (IV therapy) will be removed from the class if an insufficient funds check is presented, and the student isn't able to provide other funds for payment.

**VI. 60-9-107 b (3) (C) Process for advertisements or announcements.**

A course flyer containing the required CNE statement is disseminated by regular mail-when requested, email and published on the college website [www.manhattantech.edu](http://www.manhattantech.edu).

- A. A sample of the course flyer can be found in Appendix B.

**VII. 60-9-107 b (3) (D) / 60-9-107 d Process for offering approval.**

The following is a summary of the planning process:

- a) (Policy and Procedure found in Appendix C)
- b) Perform formal and informal needs assessment at program advisory committee meetings through survey both formal and informal.
- c) Verify that topics meet definition of CNE in 65-1117 in KNPA.
- d) Identify potential instructors.
- e) Verify instructor credentials, education and experience by requiring resume and CV when instructor agrees to teach.
- f) Require behavioral objectives from instructor at least 8 weeks before class scheduled.
- g) Distribute flyers at least 6 weeks before dates of class.

**Behavioral objectives 60-9-105 d**

Behavioral objectives are required for each CNE offering. These are defined as "intended outcome of instruction stated as measurable learning behaviors". Faculty experts and the program coordinator at MATC will mentor CNE instructors as needed to write appropriate objectives that contain the targeted outcome of the CNE offering stated in measurable objectives.

**Content meeting definition of CNE**

The program coordinator will work from the needs assessment and use the definition of CNE in 65-1117 ("learning experiences intended to build upon the educational 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.") to ensure that CNE meets the requirements stated in the KNPA. As stated before, the plan is to offer courses which will have a direct link to nursing practice and nursing education.



Instructor's education and experience.

Early communication with a potential instructor will include verification that the instructor has expertise and knowledge in the specific topic.

Requirement of a resume or CV at least 8 weeks before the class will serve as a second verification of the instructor's qualifications.

Bibliography

Each instructor will be asked to submit a bibliography of at least 3 references for their CNE offering. The references may be a combination of books and periodicals. The instructor will be advised books must have a copyright date not older than 10 years, and periodicals must have a publication date not older than 5 years.

CNE evaluation

A sample evaluation form is attached as Appendix D. It shows the course-specific and instructor evaluation questions as well as some general questions that will be used to evaluate each CNE offering to ascertain whether or not the learner met each objective as well as the expertise of the presenter was demonstrated.

**VIII. 60-9-107 b (3) (E) 60-9-107 e Process for awarding contact hours.**

1. Contact hours will be awarded for each CNE offering. Partial credit will not be awarded for a single topic course that is completed on one calendar day.
2. Attendees who arrive more than 10 minutes late, or leave more than 30 minutes before the end of the class will not receive CNE credit for the class.
3. All attendees will be required to sign a daily attendance roster, which contains the provider's name, address, provider number and coordinator; the date and title of the offering and the presenter(s), participant's name and license number, and the number of contact hours awarded. Appendix E shows a sample of a course roster.
4. Instructors may be granted credit of two contact hours for each hour of first-time preparation and presentation of an approved offering, excluding any standardized, prepared curriculum.
5. Independent study credit will not be offered.
6. Clinical continuing education will not be offered, except for the clinical component of LPN IV therapy. The contact hours for LPN IV therapy are awarded for clinical hours completed.

**IX. 60-9-107 b (3) (F) f 60-9-107 g Process for verifying participation and completion of the offering.**

Documentation to verify that each participant attended the offering. Signature on a daily roster is required of each participant.

Certificate.

- a. Certificates of attendance shall be awarded to participants after completing an offering (see Appendix F).
- b. Each Certificate will be complete before distribution to participants.
- c. Each Certificate will contain the provider's name, address and provider number, title of the offering, date(s) of attendance, number of contact hours awarded, signature of the Continuing Education Coordinator, and license number of the participant.

**X. 60-9-107 b (3) (G) 60-9-107 h Process for record keeping and record storage.**

The following records will be maintained for at least two years:

- a) A summary of the planning.
- b) Copy of the offering announcement or brochure.
- c) Title and objectives
- d) Offering agenda.
- e) Bibliography.
- f) Summary of the participant's evaluations.
- g) Instructor education and experience.
- h) Daily rosters that document attendance and completion of the offering.

**Record storage**

Record Storage will be located in the offices of the Department of Nursing within locked file cabinets as well as on the Nursing Shared Drive (password protected).

- i) Locked cabinets provide security for paper copies; Most copies will be online under the Nursing Drive which needs a password for access.
- j) File drawers and location (including online location) provide easy retrieval.

**XI. 60-9-107 b (3) (H) Process for notice of change of coordinator.**

Process for notice of change of coordinator.

The Continuing Education Coordinator will notify the board in writing if there is any change of the individual responsible for providership and required policies and procedures within 30 days of the change. The former Nursing Director retired in 2017. A formal notification to the KSBN (Carol Moreland) was completed to notify and request for approval of a new LT CNE coordinator status by the new Director- Laurie Stegeman. See Appendix G for letter of approval for change in 2017.

**XII. 60-9-107 b (3) (I) Total program evaluation.**

An evaluation plan will be maintained and evaluated at least annually. The updated plan is attached as follows.

**Total Program Evaluation  
 Long Term Providership/Nursing Continuing Education  
 5 Year Renewal 1.16.20  
 Division of Nursing  
 Manhattan Area Technical College  
 Manhattan, Kansas**

Area	Criteria	Frequency	Responsible person	Findings	Actions/Recommendations
Administration	Review Continuing Education coordinator job description.	Upon hiring, and at least annually.	Director of Nursing.	Meets qualifications as stated in 60-9-107b(2) and 60-9-107 c(1)	No changes to job description. Administrator unchanged and continues to meet requirements.
Policies: Assess need, planning, written tool, evaluation, summaries	Review survey for appropriateness, were survey findings and identified needs from evaluation summaries used in program planning.	Reviewed when summary sheet prepared at the end of each class, also used for twice yearly needs assessment.	Continuing Education Coordinator.	Are now receiving more requests for the class. Unable to hold classes until the summer due to current faculty are the only instructors for this class.	Plan to attempt to schedule class again in summer 2020. No classes held in this current time frame for renewal.
Policies: Fee assessment	Policy meets organization and customer needs	Annually	Continuing Education Coordinator and Director of Nursing and VPAS.	Current fees set at rate similar to other providers in the area.	None.
Policies: Announcement	Review to be certain these reflect necessary information	Annually	Continuing Education Coordinator	Reviewed IV therapy flyer—contained all course and health requirements, plus college information.	Currently we have no instructor for the IV Therapy Course. The former instructor is now a FT faculty and is not able to teach IV Therapy. When time allows

Area	Criteria	Frequency	Responsible person	Findings	Actions/Recommendations
					she plans to teach another course.
Policies: Offering approval process	Review policies and compare to KSBN requirements.	Annually	Continuing Education Coordinator	Current policies written from KSBN requirements—all requirements are addressed.	None.
Policies: awarding contact hours	Review agenda to verify contact hours awarded	Annually	Continuing Education Coordinator	The definition as stated in 60-9-105(j). Contact hours are assigned to a course offering after determination of actual contact time.	None.
Policies: Verifying participation/completion	Review rosters and certificates; compare to KSBN requirements	Following each CE offering.	Continuing Education Coordinator	Continue current practices.	No change.
Policies: Record keeping	Audit contents of files for compliance with KSBN requirements	Following each CE offering for specific course, and annually.	Continuing Education Coordinator.	Requirements met.	Files are mainly scanned into the computer and placed on the Nursing Shared drive which is password protected. Hard copies continue to be locked in Department of Nursing-Director's file cabinets.
Policies: notification of changes.	Review procedures for changes reported to KSBN.	Within 30 days of any occurrence.	Continuing Education coordinator and Director of Nursing	No changes.	No change. All clarifications are completed through the KSBN. Very prompt in answering all questions.

Area	Criteria	Frequency	Responsible person	Findings	Actions/Recommendations
Total Program Evaluation effectiveness	Review total program evaluation and compare contents to KSBN requirements.	Annually.	Continuing Education Coordinator.	Reviewed April 2019.	Lab and exam content remained face to face. This was approved by KSBN on March 22, 2018 by Carol Moreland in a letter. We were not able to implement this as of yet due to not enough students signed up for the course. Will continue to explore CE nursing options and partnerships. No other changes made in 2019.

Created February 2010

Modified July 2011, July 2012, July 2013, July 2014, June 2015, April 2016, April 2018, August 2018, April 2019, January 2020

**Note:** We have not proposed any CNE offerings since our last renewal except for one IV Therapy Class in 2015-2016 and also have provided individual IV Therapy Certification Exams to those students who have completed our current IV Therapy course in our current ADN curriculum (see syllabi in Appendix H).

## **Appendix A-Coordinator CV**

### **Professional Vitae Laurie Stegeman MSN, RN**

#### **Address**

3712 Autumn Lane  
Manhattan, KS 66503  
785-320-4543(Work)  
785-313-4732 (Home)

#### **E-mail Address:**

[lauriestegeman@manhattantech.edu](mailto:lauriestegeman@manhattantech.edu)  
[lstegeman1@cox.net](mailto:lstegeman1@cox.net)

#### **Educational Background:**

**Fort Hays State University:** Master's in nursing-MSN (emphasis in Administration) 2010 (MSN)  
—presented a 100+-page thesis with original research and statistical analysis: [Thesis: *FACTORS THAT INFLUENCE ORGANIZATIONAL COMMITMENT IN NURSE MANAGER/SUBORDINATE DYADS*]

**University of Kansas,** School of Nursing, Bachelor of Science in Nursing 1983-1985.

**Kansas State University,** Pre-Nursing, 1981-1983

#### **Work Experience:**

Children's Mercy Hospital, Kansas City, MO- 1985-1995-Staff Nurse-Infectious Disease/\* CDC immunization updates on all pediatric patients;

Children's Mercy Hospital-Assistant Nurse Manager and Acting Nurse Manager, Kansas City, MO— acting nurse manager for a 36-bed unit while the nurse manager was on extended leave reasons- '93-95.

Olathe Hospital, Olathe, KS—Postpartum floor nurse OB unit. 1995-1997.

Mercy Regional Medical Center, Manhattan, KS—Pediatric Charge Nurse -1997-2004 (part-time).

Manhattan Area Technical College, Practical Nursing (PN) & Associate Degree Nursing (ADN) Faculty-  
Manhattan, KS-Faculty 2004-2016

Manhattan Area Technical College, Manhattan, KS – Director of Nursing - January 2017-present

#### **Teaching Experience:**

Clinical Instructor for ADN program at MATC: 2004-05

Practical Nursing Instructor, MATC; 2006 to 2011

Associate Degree Nursing, MATC Instructor 2011 to 2016

**Academic Courses taught:**

ADN program: IV therapy, Medical Surgical Nursing—Cancer, Infectious Disease, Immune, GI/GU, Orthopedics, Reproductive, End of Life, Geriatrics- Pediatrics (lifespan) and clinical component on Medical Surgical Unit. Taught computer training for all nursing students at Geary Hospital—developed own curriculum for this. Developed several scenarios including pediatrics for simulation education in ADN.

PN program: Medication Administration, Nursing I coordinator: Sensory Unit, Gastrointestinal Disorders; Reproductive-Breast disorders; Neurological Unit; Cancer Unit; Urinary Unit; and Respiratory Units. Clinical and Simulation instruction. Lead instructor for Medical Surgical Nursing and Clinical courses.

**Committees and Other Duties:**

KCADNE, KCPNE member

KONL member

KBOR Nursing Conference-helped develop conference 2018 (Wichita, KS)

Faculty Senate Committee 2007-2010

Curriculum committee for department (initiated)

ACEN peer site visitor—2014-present

Assessment Chair for MATC (2011-2014) (2015-2017)

Preceptor for faculty working on Master's degrees-on-going

Developed Blood borne pathogen presentation for MATC—voice over PP presentation.

Simulation/lab Coordinator for nursing department 2012-present.

Initiated PN Core Curriculum for Practical Nursing program—helped to develop over 15 credit hours of content for PN program, which has a pass rate of 95% or higher each year.

Mentor for other new faculty employees in Practical Nursing Program

Lead on Standards 1 & 6 of ACEN (national accreditation)-2015-16

Helped to develop and initiate Service Learning Project for Nursing Program for MATC both PN and programs- 2016

Chair/Co-Chair for Higher Learning Commission (HLC) Steering Committee-2016-present

**Continuing Education:**

Southeast Nursing Faculty Development Conference: Revolutionizing Nursing Educations: The Next Gen NCLEX -June, 2019

SUN Laerdal Conference Las Vegas, October 2019

ACEN Self Study Forum 2019  
ExamSoft Conference 2018  
NLN Education Summit 2018  
Affectively Leading an ACEN-Accredited Program: A workshop for the Nurse Administrator 2017  
Critical Keys to Success in Seeking Candidacy, Accreditation and Re-Accreditation 2017  
KCADNE forum Keith RN Transformational Toolbox 2017  
NLN Education Summit- San Diego California 2017  
Promoting a Culture of a Civility in Nursing Education-Baker University 2016  
Midwest Nurse Educator Update: Best Practices for Faculty and Student Success, Overland Park, KS-2016  
HLC conference, Chicago 2016  
ACEN site visitor Forum-Georgia, 2012 –*currently a site visitor for ACEN*  
ACEN self-study forum –California- 2014  
Transformational Leadership—A growing Promise for Nursing, online, 2014  
HLC conference Chicago, Ill 2013  
KCADNE Forum –every year from 2006-present  
    Charting the Future of KS Nursing Education—2012  
    NCLEX Across the Curriculum, Hutchison, KS 2013  
    Flipping the Classroom, Hutchison, KS 2013  
    Fall Forum, 2014  
    Fall Forum, 2016  
    Fall Forum 2017 & 18 (Director of Nursing at this time)  
Leadership Academy: MATC. 2011  
BLS: Adult CPR, Child CRP and Infant; Blood borne Pathogens and Cognitive AED Training MATC  
2006-present (done yearly)  
Pharmacology-Simplify Not Mystify (Barb Bancroft) –2009  
Simulation Scenario Development—2008  
Leading to Greatness---2007  
Simulation: A New Road Map for Healthcare Education—2007  
Visionary Approach to Practical Nursing Education in Kansas--2006  
Clinical Teaching Institute—2006  
Critical Thinking and Test Construction—2006  
Creative Teaching for Nursing Educators—2005



**Professional Organizations / Awards:**

Children's Mercy Hospital, Kansas City, MO. Nurse of the month award and nominated for Nurse of the Year—*this award was for the outstanding nurse of the entire hospital and nominations came from physicians, medical and nursing staff-1989.*

Leora B. Stroup Master's Award—from Fort Hays State University-2010  
*-This award was chosen by the nursing faculty of Fort Hays State University for outstanding clinical performance, community involvement, and academic achievement.*

National League for Nursing 2006 to present

Phi Kappa Phi 2008-2010

Sigma Theta Tau 2010-2012

KONL 2018- present

OADN 2018-present

## Appendix B-Example of IV Therapy Flyer

NUR 199-13008, 2 cr. hr., Grade, Transcript\*

### IV THERAPY

**DATE: June 11<sup>th</sup> - July 10<sup>th</sup> online and classroom**



#### Students in this course will learn:

- Proper procedures to perform a venipuncture
- How to calculate medication dosage and IV fluid administration rate
- Proper use of IV equipment and supplies
- How to document intravenous fluid therapy
- How to recognize and prevent complications of IV therapy
- How to monitor advanced venous access devices and IV treatment modalities

Students will complete written and performance assessments throughout the course. Student needs access to a reliable computer and the Internet for required assignments and quizzes. This course prepares the LPN for the Kansas State Board of Nursing (KSBN) exam for LPN-IV certification.

Class meets online and classroom-see schedule provided. Room 103A

Clinical: Students will complete a clinical in Manhattan, 0600-1400 on date per schedule

Note: Student must attend all classes at MATC and clinical hours for full sessions. No makeup hours available.

Enrollment is open and available at Manhattan Area Technical College, front office, 3136 Dickens Avenue, Manhattan, Kansas. **Must have a current LPN or RN KS license.** Enrollment is on a first-come-with-payment-and-all enrollment-requirements-met basis. MATC office hours are Monday-Friday 7:30 am-5:00 pm. Enrollment is open until the class fills with 10 students, or until 5:00 pm, June 4, 2018 whichever comes first. Minimum enrollment is six students. No partial enrollments or "holds" are accepted.

**Required at enrollment:** Course fee: \$365.00- cash, check, Visa, MasterCard, Discover or third party payment\*\*

#### **Copies of these documents:**

- Current photo ID; Current CPR certification
- Current (within one year) negative TB skin test. (Contact Nursing office if test positive-785-320-4516)
- Immunization or positive titer for MMR (2), Varicella (2), Hepatitis B (3); Tetanus (within last 10 years)
- Proof of current health insurance
- Copy of current Kansas LPN or RN license or license number
- Background check (see instructions below), bring copy of print-out/report\*\*\*

**Required Textbook:** Gorski. (2014). Phillip's Manual of IV Therapeutics: Evidence-Based Practice for Infusion Therapy, 7<sup>th</sup> Ed. F.A. Davis. ISBN-13: 978-0803667044. *Purchase textbook prior to first class meeting.*

**REFUND POLICY:** Student may request refund of course tuition and fees if written notification is received at the MATC front office before 5:00 pm, Wednesday, June 6, 2018. No refunds are given after course start date.

Manhattan Area Technical College is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This program is approved for 38 contact hours applicable for LPN re-licensure and 20 contact hours for RN re-licensure. KSBN Approved Provider Number: LT0260-0710.

\*Course Number for IV Therapy: NUR 199-13008; Instructor: Kim Davis, MSN, RN.

\*\* Third Party Billing Agreement: Payment, a purchase order, or a signed authorization to bill a company or agency as a third party, must be presented at time of enrollment. Sponsors requesting billing as third party agree to pay regardless of performance of the student.

#### \*\*\*Criminal Background Check Instructions

**NOTE:** The criminal background check is required for students who completed a nursing program prior to May 2017. The cost of the background check is \$20.00 (payment by card), which is to be paid by the student. The background check is to be completed online prior to enrollment. Follow these screens: [www.accesskansas.org/kbi](http://www.accesskansas.org/kbi), KS Criminal History Record Check, Getting Started, Conducting a Record Check, General Information, Requesting Your Own Criminal History, Perform a Record Check, and Creating a KanAccess Account. Continue with the process, including \$20 payment, and print one copy of results for your records. If you have no history, the report will indicate a message similar to "NO RECORD FOUND". **Print this page and bring to enrollment.** Any convictions disclosed on the criminal record check must be reviewed by both the director of nursing and the student. Certain convictions may not allow an individual to participate in clinical. **Failure to comply with the criminal background check policy disqualifies the person from the class.**

[www.manhattantech.edu](http://www.manhattantech.edu)

(phone) 785-587-2800

1-800-352-7575

785-587-2804 (fax)

**Appendix C-Policy for Continuing Education**

**MANHATTAN AREA TECHNICAL COLLEGE**  
Division of Nursing and Allied Health  
Policy and Procedure Manual

<b>Title: Continuing Education</b>
Approved by: Rebecca A. Claus, Chair, Division of Nursing
Signature: /s/ Rebecca A Claus; /s/Laurie Stegeman MSN, RN Date: January 27, 2010; February 2017
Revised on: January 2019
Reviewed on: February 2017, April 2019

**Policy Statement:**

Continuing education classes for Registered Nurses and Licensed Practical Nurses are provided by the Division of Nursing and Allied Health, which is approved by the Kansas State Board of Nursing as a long-term provider for continuing education. All regulatory requirements as stated by the Kansas State Board of Nursing will be met; those requirements and college-specific guidelines are outlined in the procedure.

**Rationale:**

Continuing education for nurses is regulated by the Kansas State Board of Nursing (KSBN). KSBN requires that all long-term providers follow the regulations stated in the Kansas Nurse Practice Act.

**Procedure:**

1. Planning.
  - a. Perform formal and informal needs assessment at program advisory committee meetings.
  - b. Develop list of potential courses from committee needs assessment; also evaluate suggestions given on course evaluation tools.
  - c. Verify that topics meet definition of CE in 65-1117 in KNPA.
  - d. Identify potential instructors.
  - e. Verify instructor credentials, education and experience by requiring resume when instructor agrees to teach.
  - f. Require behavioral objectives from instructor at least 8 weeks before class scheduled.
  - g. Distribute flyers at least 6 weeks before dates of class. The flyers will include the following statement: "Manhattan Area Technical College 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 RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number LT0260-0710.

2. Behavioral objectives.  
Behavioral objectives are required for each CE offering. Nursing faculty experts and the program coordinator at MATC will mentor CE instructors as needed to write appropriate objectives.
3. Course Content.  
The program coordinator will work from the needs assessment and use the definition of CNE in 65-1117 to ensure that CNE meet the requirements stated in the KNPA. As stated before, the plan is to offer courses which will have a direct link to nursing practice.
4. Instructor's education and experience.
  - a. Early communication with a potential instructor will include verification that the instructor has expertise and knowledge in the specific topic.
  - b. Requirement of a resume or CV when instructor agrees to teach will serve as a second verification of the instructor's qualifications.
5. Current bibliography.  
Each instructor will be asked to submit a bibliography of at least 3 references for their CE offering. The references may be a combination of books and periodicals. Books may not be older than 10 years from copyright; periodicals must not be older 5 years from publication.
6. A course evaluation is required of each class participant.
  - a. The evaluation will include a section where each participant evaluates the achievement of each objective, and evaluation of each individual presenter.
  - b. Additional questions will include assessment of the environment, and suggestions for additional course offerings.
7. Partial Credit.
  - a. Partial credit will not be awarded for a single topic course.
  - b. Attendees who arrive more than 10 minutes late, or leave more than 30 minutes before the end of the class will not receive CE credit for the class.
  - c. Instructors may be granted credit of two contact hours for each hour of first-time preparation and presentation of an approved offering, excluding any standardized, prepared curriculum.
  - d. Independent study credit will not be offered.
8. Documentation  
The Division of Nursing and Allied Health maintains records to verify that each participant attends a class. A daily roster will be maintained and it will include:
  - a. Provider's name, address, provider number, and coordinator
  - b. Date and title of the offering, and the presenter or presenters
  - c. Participant's name and license number, and the number of credit hours awarded.
9. Certificate of attendance  
A certificate of attendance will be awarded to each participant after completion of CE class that contains:
  - a. Provider's name, address, and provider number.
  - b. Title of the offering.
  - c. Date or dates of attendance or completion.

- d. Number of contact hours awarded or instructor contact hours awarded.
- e. Signature of Continuing Education coordinator.
- f. Name and license number of the participant.

10. Retention of records.

- a. The following records will be maintained for at least two years:
  - i. A summary of the planning.
  - ii. Copy of the offering announcement or brochure.
  - iii. Title and objectives
  - iv. Offering agenda.
  - v. Bibliography.
  - vi. Summary of the participant's evaluations.
  - vii. Instructor education and experience.
  - viii. Daily rosters that document attendance and completion of the offering.
- b. Record storage will be located in the Division of Nursing within locked file cabinets and/or online password protected.

**Appendix D-Evaluation of CNE form**

**Manhattan Area Technical College  
Nursing Continuing Education  
IV Therapy update/38 contact hours**

**Section One:** *Please indicate the degree to which each course objective was met.*

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Not applicable</i>
-----------------------	--------------	----------------	-----------------	--------------------------	-----------------------

1. Discuss the Infusion Nursing Standards of Practice in intravenous therapy.

8					
---	--	--	--	--	--

2. Describe patient care and appropriate documentation required for intravenous therapy.

8					
---	--	--	--	--	--

3. Explain infection prevention and safety compliance of intravenous therapy.

8					
---	--	--	--	--	--

4. Demonstrate correct use of infusion equipment, vascular access device selection and placement including site care and maintenance.

7	1				
---	---	--	--	--	--

5. Identify intravenous infusion related complications.

8					
---	--	--	--	--	--

6. Review various intravenous infusion therapies

8					
---	--	--	--	--	--

**Section Two:** *Please evaluate the quality of instruction.*

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Not applicable</i>
-----------------------	--------------	----------------	-----------------	--------------------------	-----------------------

1. The materials was well organized.

7	1				
---	---	--	--	--	--

2. The presenter clarified information as needed.

7	1				
---	---	--	--	--	--

3. The presenter demonstrated a strong knowledge base within the topic.

8					
---	--	--	--	--	--

4. The presenter encouraged active involvement of the participants.

8					
---	--	--	--	--	--

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Not applicable</i>
-----------------------	--------------	----------------	-----------------	--------------------------	-----------------------

**Section 3:** *Please evaluate the classroom and facility.*

1. The atmosphere (lights, temperature, seating) of the room provided a comfortable learning environment.

2. The day and time that the class met was convenient.

3. The enrollment process was convenient.

7	1				
5	2	1			
7		1			

---

**Section 4:** *Please provide your suggestions for future classes.*

\*Maybe a night class or part time. Instructors were very knowledgeable.

\*None.

**Section 5:** *Please share additional comments to help us improve our training programs.*

\*The teachers and class was great. They made the materials easy to understand and were very knowledgeable of information.

\*I think it was a great learning atmosphere well done.

\*I really learned a lot. Class was very informative.

Appendix E-Course Roster Example

**IV THERAPY COURSE ROSTER**

**IV Provider number:** LT0260-0710; IV-38

**Provider Name:** Manhattan Area Technical College

**Provider Address:** 3136 Dickens Avenue

**Date of Completion:**

**Coordinator:** Laurie Stegeman MSN RN

**Signature of Coordinator:**  /s/ Laurie A Stegeman MSN, RN

NAME	ADDRESS	LICENSE #	EXAM SCORE	PASS
			80%	P
			80%	P

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Mail within 15 days to: KANSAS STATE BOARD OF NURSING, ATTENTION: EDUCATION DEPARTMENT 900 SW JACKSON STREET, SUITE 1051, TOPEKA, KS 66612 Rev. 2/2015



Appendix F-Example of Certificate of IV Therapy Successful Completion



**3136 Dickens Avenue  
Manhattan, Kansas**

***Awards to***

**Jenna Carin Fordham**

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23-48755-092

*Jenna Fordham has successfully completed course work for IV therapy, and has successfully completed the state exam for LPN IV therapy.*

Date December 20, 2017

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*Isl Laurie Stegeman, MSN, RN*  
Coordinator

**Appendix G-Letter from KSBN approving change in CNE Coordinator**

Mnry Blubaugh, MSN, RN  
Executive Administrtor

Kansas State Board of Nursing

Phone: 785-296-4929  
Fax: 785-296-3929  
www.ksbn.org

Sum 13rownhncck, Governor

Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson St., Suite 1051  
Topeka, KS 66612-1230

May 8, 2017



Manhattan Area Technical College  
3136 Dickens Avenue  
Manhattan, KS 66503  
Attn: Laurie Stegeman, MSN, BSN, RN

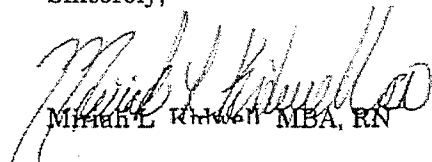
Dear Ms. Stegeman:

The Kansas State Board of Nursing received correspondence, denoting you as the new CNE Coordinator for Manhattan Area Technical College. Your resume has been reviewed and you meet the qualifications according to K.A.R. 60-9-107(c)(1). For a long term provider the program coordinator for CNE shall meet these requirements: be a licensed professional nurse, have three years of clinical experience, have one year of experience in developing and implementing nursing education and have a baccalaureate degree in nursing.

Your name and resume have been added to Manhattan Area Technical College LT CNE *Providership* file. Please assure that all statutes and regulations outlined in the Kansas Nurse Practice Act are followed, which can be found at [www.ksbn.org](http://www.ksbn.org) under K.S.A. 65-1117 & 65-1119; K.A.R. 60-9-105, 60-9-106, & 60-9-107.

Let me know if you have any questions. I can be reached at (785) 296-5062 or via email at: [miriah.kidwell@ksbn.state.ks.us](mailto:miriah.kidwell@ksbn.state.ks.us). We look forward to working with you!

Sincerely,

  
Miriah L. Kidwell, MBA, RN  
Education Specialist

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**LPN -IV Therapy Certification for current ADN students (NUR 220 course) at MATC**

LPN-IV Therapy Certification for current ADN students  
Manhattan Tech College

1. Send request to Director of Nursing. I will check with the faculty members to verify that you mastered the content in the IV therapy unit, and also passed the skills competencies.
2. Review the Kansas Nurse Practice Act, Regulation 60-16-104, and submit to me a short paper outlining the limitations of the scope of practice for LPNs performing IV therapy skills.
3. After I see the paper, and can identify that you are aware of the scope of practice, I will send approval to you to register to take the state exam for LPN-IV. The cost for this is \$75.
4. We will need to receive payment confirmation that you've paid the registration fee, and then will schedule a time to take the state IV Therapy test. This should be scheduled with Darren Ortega in the Teaching and Learning Center.
5. The state exam score must be at least an 80% to pass.
6. When completed successfully, we'll send the information to KSBN that will identify you as LPN-IV.

**Appendix H-Syllabus for IV Therapy included in NUR 220 ADN course**



Associate Degree Program  
NUR 220 Nursing Across the Lifespan/1F1T1  
Monday-Friday/Varies  
Fall 2019

**I. INSTRUCTOR INFORMATION**

**Name:** Kim Davis MSN RN

**Office:** 102B

**Office Hours:** Monday 1300-1500

**Phone:** 785-320-4537

**E-Mail Address:** [kimberlydavis@manhattantech.edu](mailto:kimberlydavis@manhattantech.edu)

**Name:** Dr. Mary Beth Fund DNP, NP-C, MSN, RN

**Office:** 102E

**Office Hours:** Monday 1300-1500

**Phone:** 785-320-4507

**E-Mail Address:** [marybethfund@manhattantech.edu](mailto:marybethfund@manhattantech.edu)

**II. COURSE INFORMATION**

**Course Description:** This course focuses on IV therapy, health promotion, illness prevention, and maintenance of health in acute or chronic conditions for individuals experiencing psychological/psychiatric, maternal/child, and medical or surgical problems across the lifespan. Clinical experiences may be gained on the Obstetrical, Pediatric, Psychiatric, and Medical-surgical units. Nursing role emphasis is on organizing care for individuals using the nursing process. Critical thinking differentiates client needs based on age, health status, and acuity of condition, ethnic origins, and prognosis. The client's role within the family, his/her occupation, and society are taken into account. Principles and practices of IV therapy are emphasized.

**Credit Hours:** 10 credit hours (7 didactic, 3 clinical. Clock hours: 105 didactic, 135 clinical: 18 hours observation; 6 hours precepted).

**Prerequisite(s):** NURS 201 RN Transition Course with a grade of "C" or better

**Purpose of Course:** To achieve beginning RN competency skills in medical/surgical nursing, obstetrical nursing, and behavioral health nursing.

**Required Materials**

**Textbook(s):**

Weber. (2017). Nurse's Handbook of Health Assessment (9th). Philadelphia. Lippincott, Williams, & Wilkins. 9781496344540.

Lewis, Dirksen, Heitkemper, Bucher. (2017). Medical-Surgical Nursing: Assessment of Clinical Problems (10th). St. Louis. Elsevier. 9780323328524.

Lewis, Dirksen, Heitkemper, Bucher. (2017). Study Guide for Medical-Surgical Nursing: Assessment of Clinical Problems (10th). St. Louis. Elsevier. 9780323371483.

Ricci, Kyle & Carmen. (2016) Maternity and Pediatric Nursing (3rd). Philadelphia. Lippincott, Williams, & Wilkins. 9781451194005.

Ackley & Ladwig. (2017) Nursing Diagnosis Handbook: An Evidenced Based Guide to Planning Care (11th). Maryland Heights, Missouri. Elsevier. 9780323322249.

Harding & Snyder. (2016). Winingham's Critical Thinking Cases in Nursing (6th). St. Louis. Elsevier. 978-0-323-28961-0.

Gahart & Nazareno. (2019). 2019 Intravenous Medications (34th). St. Louis. Elsevier. 9780323612722. (Or can be same textbook within 3 years).

Phillips & Gorski. (2017). Manual of I.V. therapeutics: Evidenced-Based Practice for Infusion Therapy (7th). Philadelphia. F.A. Davis. 9780803667044.

Townsend. & Morgan. (2017). Essentials of Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice (7th). Philadelphia. F.A. Davis. 9780803658608. (MUST be purchased new, no used edition accepted).

American Psychological Association. (2010). American Psychological Association Publication Manual (6th). Washington, D.C. 978-1-4338-0561-5.

Adams, Urban, & Holland. (2017). Pharmacology for Nurses: A Pathophysiological Approach (5th). Upper Saddle River, N.J. Pearson.

9780134255163.

Any drug guide for nurses less than 3 years old.

Any diagnostic & laboratory test textbook no more than 3 years old; such as Mosby's Manual of Diagnostic & Laboratory tests.

Any medical dictionary such as Stedman's or Taber's.

Simple function calculator (not on your phone)

Clinical uniform (per policy)

Nursing lab materials (stethoscope, scissors, pen light, tape measure).

**Computer Requirements:**

All students are required to own and bring to class a laptop that meets the following criteria:

- ✓ Windows operating system
- ✓ Battery life of at least 4 hours
- ✓ Microsoft Office is required; the college provides this free software package to students enrolled in full time programs.
- ✓ Detail provided by MATC follows: Microsoft Windows 10 recommended

See link: <https://www.manhattantech.edu/sys>

**Other Textbooks and Related materials:** None

**Learning Outcomes**

The intention is for the student to utilize evidence-based practice and:

1. Apply the ability to think critically and make safe and effective clinical judgments using the nursing process.
2. Discuss caring behaviors in practicing the art and science of nursing within a diverse population.
3. Apply effective communication and collaborative processes with clients and members of the interdisciplinary healthcare team.
4. Outline patient care that implements professional standards and scope of practice within legal, ethical, and agency policies.
5. Demonstrate the care and leadership needed to meet client needs using available resources and current technology.
6. Implement the teaching and learning processes needed to promote and maintain health and to reduce risks for a variety of clients.

**Course Competencies**

Actions that are essential to achieve the learning outcomes:

1. Demonstrates the ability to implement nursing care for 1-2 patients based on assessment findings, using the nursing process in caring for clients across the lifespan and inclusive of the interdisciplinary health care team.
2. Modifies communication patterns to promote therapeutic relationships in every environment.
  - a. Healthcare setting
  - b. Classroom
  - c. Community
3. Applies learned knowledge to prepare and implement client teaching, to include disease process and maintenance, health promotion/wellness and/or awareness of community resources.
4. Selects informational resources that are peer reviewed and specific to meeting the needs of an individual client or group.
5. Demonstrates critical thinking skills in caring for clients with acute and chronic conditions while seeking learning opportunities to strengthen own educational experiences.
6. Demonstrates safe initiation, management, maintenance, and discontinuation of parenteral fluid therapy.
7. Demonstrates safe administration of medications via all routes as learned to date for patients in all assigned healthcare environments.
8. Critiques standards of care and scope of practice within current parameters of educational preparation to address:
  - a. Ethical dilemmas
  - b. Legal constraints
  - c. Cultural differences

### Learning Units

- I. IV therapy
- II. Obstetrics
- III. Mental Health
- IV. Medical/Surgical

### Method of Instruction

Lecture, demonstration and return demonstration, laboratory and clinical practice, small and large group discussion, audiovisuals, videos and computer simulations, written assignments, student directed discussion, poster construction and presentation, written paper.

### Method of Grading and Evaluation

The student will be graded on learning activities and assessment tasks. Grade determinants may include the following: daily work, quizzes, chapter or unit tests, comprehensive examinations, student projects, student presentations, class participation, and other methods of evaluation employed at the discretion of the instructor.

### III. CLASS INFORMATION

#### Methods of Grading and Evaluation:

Professional Concept Presentation		5
IV Therapy Exams (2) @ 25 pts.		50
IV Therapy Labs		50
IV Therapy Assignment		10
IV Therapy Final Exam		150
Med Surg Exams (6) @ 100 pts.		600
Med Surg Quizzes (6) @ 10 pts.		60
Medical Surgical CS Essay quiz (6) @ 5 pts.		30
Medical Surgical Assignments		30
Literature Peer Review Exercise		15
APA on-line Quiz		15
Med Surg Peds Paper		75
Peds Paper Presentations		20
Poster presentations		50
OB Exams (4) @ 75 pts.		300
OB Quizzes (4) @ 10pts		40
OB Assignments		30
MH Exams (3) @ 100 pts.		300
MH Quizzes 5 @ 10 point		50
MH Assignments		30
<b>Clinical:</b>		
	Med Surg	120
	OB	60



	Mental Health: Larned 20 pts. (10 for Assignment/10 for participation)	20
	AA meeting	10
<b>Finals:</b>		
	MH	100
	OB	100
	Med Surg	200
ATI tests : (1) @ 20 points (4) @ 40 pts.		180
<b>Total Points</b>		2700

-73- A **medication math exam** will be administered at the beginning of the semester and must be completed with 100% accuracy. Retakes are available to students who do not initially pass the medication math exam, but student must have this completed prior to participating in assigned clinical rotations (see due date on syllabus). This is a pass/fail exam with no points awarded.

**ATI** Proctored assessments will be given at intervals throughout the program. Points will be awarded for the content mastery portion of the tests. For that portion, a score of Level 2 is expected. If a level 2 is not obtained on the first attempt, one retake exam will be given. No points are awarded for the Critical Thinking Entrance and Exit Exam, or the Comprehensive Predictor. These exams are subject to the same late testing penalty (refer to nursing student handbook). No extra points will be awarded if testing is not done on the scheduled date.

### ***RN Fundamentals Exam Only***

Initial Exam:

- Level 1 = retake the exam
- Level 2 = 20 points
- Level 3 = 20 points + 5 extra credit points

Retake Exam:

- Level 1 = 0 points
- Level 2 = 15 points
- Level 3 = 20 points

***Other ATI Exams:***

Initial Exam:

- Level 1 = retake the exam
- Level 2 = 40 points
- Level 3 = 40 points + 5 extra credit

Retake Exam:

- Level 1 = 0 points
- Level 2 = 35 points
- Level 3 = 40 points

**Skills testing** related to IV skills are evaluated through student demonstration in the presence of an instructor with a pass/fail given. Students must show evidence of adequate demonstration (pass) of the skill prior to participating in assigned clinical rotations.

**TLC:** To schedule a proctored exam with the TLC or to reserve the study room, use this link to RegisterBlast. If you need assistance, email [TLC@manhattantech.edu](mailto:TLC@manhattantech.edu)

<https://www.registerblast.com/manhattantech/Exam/List>

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Grading Scale

- 94% - 100% - A
- 86% - 93% - B
- 78% - 85% - C
- 70% - 77% - D
- Below 70% - F

**Clinical Grading:** Overall clinical evaluation is determined by the clinical instructor and is based on a pass/fail system (required 78% of each clinical rotation). This system is evaluated through the student meeting clinical objectives and through adequate clinical participation where the student must perform competently and safely in assigned clinical environment. Students must also display timely and thorough submission of clinical assignments.

**CLINICAL AGENCIES** Notify the clinical site directly when you will be late or absent for a clinical day.

Via Christi Hospital	1823 College Avenue Manhattan, KS 66502	785 776-3322
Manhattan Surgical Hospital	1829 College Ave Manhattan, Ks 66502	785-776-5100

Geary Community Hospital	1102 St. Mary's Road Junction City, KS 66441	785-238-4131
Good Shepherd Hospice House	3801 Vanesta Drive Manhattan, KS 66503	785-537-0688
Community Care Ministries	407 Ash Wamego, KS 66547	785-456-7872
Konza Prairie Community Health Center	361 Grant Ave. Junction City, Ks. 66441	785-238-4711

**Tentative Class Schedule (may be subject to change.)**

Week	Date of Class	Topic/Important Dates	Learning Activities
1	August 26, 2019 Monday	Orientation to NUR 220	Class: 0830-1200 Room: 104a
	August 27, 2019	<b>IV Therapy:</b> <ul style="list-style-type: none"> <li>Professional Practice</li> <li>Occupational Risk</li> </ul> <b>ATI Critical Thinking Entrance Exam</b>	Class: 0830-1130 Room: 104a IVT Module 1 on Canvas Exam: 1230-1310 room 103a
	August 28, 2019	<b>IV Therapy:</b> <ul style="list-style-type: none"> <li>Peripheral IVs</li> <li>Complications</li> </ul> <b>Med Math Exam</b> <b>MH Orientation</b> <i>**Syllabus, Nursing Student Handbook, Lab Confidentiality &amp; Lab Guidelines quizzes due 1600**</i>	Class: 0830-1130 Room: 104a IVT Module 1 on Canvas Exam: 1230-1330 room 103a Class: 1330-1430 Room: 103a

	August 29, 2019	<b>IV Therapy: Simulation #1:</b> <ul style="list-style-type: none"> <li>• IV insertion: Procedure</li> <li>• Priming IV tubing</li> <li>• Simple Pump Function-setting primary / secondary</li> </ul> (Begin IV start and IV Priming)	Room: 104a & Lab Group D: 0800-1000 Group F: 1000-1200 Clinical uniform required <b>Read before lab:</b> Phillips chapter 5 & 10 Bring Phillips text to lab
	August 30, 2019	<b>Darren Ortega from TLC:</b> 8:30-9:00am <b>IV Therapy:</b> Fluid & Electrolyte Imbalances / Acid Base Balance  <b>Optional Open lab:</b> practice skills  <i>*Last day to withdraw and receive 100% refund*</i>	Class: 0830-12:00 Room: 104a IVT Module 1 on Canvas  Open lab: 1300-1500 No clinical uniform required
<b>ANA Code of Ethics Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.</b> <b>ADN Program Concept: Caring</b>			
<b>Compassion, Respect, &amp; Dignity</b>			
2	September 2 Monday	Labor Day-No class	
	September 3	<b>IV Therapy Exam #1</b> (Professional Practice & Occupational Risk, Peripheral IVs & Complications, & Fluid & Electrolyte Imbalances /Acid Base Balance).  <b>One-minute student concept presentation: compassion/caring</b>	Exam: 0830-0900 Room: 104a

		<p><b>Mandatory Lab</b> (Practice IV insertion and tubing priming)</p> <p><b>IV Therapy:</b></p> <ul style="list-style-type: none"> <li>• Parenteral Therapy</li> </ul>	<p>Group F: 0900-1000 Group D: 1000-1100 No clinical uniform required</p> <p>Class: 1230-1530 Room: 104a IVT Module 1 on Canvas</p>
September 4	<p><b>Med Math Retake Exam</b></p> <p><b>IV Therapy</b></p> <ul style="list-style-type: none"> <li>• Central lines</li> <li>• Complications IV Therapy</li> </ul> <p><b><i>One-minute student concept presentation: Dignity</i></b></p> <p><b>Advising</b> (per appointment: sign up on calendar in Canvas)</p> <p><b>Mandatory lab (Group D only):</b> practice skills</p>	<p>Exam: 0830-0900 Room: 104a Class: 0900-1200 Room: 104a</p> <p>Advising 1300-1500 in Faculty office</p> <p>Lab: 1430-1530 No clinical uniform required</p>	
September 5	<p><b>Poster Orientation, APA Instructional Lecture &amp; Orientation to Peds Paper</b></p> <p><b><i>One-minute student concept presentation: Respect</i></b></p> <p><b>Mental Health #1</b></p> <ul style="list-style-type: none"> <li>• Mental Health &amp; Mental Illness</li> </ul>	<p>Class: 0830-1130 Room: 104a</p> <p>Class 1230-1500 Room 104a MH Module 1 on Canvas</p>	

		<ul style="list-style-type: none"> <li>• Ethical &amp; Legal Issues</li> <li>• Cultural &amp; Spiritual Concepts</li> <li>• Relationship Development &amp; Communication</li> </ul>	
	September 6	<b>Medi-Tech Training</b> Group F: 0900-1030 Group D: 10:30-1200	Via Christi Hospital: The location is Bella Rooms 3/4 by the cafeteria. Students should enter through the main entrance of the hospital, and follow the signs to the cafeteria. Meeting rooms are located behind the cafeteria. BE ON TIME and wear your name tag and clinical uniform.
<b><i>ANA Code of Ethics Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.</i></b>			
<b>Commitment</b>			
3	September 9 Monday	<b>IV Therapy: Simulation #2-</b> <ul style="list-style-type: none"> <li>• Central Lines (CVAD's)</li> <li>• Accessing and De-accessing CVAD's</li> <li>• Central Line Sterile Dressing Change</li> </ul> <b>ATI Fundamentals Exam</b>  <b>Mandatory lab (Group F only):</b> practice skills	Room: 104a & Lab Group F: 0800-1000 Group D: 1000-1200   Exam: 1300-1430 Room 104a Lab:1430-1530: No clinical uniform required

		<i>*Last day to withdraw and receive 50% refund*</i>	
	September 10	<p><b>IV Therapy Simulation: Blood Transfusion: Both groups</b></p> <p><b>Advising</b> (per appointment: sign up on calendar in Canvas)  <b>Optional Open lab:</b> practice skills</p>	<p>Room: 104a &amp; Lab 0800-1200  Clinical uniform required.  Bring Phillips text &amp; calculator to lab. IVT Module 2 on Canvas.  Bring laptop &amp; headphones/earphones.  Advising 1300-1500 in Faculty office  Open lab: 1430-1530 No clinical uniform required</p>
	September 11	<p><b>IV Skills Competencies</b> (by appointment sign-up on calendar in Canvas).</p> <p><b>IV Therapy Exam #2</b> (Parenteral Therapy, Central Lines &amp; Complications IV Therapy, &amp; Blood Transfusions).</p> <p><b>Mental Health #2 &amp; quiz 1</b></p> <ul style="list-style-type: none"> <li>• Nursing Process</li> <li>• Milieu Therapy</li> <li>• Crisis Intervention</li> </ul> <p><b><i>One-minute student concept presentation: Commitment</i></b></p>	<p>Lab: 0830-1130  Clinical uniform required</p> <p>Exam: 1230-1300  Room: 103a</p> <p>Class 1300-1600  Room 103a  MH Module 1 on Canvas</p>

	September 12	<b>IV Therapy Simulation: Nutritional Support</b>  <b>Clinical Orientation</b>  <b>Med Math Retake Exam #2</b>  <i>*all clinical paperwork/forms due 1600*</i> <i>*Peer review Literature Exercise &amp; APA on-line quiz due 1600*</i>	Room 103a & Lab: 0830-1200 Clinical Uniform Required Orientation:1300-1400 Room 103a Retake exam to follow orientation.
	September 13	<b>No Class</b>	
<b><i>ANA Code of Ethics Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.</i></b> <b><i>ADN Program Concept: Safety</i></b>			
<b><i>Advocate, Patient Rights, Patient Safety</i></b>			
4	September 16 Monday	<b>No Class</b>	
	September 17	<b>IVT Final Exam</b> <b>Med-Surg Unit #1:</b> <ul style="list-style-type: none"> <li>• Pain (Nociceptive &amp; Neuropathic)</li> <li>• End of Life Care</li> <li>• Palliative Care</li> </ul> <b><i>One-minute student concept presentation: Patient Safety</i></b>	Exam: 0830-1000 Class: 1000-1230 Room 104a MS Module 1 on Canvas
	September 18	<b>Med-Surg Unit #1 &amp; quiz</b>  <b><i>One-minute student concept presentation: Patient Rights</i></b>	Class: 0830-1100 Room 104a MS Module 1 on Canvas



		<b>One-minute student concept presentation: Advocate</b>	
	September 19	<b>Clinical week #1</b>	See clinical schedule
	September 20	<b>Clinical week #1</b>	See clinical schedule
<p><i>ANA Code of Ethics Provision 4: the nurse has authority, accountability, and responsibility for nursing practice; makes decisions, and takes action consistent with the obligation to promote health and to provide optimal care.</i></p> <p><i>ADN Program Concept: Leadership &amp; Professionalism</i></p>			
<b>Authority, Accountability, and Responsibility for nursing practice.</b>			
5	September 23 Monday	No Class *ATI RN Fundamental retake exam due 1600*	
	September 24	<p><b>Med-Surg Exam #1</b></p> <p><b>OB Unit 1:</b></p> <ul style="list-style-type: none"> <li>• Prenatal Care</li> <li>• Pregnancy Complications</li> </ul> <p><b>One-minute student concept presentation: Responsibility for nursing practice.</b></p>	<p>Exam: 0830-0930 Room 104a Class: 0930-1200 Room 104a OB Module 1 on Canvas</p>
	September 25	<p><b>OB Unit 1 &amp; Quiz</b></p> <p><b>One-minute student concept presentation: Accountability for nursing practice</b></p> <p><b>Mental Health #3 &amp; quiz:</b></p> <ul style="list-style-type: none"> <li>• Psychopharmacology (antidepressants)</li> <li>• Suicide Prevention</li> </ul>	<p>Class: 0830-1130 room 104a OB Module 1 on Canvas</p> <p>Class: 1230-1530 room 103a MH Module 1 on Canvas</p>

		<ul style="list-style-type: none"> <li>• Depressive Disorders</li> </ul> <p><b>One-minute student concept presentation:</b> <i>Authority for nursing practice</i></p>	
	September 26	<b>Clinical week #2</b>	See clinical schedule
	September 27	<p><b>Clinical week #2: All Groups</b></p> <p><b>IVT Simulation #3:</b></p> <ul style="list-style-type: none"> <li>• IV medication administration: <ul style="list-style-type: none"> <li>○ IV push</li> <li>○ IV piggyback</li> <li>○ IV admixture</li> </ul> </li> </ul>	<p>Lab &amp; room 103a: 0830-1530</p> <p>Clinical uniform required. Bring Phillips text, IV drug book &amp; calculator to lab.</p>
<p><b>ANA Code of Ethics Provision 5:</b> <i>The nurse owns the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.</i></p>			
<p><b>Character, Integrity, Professional Growth, and Competence</b></p>			
6	September 30 Monday	<p><b>OB Exam #1</b></p> <p><b>One-minute student concept presentation:</b></p> <ul style="list-style-type: none"> <li>• <i>Character</i></li> <li>• <i>Integrity</i></li> </ul> <p><b>Poster Presentations</b></p> <p><b>IV Remediation (as needed)</b></p>	<p>Exam: 0830-0930 Room: 104a</p> <p>Posters: 1000-1200 MATC Commons Area Dress is business or clinical uniform with lab jacket and nametag. Remediation in Lab: 1300-1400</p>
	October 1-4	<b>No Class</b> -faculty gone to conference	

		<b>**Peds paper due October 4 @ 1600**</b>	
<b>7</b>	October 7 Monday	<b>MH Exam #1</b> <b>Mental Health #4:</b> <ul style="list-style-type: none"> <li>• Bipolar &amp; Related Disorders</li> <li>• Psychopharmacology (mood stabilizers)</li> <li>• <b><i>One-minute student concept presentation: Competence</i></b></li> </ul> <b>Mrs. Davis Clinical Group #1 Simulation</b>	Exam: 0830-0930 Room: 104a Class: 0930-1200 Room 104a MH Module 2 on Canvas  Simulation: Lab 1300-1600
	October 8	<b>Med-Surg Unit #2:</b> Gastrointestinal Disorders <ul style="list-style-type: none"> <li>• IBD</li> <li>• GERD</li> <li>• PUD</li> </ul> <b>Mental Health # 5 &amp; quiz</b> <ul style="list-style-type: none"> <li>• Schizophrenia Spectrum &amp; Other Psychotic Disorders</li> <li>• Psychopharmacology (antipsychotics)</li> </ul>	Class: 830-1100 Room: 104a MS Module 2 in Canvas  Class 1230-1530 Room: 103a MH Module 2 in Canvas
	October 9	<b>Med-Surg Unit #2 &amp; quiz</b> <b><i>One-minute student concept presentation: Professional Growth</i></b>	Class: 0830-1100 Room: 104a MS Module 2 on Canvas
	October 10	<b>Clinical Week 3</b>	See clinical schedule
	October 11	<b>Clinical Week 3</b>	See clinical schedule

**ANA Code of Ethics Provision 6:** *The nurse, through individual and collective effort, established, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.*

**Ethical Practice Environment**

8	October 14 Monday	<p><b>MS Exam #2</b></p> <p><b>OB Unit 2: Labor and Birth</b> <i>One-minute student concept presentation: Ethical Practice Environment</i></p> <p><b>Mrs. Davis Clinical Group #1 Simulation</b></p>	<p>Exam: 0830-0930 Room 104a Class: 0930-1200 Room 104a OB Module 2 on Canvas</p> <p>Simulation: Lab 1300-1600</p>
	October 15	<p><b>OB #2 Labor and Birth &amp; Quiz</b></p> <p><b>ATI Nutrition Exam</b></p> <p><b>Clinical Evaluations</b> (<i>by appointment sign-up on Canvas calendar</i>)</p>	<p>Class: 0830-1130 Room: 104a OB Module 2 in Canvas Exam: 1230-1400 Room: 103a Evaluations: 1400-1530 Faculty office</p>
	October 16	<p><b>Peds Paper Presentations</b></p> <p><b>Mental Health #6 &amp; quiz</b></p> <ul style="list-style-type: none"> <li>• Anxiety, Obsessive Compulsive &amp; Related Disorder</li> </ul>	<p>Presentations: 0830-1200 Room 104a Dress is business or clinical uniform with lab jacket and nametag Class: 1300-1600 Room 103a MH Module 2 on Canvas</p>

		<ul style="list-style-type: none"> <li>• Psychopharmacology (antianxiety &amp; sedative-hypnotics)</li> <li>• Personality Disorders</li> </ul>	
	October 17	<b>Clinical Week 4</b>	See clinical schedule
	October 18	<b>Clinical Week 4</b>	See clinical schedule
<p><i>ANA Code of Ethics Provision 7: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards of development, and the generation of both nursing and health policy.</i></p> <p><i>ADN Program Concept: Evidenced-based practice &amp; Diversity</i></p>			
<b>Evidenced-based Practice/Research &amp; Health Disparities</b>			
9	October 21 Monday	No Class	
	October 22	<b>OB Exam #2</b>  <b>Med-Surg Unit #3:</b> <ul style="list-style-type: none"> <li>• Emerging Diseases</li> <li>• Inflammation</li> <li>• Wound Healing</li> <li>• TB</li> </ul> <b>One-minute student concept presentation: Evidence Based Practice-Research</b>	Exam: 0830-0930 Room: 103a Class 0930-1200 Room: 103a MS Module 3 on Canvas
	October 23	<b>Med-Surg Unit #3 &amp; quiz</b> <b>One-minute student concept presentation: Health Disparities</b>  <b>Mental Health Exam #2</b> <b>Mental Health #7</b>	Class: 0830-1130 Room: 103a MS Module 3 on Canvas  Exam: 1230-1330 Class: 1330-1600

		<ul style="list-style-type: none"> <li>Substance Abuse &amp; Addictive Disorders</li> </ul>	MH Module 3 on Canvas Room 103a
	October 24	<b>Clinical Week #5</b>	See clinical schedule
	October 25	<b>Clinical Week #5</b>	See clinical schedule
<p><b><i>ANA Code of Ethics Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.</i></b>  <b><i>ADN Program concepts: Collaboration &amp; communication</i></b></p>			
<b>Collaboration</b>			
<b>10</b>	<b>October 28 Monday</b>	<b>ATI Peds Exam</b>	Exam: 0900-1030 Room 103a
	October 29	<b>MS Exam #3</b>  <b>OB Unit #3</b> <ul style="list-style-type: none"> <li>Labor &amp; Birth at Risk</li> <li>Post-Partum Adaptations</li> <li>Post-Partum at Risk</li> </ul> <b>**ATI Nutrition retake due 1600**</b>	Exam: 0830-0930 Room 103a Class: 0930-1200 Room 103a OB Module 3 on Canvas
	October 30	<b>OB Unit #3 &amp; Quiz</b> <b><i>One-minute student concept presentation: Collaboration and Communication</i></b> <b>Mental Health # 8</b> <ul style="list-style-type: none"> <li>Eating disorders</li> <li>Children &amp; Adolescents</li> <li>Psychopharmacology (ADHD)</li> </ul>	Class: 0830-1130 Room 103a  Class: 1230-1530 Room: 103a MH Module 3 in Canvas
	October 31	<b>Clinical week #6</b>	See clinical schedule
	November 1	<b>Clinical week #6</b>	See clinical schedule

*ANA Code of Ethics Provision 9: the profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.*

**Professional Organizations, Nursing Values, Social Injustice**

11	November 4 Monday	No Class	
	November 5	<p><b>OB Exam #3</b></p> <p><b>Med-Surg Unit #4:</b></p> <ul style="list-style-type: none"> <li>• Immune</li> <li>• Anaphylaxis</li> <li>• Transplant Response</li> <li>• HIV</li> <li>• RA</li> </ul> <p><b>One-minute student concept presentation:</b> Professional Organizations</p> <p><b>Clinical Evaluations</b> (<i>by appointment sign-up on Canvas calendar</i>)</p>	<p>Exam: 0830-0930 Room 103a Class 0930-1200 Room: 103a MS Module 3 in Canvas</p> <p>Evals: 1300-1430 faculty office</p>
	November 6	<p><b>Med-Surg Unit #4 &amp; Quiz</b></p> <p><b>One-minute student concept presentation:</b> <i>Nursing Values</i></p> <p><b>Mental Health #9 &amp; Quiz</b></p> <ul style="list-style-type: none"> <li>• Survivors of Abuse or Neglect</li> <li>• Military Families</li> </ul> <p><b>One-minute student concept presentation:</b> <i>Social Injustice</i></p>	<p>Class: 0830-1100 Room: 103a MS Module 4 in Canvas</p> <p>Class: 1230-1530 Room 103a MH Module 3 on Canvas</p>

	November 7	<b>Clinical Week #7</b>	See clinical schedule
	November 8	<b>Clinical Week #7</b>	See clinical schedule
<b><i>ADN Program Concept: Critical Thinking</i></b>			
<b>12</b>	<b>November 11 Monday</b>	<b>MS Exam #4</b>  <b>Larned Clinical Orientation</b>  <b>**ATI Peds Retake due 1600**</b>	Exam: 0830-1030 Room: 103a  Orientation: 1030-1200 Room 103a
	November 12	<b>Larned Clinical</b>	Larned State Hospital: 1145-1600
	November 13	<b>Larned Clinical</b>	Larned State Hospital: 0715-1600
	November 14	<b>No Class</b>	
	November 15	<b>No Class</b> <i>*Last day to withdraw from class*</i>	
<b>13</b>	November 18	<b>Mental Health Exam #3</b>  <b>OB Unit #4</b> <ul style="list-style-type: none"> <li>• Newborn Transitioning</li> <li>• Newborn with Special Needs</li> <li>• Newborn at Risk</li> </ul> <b>** Larned clinical assignment and AA meeting assignment due @ 1600**</b>	Exam: 0830-0930 Room: 103a Class: 0930-1200 Room 103a OB Module 4 on Canvas



	November 19	<b>OB Unit #4</b> <i>One-minute student concept presentation: Critical Thinking</i>	Class: 0830-1130 Room: 103a OB Module 4 in Canvas
	November 20	<b>OB Unit #4 &amp; quiz</b>  <b>MH Final Exam</b>	Class: 0830-1130 Room: 103a OB Module 4 in Canvas Exam: 1300-1430 Room 103a
	November 21	<b>Clinical Week #8</b>	See clinical schedule
	November 22	<b>Clinical Week #8</b>	See clinical schedule
	November 25-29	<b>Fall Break: No Class</b>	
<b>ADN Program Concept: Civility</b>			
14	December 2 Monday	<b>No Class</b>	
	December 3	<b>OB Exam #4</b>  <b>Med-Surg Unit #5:</b> <ul style="list-style-type: none"> <li>• Reproductive Disorders <ul style="list-style-type: none"> <li>○ Male</li> <li>○ Female</li> <li>○ STI's</li> </ul> </li> </ul>	Exam: 0830-0930 Room 103a Class: 0930-1200 Room 103a MS Module 5 on Canvas
	December 4	<b>Med-Surg Unit #5 &amp; quiz</b>  <i>One-minute student concept presentation: Civility</i>  <b>Orientation to Simulation</b>	Class: 0830-1100 Room 103a  Orientation: 1100-1200 Room 103a

	December 5	<b>Clinical Week #9: Simulation Day #1</b>	Room: 103a and Lab 0800-1500 Clinical Uniform Required
	December 6	<b>Clinical Week #9: Simulation Day #2</b> MH ATI Exam	Room: 103a and Lab 0800-1500 Clinical Uniform Required
<b><i>ADN Program Concept: Life-long Learning</i></b>			
15	<b>December 9 Monday</b>	MS Exam #5  Med-Surg Unit #6: <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Hematology</li> </ul> <i>One-minute student concept presentation: Life Long Learning</i>	Exam: 0830-0930 Room 103a Class: 930-1200 Room: 103a MS Module 6 in Canvas
	December 10	<b>Med-Surg Unit #6 &amp; Quiz</b>  Clinical Evaluations ( <i>by appointment sign-up on Canvas calendar</i> )	Class: 0830-1100 Room 103a Evals: 1100-1230 Faculty Office
	December 11	<b>No Class</b>	
	December 12	<b>MS Exam #6</b>	Exam: 0900-1000 Room 103a
	December 13	<b>ATI Exam OB</b>	Exam: 0900-1030 Room 103a
16	<b>December 16 Monday</b>	<b>No Class</b>	
	December 17	<b>MS Final Exam</b>	Exam: 0900-1100 Room 103a

	December 18	<b>No Class</b>	
	December 19	<b>OB Final Exam</b> <i>**ATI MH retake due 1600**</i> <i>**ATI OB retake exam due 1600**</i>	<b>Exam: 0900-1100</b> <b>Room 103a</b>
	December 20	<b>No Class: Finalize Grades</b>	<b>Celebrate!!!</b>

#### IV. INSTRUCTOR POLICIES

- No images or discussion of learning activities may be placed on electronic media sources (i.e., Facebook, Twitter, YouTube) by a student. Recording of lecture by a student can only be done with the prior approval of the instructor and may not be posted on any electronic media sources, and remain the property of Manhattan Area Technical College. Disregard will result in disciplinary action, which may include removal from the program.
- Faculty will answer correspondence (emails or voicemails) during regular office hours within 24-48 business hours (excluding holidays, clinical days and weekends).

**Attendance:** See Nursing Student Handbook for policy. Faculty teaching this course feel attendance for class and lab is crucial to student success. Classroom attendance and behaviors reflect in student's overall demeanor and performance outside of class. It is expected that if a student must be absent from class, he/she notifies the instructor prior to the beginning of the scheduled day (see handbook).

**Late/Make-Up Assignments/Tests:** See Nursing Student Handbook.

V. **DEPARTMENTAL POLICIES: NURSING DEPARTMENT POLICIES:** See Associate Degree Nursing Student Handbook on Nursing Homepage

#### VI. INSTITUTIONAL POLICIES

**Academic Honesty:** Academic honesty at Manhattan Area Technical College (Manhattan Tech) is an important part of student success. Manhattan Tech views academic honesty as an integral part of student development and learning. All Manhattan Tech students are expected to understand the college's policy on academic honesty as well as how the college defines academic dishonesty.

Academic dishonesty is an action taken by a student that violates the college's policy on academic honesty. Manhattan Tech defines academic dishonesty as the following:

Cheating

- Giving or receiving unauthorized help on an individual or group assignment, paper, or exam
- Reusing an assignment written for another course without proper authorization
- Taking an exam for another student or having another student take an exam for a student
- Using unauthorized material on an exam
- Altering or fabricating academic data, records, or documents with the use of conventional or electronic devices

#### Plagiarizing

- Using others' ideas and/or words without correctly acknowledging the source of that information
- Copying someone else's copyrighted material without written permission of the copyright owners
- Taking credit for an assignment or research project done by another student
- Doing work or research for another student

#### Falsification and Fabrication

- Altering, counterfeiting, or inventing information or material presented in an academic evaluation activity;
- Presenting data in a piece of work that were not gathered in accordance with guidelines defining appropriate methods for collecting or generating data
- Including substantially inaccurate account of the method by which the data were gathered or collected.

#### Abuse of Academic Materials

- Destroying, stealing, altering, or making inaccessible library, laboratory, or other academic resource materials, including computer data, or attempting to do so
- Stealing examinations, or other course materials, or attempting to do so

#### Complicity in Academic Dishonesty

- Helping, or attempting to help, another to commit an act of academic dishonesty
- Providing material or information to another person with knowledge that the material or information will be used deceitfully in an academic evaluation activity
- Permitting one's own work to be submitted by another person as if it were that person's original work.

#### Falsification of Records and Official Documents

- Altering documents affecting academic records
- Forging signature of authorization or falsifying information on any official academic document, including a permission form, a petition or any other document designed to meet or exempt a student from an established academic regulation
- Failing to report previous academic records.

#### Personal Misrepresentation and Proxy

- Participating in an academic evaluation activity in the place of another person either before or after enrollment
- Assisting in any arrangement whereby any work, placement or proficiency tests, classroom performance, examination or other academic evaluation activity is submitted or performed by a person other than the student in whose name the work is submitted or performed
- Having another person participate in an academic evaluation activity or evaluation in place of oneself

### Bribes, Favors, Threats

- Bribing or attempting to bribe, promising favors to, or making threats against any person, with the intention of affecting a record of a grade or evaluation of academic performance
- Conspiring with another person who then performs one of these acts in one's behalf.

Consequences for students in violation of the MATC Academic Honesty Policy will be at the discretion of faculty and/or administration. Consequences include, but are not limited to:

- Oral or written reprimand
- An "F" or zero points given for the assignment, paper, or exam
- An "XF" or zero points given for the course (XF notation on transcript of academic dishonesty)
- Removal from the course and/or program
- Expulsion from the college

Any student accused of academic dishonesty may request written confirmation of the violation and consequence(s). If a claim of academic dishonesty is in dispute, the student may file a grievance, following the General Complaint and Grievance Policy available in the College Catalog.

**Attendance:** Manhattan Area Technical College faculty members are dedicated to students' job-skill and employment preparation and believe that poor attendance may result in incomplete knowledge and skill development. Therefore, department instructors specifically address in their course syllabi the attendance guidelines for students enrolled in their program.

Students not attending class the first week of the semester will be administratively dropped. The instructor will notify the Registrar that the student should be administratively dropped through the roster verification process, which will not reflect on the student's transcript.

**Drop/Withdrawal Policy:** *An official drop/withdrawal is the date a completed Drop/Add or Withdrawal Form is received by the Student Services Department in the main office of Manhattan Area Technical College.* A student considering withdrawal should first talk with an MATC advisor or instructor for clarification of options. **Refer to the Enrollment Management Calendar on MATC Online for specific withdrawal dates on courses.**

If a course is equal to or greater than 9 weeks, a student may officially drop from a course with no transcribed notation of enrollment if the Drop/Add or Withdrawal form is completed and received by the MATC office within 5 business days of the start of the course. If a course is 8 weeks or less, a student may officially drop from a course with no transcribed notation of enrollment if the Drop/Add form is completed and received by the MATC office within 2 business days of the start of the course. A grade of W will appear on the student's transcript if the student officially withdraws from a course prior to 75% of the course being completed for the semester (see the enrollment calendar for exact dates). If 75% of the course has been completed, an earned grade cannot be changed to a W, and the student will receive a transcribed grade based on work completed relevant to the course requirements. Refer to the Tuition Refund Policy in the Financial Obligations section of the catalog for applicable refund dates.

**Faculty / Administrative Withdrawal Policy:** If a student is absent during the official Drop/Withdrawal period from a class for five (5) consecutive days and has made no contact with any Manhattan Area Technical College faculty/staff member, an instructor may request to withdraw the student from the class roster on the sixth consecutive day by providing a completed Drop/Withdrawal form and an explanation to the Vice President of Student Services. An Administrative Withdrawal (AW) will appear on the student's transcript for the course(s) the request references. If the excessive absenteeism occurs outside the official Drop/Withdrawal period, the student will be awarded the appropriate grade at the end of the course. The student will be responsible for any financial obligations as outlined in the Tuition Refund Policy. Any student who is withdrawn from a class roster due to excessive absenteeism may appeal to the Vice President of Student Services for reinstatement in the class.

## Teaching & Learning Center



### Tutoring & Academic Support

Tutoring services can be accessed online and in person through multiple methods, and are provided based upon the individual student's needs, educational goals, and, as applicable, instructor referral. Additional services such as time management, study planning, resume writing, research assistance, math and writing labs, and job interview preparation are also offered through various workshops or upon request from the student or faculty member. All tutoring and academic student services provided within the TLC are free to currently enrolled students and MATC alumni. Visit the TLC to obtain additional information.

### Services for Students with Special Needs

Student with disabilities who believe that they may need accommodations in this class are encouraged to contact the Teaching and Learning Center as soon as possible. Student are provided the appropriate accommodations as outlined in the Americans with Disabilities Act Amendments Act of 2008, the Rehabilitation Act of 1973 in Section 504, and the Individuals with Disabilities Education Act (IDEA). **As it is the student's responsibility to request accommodations, all academic work at MATC completed prior to the student self-identifying will not be modified.** A student needing to obtain accommodations should contact the Teaching and Learning Center today.

*Appendix I: Sample Course Offering: IV Therapy for LPNs – IV Therapy Course and IV Therapy Update*

## SUMMARY OF PLANNING

*Continuing Education  
Manhattan Area Technical College*

### IV therapy for LPNs

IV therapy for LPNs has been offered at Manhattan Area Technical College since the designation was made available by the Kansas State board of Nursing. The nursing department at the college receives regular inquiries about the class. Our most recent course held was in 2015. Kim Davis, MSN, RN was the instructor. Currently Kim is a full-time ADN faculty member and has not had time to provide an IV Therapy Course. The IV Therapy portion of our current ADN NUR 220 course is above and beyond what is mandated in the current KSBN IV Therapy Course. Thus, our students are eligible to take the IV Certification exam after completing this portion of the NUR 220 course.

The nursing department at Manhattan Area Technical College is advised by a Program Advisory Committee (PAC) that meets twice a year at the college. The PAC members include Directors of Nursing from local health care agencies, and educators/advisors from the local school district, Kansas State University, and Cloud County community college.

The group is asked each meeting about their use of LPNs in the IV therapy role. The local acute care hospitals are hiring LPNs infrequently, but long-term care, the surgical hospital, and some clinics are recruiting LPNs with this credential. The continuing education coordinator and the Director of Nursing and Allied Health believe that there is an ongoing need to provide this class.





Department of Nursing  
Title: ALH 090/ IV Therapy / 15015  
Wednesdays/ 0800-1500  
Summer 2015

### INSTRUCTOR INFORMATION

**Name:** Kim Davis MSN RN

**Office:** 102E

**Office Hours:** None: instructor available via email

**Phone:** 785-320-4537

**E-Mail Address:** [kimberlydavis@manhattantech.edu](mailto:kimberlydavis@manhattantech.edu)

### COURSE INFORMATION:

**Course Description:** This course is designed to help the Licensed Practical Nurse gain beginning competency in intravenous (IV) administration methods and primary uses of IV therapy. Successful completion of the course also allows LPN's to take the state exam for LPN-IV status. Registered Nurses will benefit from review and enhancement of knowledge and skills related to IV therapy.

**Credit Hours:** 2

### Prerequisite(s):

1. Kansas Licensed Practical Nurse license
2. All requirements for clinical as listed on the IV Therapy course flyer.

**Purpose of Course:** The purpose of this course shall be to prepare licensed practical nurses to perform safely and competently the activities as defined in K.A.R. 60-16-102. The course shall be based on the nursing process and current intravenous nursing standards of practice.

### Required Materials:

**Textbook:** Phillips and Gorski. (2014). *Manual of I.V. Therapeutics: Evidenced Based Practice for Infusion Therapy*, (6th). Philadelphia: F.A. Davis  
ISBN: 978-0-8036-3846-4

### Technology Requirements:

1. Accessible and reliable Internet connection
2. Required technology components to complete the course refer to System Requirements in MATC catalog.

**Other:** Calculator for math exam and lab activity.

*(Behavioral Objectives)*

**Learning Outcomes**

The intention is for the student to be able to:

1. Discuss the Infusion Nursing Standards of Practice in intravenous therapy.
2. Describe patient care and appropriate documentation required for intravenous therapy.
3. Explain infection prevention and safety compliance of intravenous therapy.
4. Demonstrate correct use of infusion equipment, vascular access device selection and placement including site care and maintenance.
5. Identify intravenous infusion related complications.
6. Review various intravenous infusion therapies.

**Course Competencies**

Actions that are essential to achieve the learning outcomes:

1. Achieve an 80% or above on coursework of knowledge to qualify to take the Kansas State Board of Nursing (KSBN) final examination.
2. Successful completion of the following procedures:
  - Administration of Intravenous Fluid Therapy
    - Preparation for the insertion of an intravenous line
    - Insertion of an intravenous access device/winged infusion set
    - Insertion of saline lock
    - Calculate and establish infusion flow rate as demonstrated by exam score of 90% or greater.
    - Joint stabilization
  - Principles of Intravenous Therapy Maintenance
    - Changing an intravenous fluid container
    - Change administration set tubing for peripheral and central line
    - Change peripheral IV and central venous site dressing
    - Flush an intermittent infusion device
    - Discontinue an intravenous infusion
  - Pharmacological Consideration of Intravenous Medication
    - Administer an IV piggy-back
    - Administer an IV push medication
    - Admins and IV medication
3. Participate in eight hours of supervised clinical practice which shall include:
  - At least one successful peripheral venous access procedure
  - Initiation of an intravenous infusion treatment modality on an individual.

**Method of Instruction**

Learning activities will be assigned within and outside the classroom to assist the student to achieve the intended learning outcomes through lecture, instructor-led class discussion, group activities, lab, drills/skill practice, and others at the discretion of the instructor.

**CLASS INFORMATION:**

**Methods of Grading and Evaluation:**

**Grading Scale:**

94% -100% ---A  
 86%-93%-----B  
 78%-85%-----C  
 70%-77%-----D  
 Below 70%----F

**Points:**

Item	Points/item	Total points
2 quizzes	25	50
2 unit exams	100	200
IV flow rate calculation exam	20	20
Drug Sheets	10	10
Clinical/lab Participation	20	20
<b>Total Course Points</b>		<b>300</b>

**Continuing Education Hours: 38** contact hours will be awarded to LPNs or RNs who attend all class sessions. CEU hours adjusted according to attendance.

**Tentative Class Schedule** *(may be subject to change.)*

Week	Date of Class(es)	Topic/Important Dates	Reading Assignment	Learning Activities (be specific )
1	6/24/15	<i>Orientation:</i> <ul style="list-style-type: none"> <li>• HIPPA</li> <li>• BBP</li> <li>• Syllabi contract</li> <li>• Lab use</li> <li>• skills checklists</li> <li>• drug sheets</li> <li>• sign up for clinical</li> <li>• Med math</li> </ul> <i>Professional Practice Concepts</i> <i>Infection Prevention and Occupational Risk</i> <i>Fluid &amp; Electrolyte Review</i>	Phillips chapter 1 & 2; chapter 3 pages 113-143, table 3-6 page 154. Kansas Nurse Practice Act 60-16-102	0800-1200 and 1300-1500 Room 104a  *bring calculator for med math practice  Lecture & activities
2	7/1/15	<b>Quiz #1: over week 1 content</b>		Quiz 0800-0830: room 307b

		<i>Infusion Equipment Techniques for initiation &amp; maintenance of peripheral infusion therapy</i>	Phillips chapter 5 & 6 Kansas Nurse Practice Act 60-16-102	Class 0830-1200 room 104a : Lecture & activities Lab1300-1500: practice skills
3	7/8/15	<b>Exam #1:</b> over week 1-2 content  <i>Maintenance of Central Venous Access Complications of Infusion Therapy</i>	Phillips chapter 8 & 9 Kansas Nurse Practice Act 60-16-102	Exam 0800-0900: room 307b  Class 0900-1200 room 104a: Lecture & activities Lab 1300-1500: practice skills  **drug sheets due beginning of class on week 4**
4	7/15/15	<b>Quiz #2:</b> over week 3 content  <i>Infusion medication safety, methods &amp; routes Transfusion Therapy</i>	Phillips chapter 10 & 11 pages 732-745 Kansas Nurse Practice Act 60-16-102	Quiz 0800-0830: room 307b  Class 0830-1200 room 104a: Lecture & activities Lab 1300-1500: practice skills
	7/16/15	<b>Clinical Group #1-</b> Via Christi Hospital 1823 College Ave. Manhattan, Ks.		Arrive at 0620—meet in lobby. Clinical from 0620 to 1400 Wear Uniform Bring Skills Checklist Sheets Name Tag Provided.
	7/17/15	<b>Clinical Group #2-</b> Via Christi Hospital 1823 College Ave. Manhattan, Ks.		Arrive at 0620—meet in lobby. Clinical from 0620 to 1400 Wear Uniform Bring Skills Checklist Sheets Name Tag Provided.
5	7/22/15	<b>Exam #2:</b> over week 3-4 <i>Review of Antineoplastic therapy, Biologic therapy, moderate sedation analgesia, and parenteral investigational drugs</i> Skills check-off completion <b>Exam Infusion rate calculation</b>	Skills check-off sheets	Exam 0800-0900 room 307b Class 0900-0930 Lab: 0930-1200 & 1300-1430 Exam 1430-1500 room 104a
6	7/29/15	<b>KSBN State Exam</b>		0900-1000 in room 104a

## INSTRUCTOR POLICIES:

**Attendance:**

IV therapy is a continuing education course delivered in a very concentrated manner. One criterion for successful completion is attendance. A student may be absent for no more than 1 day of the scheduled 5 days of class meetings. Arriving late or leaving early also contributes to the absence total. No clinical absences are allowed. After a classroom absence, the student may confer with the instructor to develop a plan to demonstrate knowledge of the content covered during the time of absence. A student is responsible to complete any assignments or tests scheduled during the time of absence in a timely manner, usually one week. It is required that a student must notify the nursing secretary at MATC; office phone number 785-587-2800 x 4131 if he/she will be absent from class. KSBN defines a contact hour for instruction as a minimum of 50 minutes, with 3 clinical hours considered an equivalent to a classroom contact hour.

**Late/Make-Up Assignments/Tests:**

1. No assignments are optional. All assignments must be submitted prior to taking final KSBN exam.
2. Taking an exam or quiz later than the scheduled due date and time will result in a reduction in the student's score by 10% per class period. (For example, if the student missed the exam on week 2 and takes it on week 3, 10% will be deducted. If the student takes the exam on week 4, 20% will be deducted.)
3. The student to notify the instructor via email within 24 hours prior to missing an assignment. All late assignments must be completed prior to the next class/clinical date.
4. At the instructor's discretion, rescheduled coursework may follow a different format than the original.

**1-101 INSTITUTIONAL POLICIES:**

**Academic Honesty:** Academic honesty at Manhattan Area Technical College (MATC) is an important part of student success. MATC views academic honesty as an integral part of student development and learning. All MATC students are expected to understand the college's policy on academic honesty as well as how the college defines academic dishonesty.

Academic dishonesty is an action taken by a student that violates the college's policy on academic honesty. MATC defines academic dishonesty as the following:

**Cheating**

- Giving or receiving unauthorized help on an individual or group assignment, paper, or exam
- Reusing an assignment written for another course without proper authorization
- Taking an exam for another student or having another student take an exam for a student
- Using unauthorized material on an exam
- Altering or fabricating academic data, records, or documents with the use of conventional or electronic devices

**Plagiarizing**

- Using others' ideas and/or words without correctly acknowledging the source of that information
- Copying someone else's copyrighted material without written permission of the copyright owners
- Taking credit for an assignment or research project done by another student
- Doing work or research for another student

Consequences for students in violation of the MATC Academic Honesty Policy will be at the discretion of faculty and/or administration. Consequences include but are not limited to:

- Oral or written reprimand

- An “F” or zero points given for the assignment, paper, or exam
- An “F” or zero points given for the course
- Removal from the course and/or program
- Expulsion from the college

Any student accused of academic dishonesty may request written confirmation of the violation and consequence(s). If a claim of academic dishonesty is in dispute, the student may file a grievance, following the Student Grievance Appeal Procedure.

**Accidents/Injuries:** While stringent precautions will be taken at MATC to ensure safety, accidents may occur. All accidents and injuries should be reported immediately to an instructor or the administrative office. It is MATC policy that all accidents, regardless of the severity, be reported so that an Incident Report can be completed and submitted to the administrative office in response to the situation.

**Attendance:** MATC faculty is dedicated to students’ job-skill and employment preparation and believes that poor attendance may result in incomplete knowledge and skill development. Therefore, department instructors specifically address in their course syllabus the attendance guidelines for students enrolled in their program. If a student is absent from a class for five (5) consecutive days and has made no contact with any MATC faculty/staff member, an instructor may drop the student from the class roster on the sixth consecutive day. **(NOTE: This does not constitute an official withdrawal as defined in the Drop/Withdrawal policy.)** Any student who is dropped from a class roster due to excessive absenteeism may appeal to the Vice President of Student Services for reinstatement in the class.

**Special Services:** Faculty and staff at Manhattan Area Technical College are sensitive to the special needs of students with documented physical and/or learning disabilities and will work with them in their pursuit of their educational goals. All students with special needs or disabilities MUST provide documentation verifying the disability to Student Services in order for MATC to provide an academic environment that addresses the students’ needs.

**Tutoring and Academic Support:** Individualized and group tutoring assistance, computer learning, reading and math skills, research, study planning, test preparation, writing skills, and assistance with program courses are available in the Learning Resource Center (LRC), located within the Library. Services are free and available by appointment or on a walk-in basis. Contact the LRC faculty and staff at [LRC@manhattantech.edu](mailto:LRC@manhattantech.edu), 785.320.4519, MATCOnline – Learning Resource Center tab, or facebook.com/LRC.ManhattanTech. The LRC is open from 8:00 a.m. to 7:00 p.m. Monday through Thursday and from 8:00 a.m. to 4:00 p.m. on Friday.

**Incomplete:** An “I” (Incomplete) may be given at the request of the student and indicates that the student has not met the requirements for course completion because of extenuating circumstances but has been granted additional time to meet those requirements. The student and the instructor must discuss an Incomplete before it is awarded. This grade is given at the instructor’s discretion if the following conditions are met:

- The student is currently passing the class
- Circumstances requiring the request for an “I” are beyond the student’s control
- Unfinished work is limited

**Withdrawal/Drop:** A student may officially withdraw from a course with no transcribed notation of enrollment if the *Drop/Add Form* is completed and received by the MATC office by the 10<sup>th</sup> day of the semester. A grade of *W* will appear on the student’s transcript if the student officially withdraws from a course by the

44<sup>th</sup> day of the semester (see calendar for exact dates). If a course has completed prior to the 44<sup>th</sup> day of the semester, an earned grade cannot be changed to a *W*. After the 44<sup>th</sup> day, the student will receive a transcribed grade based on work completed relevant to the course requirements.

An **administrative dismissal** does not relieve a student of the responsibility of completing and submitting an *MATC Drop/Add Form*. Failure to do so may result in any refund the student may be entitled to not being processed and/or the student's receiving an *F* grade(s) on his/her MATC transcript

#### References

Infusion Nurses Society (2011). Standards of practice. *Journal of Infusion Nursing*, 34(1S), S1-S110.

Phillips, L.D. & Gorski, L.A. (2014). *Manual of I.V. therapeutics*. (6<sup>th</sup>). Philadelphia: F.A. Davis.

Professional Curriculum Vitae-IV Therapy Instructor

Kimberly Kay Davis MSN RN

**Home Address:** 9022 Blue Ridge Rd  
Manhattan, Ks. 66503

**Work Address:** Manhattan Area Technical College  
3136 Dickens Ave.  
Manhattan, Ks. 66503

**Phone:** Work (785) 320-4537  
Cell (785) 630-1117

**Email:** kimberlydavis@manhattantech.edu

### Academic Background

2014 Master's Degree in Nursing Education at Fort Hays State University  
2008 Ft. Hays State University, Bachelors in Nursing, graduated Cum Laude  
1982 Cloud County Community College, Associate Degree in Nursing  
1981 North Central Kansas Area Vocational Technical School, Practical Nursing Degree  
1980 Clay Center Community High School, Graduated with honors

### Academic/Teaching Experience

2010-present Manhattan Area Technical College  
NUR 201-Transition LPN-RN, 2 credit hours  
NUR 220-IV Therapy & Obstetrics/Newborn, Mental health 5 credit hours Classroom, 2 credit hours clinical supervision

### Work Experience

2010-present Manhattan Area Technical College, Associate Degree Nursing Faculty  
1982-2010 Clay County Medical Center duties have included:



July 1982-February 1983 Staff Nurse  
April 1983-March 1988 Staff Nurse and Infection Control Nurse  
February 1983-October 1995 Assistant Shift Supervisor  
October 1995-July 1997 Shift Supervisor  
July 1997-October 2008 Emergency Room Supervisor  
June 2008-December 2010 Education Coordinator  
September 2009-December 2010 Director of Education, Employee, and Occupational Health  
1978-1981 Clay County Medical Center, CNA in acute care

### **Professional/Academic Honors**

1980 Clay Center Community High School Honor Student  
2000 Clay County Nurse of the Year  
2004 National Society of Collegiate Scholars  
2008 Graduated Cum Laude Fort Hays State University-BSN

### **Professional Development**

2000 S.T.A.B.L.E. Provider  
2004 Non-Violent Crisis Intervention Training  
2007 FEMA – National Incident Management System IS-00700  
2007 FEMA – Basic Incident Command System IS-00195  
2007 FEMA – Introduction to Incident Command System IES100, IS-00100  
2008 FEMA-National Response Framework, an Introduction IS-800.B  
2009 Kansas Nurse Preceptor Academy  
2010 10th Annual International Nursing Simulation/Learning Resource Centers Conference  
2011 KSNA Annual Day at the Legislature  
2012 KSNA Annual Day at the Legislature  
2012 KCADNE Fall Forum-Concept Based Curriculum  
2012 Kansas Commission for Nursing Education and Practice Clinical Teaching Institute-Wichita, Ks  
2013 KCADNE Fall Forum-Flipping the Classroom and NCLEX across the Curriculum  
2014 KSNA Annual Day at the Legislature  
2014 ACEN Self-study forum-Anaheim, Ca  
2015 Nurse Educator Institute-Branson, Mo

## Service

2003-2006 North Central Kansas Regional Trauma Executive Council-Treasurer  
2006-2008 North Central Kansas Regional Trauma Executive Council-Secretary  
2010-2014 Member of Faculty Curriculum Committee at Manhattan Area Technical College  
2012-present Secretary of Nursing Curriculum Committee at Manhattan Area Technical College  
2014-present Secretary of Professional Development Committee at Manhattan Area Technical College

## Memberships

National Society of Collegiate Scholars  
Kansas National Education Association

## Professional Licenses/Certifications

1982-present Registered Nurse in State of Kansas  
2000-2011 Advanced Cardiac Life Support Instructor  
2000-2011 Neonatal Resuscitation Instructor  
2000-2014 Trauma Nurse Core Course Instructor  
2000-2014 Pediatric Life Support Instructor  
2008-2011 Basic Life Support & First Aid Instructor  
2009-2011 Red Cross Babysitting Instructor

## References

Barbara Sollner MSN RN: Assistant Professor at Baker School of Nursing Topeka, Ks.  
(785) 341-3268

Marcia Newell: Marketing Director Clay County Medical Center (785) 632-2144

Kendra Schurle BSN RN: former Education Coordinator Clay County Medical Center (785) 447-0378

Laurie Stegeman MSN RN: ADN Faculty at Manhattan Area Technical College  
(785) 320-4543

**Sample Course Offering: IV Therapy Update**

## SUMMARY OF PLANNING

*Continuing Education  
Manhattan Area Technical College*

### IV therapy update

IV therapy for LPNs is offered regularly at Manhattan Area Technical College. Often the LPNs who enter the Associate Degree Nursing (ADN) program enter with an LPN-IV credential, but often advise that they have not used their IV therapy skills since completing the course.

The faculty members of the ADN program identify that these LPNs rank close to the LPNs who have never taken LPN IV therapy in knowledge base and technical skills. The faculty identified that Registered Nurses who practice in settings where IV therapy is infrequent are also at risk for loss of information and skills.

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1 The group believes that a course giving updates on IV therapy procedures, equipment, and medications is important, and would be an ideal course for a face-to-face continuing education. The faculty members who teach IV therapy in the ADN program were consulted, and helped identify the agenda and bibliography. A sample course outline, behavioral objectives were also created with their assistance.



### IV Therapy Update

#### Objectives:

At the completion of the class, the participant will be able to:

Identify new products for IV therapy, including types, indications, and use.

Discuss various types of new IV delivery systems.

Identify current and new medication delivery systems.

Identify IV medications needing special monitoring during infusion.

Identify specific requirements related to IV therapy in the elderly and pediatric population

Differentiate the RN and LPN scope of practice for IV therapy.

-109- **WHEN:** Weekday, Month-date-year  
9:00 am – 4:00 pm

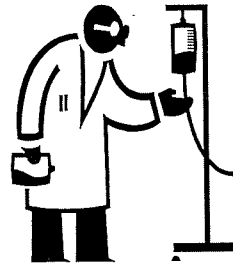
#### **WHERE: Manhattan Area Technical College**

3136 Dickens Ave., Manhattan, KS 66503

785-587-2800

800-353-7575

**COST: \$0.00 payable to MATC at time of enrollment**



Manhattan Area Technical College is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This program is approved for 6 contact hours applicable for nurse relicensure. Kansas State Board of Nursing Approved Provider Number LT0260-0710 \_\_\_\_\_

**ENROLLMENT** is on a first come, first served/ paid basis. Please come to MATC's **main office** to enroll; office hours are **M-TH 7:30 am to 6:00 PM and Friday to 5:00 PM. Visa, Mastercard and Discover are accepted.**

#### **THIRD PARTY PAYMENT:**

Payment, a purchase order, or a signed authorization to bill a company or agency as a third party *must accompany* the student's registration. Companies and agencies that request to be billed as third party agree to pay all items authorized regardless of the performance of the student.

#### **REFUND POLICY:**

- Students will receive a refund of 100% tuition & 100% fees if written notification is received at MATC during office hours at least 2 working days prior to the course start date.

- **NO refunds will be given after the course start date.**

## **IV Therapy update**

**Manhattan Area Technical College  
Division of Nursing and Allied Health  
3136 Dickens Avenue, Manhattan, KS 66503  
Room 103A  
Instructor: Kimberly Davis, MSN, RN**

### Objectives:

At the completion of the class, the participant will be able to:

1. Identify new products for IV therapy, including types, indications, and use.
2. Discuss various types of new IV delivery systems.
3. Identify current and new medication delivery systems.
4. Identify IV medications needing special monitoring during infusion.
5. Identify specific requirements related to IV therapy in the elderly and pediatric population
6. Differentiate the RN and LPN scope of practice for IV therapy.

### Morning session

**0900-1040**

Overview of changes in IV therapy

Safety devices

Specialty catheters

Central line placements

**1100-1150**

IV delivery systems

Pumps

Specialty tubings

Intermittent IV therapy

LUNCH on your own

Afternoon session

**1300-1350**

IV medication update

Medication delivery systems

Medications in specific settings

**1400-1450**

IV therapy for special populations

LPN-IV vs. RN IV therapy scope of practice

References

Cook, L.S. (2013). Infusion-related air embolism. *Journal of Infusion Nursing, 36(1)*, 26-36.

1  
1  
1  
1 Crookston, K.P, Koenig, S.C., & Reyes, M.D. (2014). Transfusion reaction identification and management at the bedside. *Journal of Infusion Nursing, 38(2)*, 104-113.

Hadaway, L.C. (2012). Needleless connectors for IV catheters. *American Journal of Nursing, 112(11)*, 32-44.

Phillips, L.D. & Gorski, L.A. (2014). *Manual of I.V. therapeutics*. Philadelphia: F.A. Davis.

\*NOTE: *all references are updated (less than 5 years old) prior to implementation of the course.*

**Manhattan Area Technical College  
Nursing Continuing Education  
IV Therapy update/5 contact hours**

**Section One:** *Please indicate the degree to which each course objective was met.*

1. Identify new products for IV therapy, including types, indications, and use.
2. Discuss various types of new IV delivery systems.
3. Identify current and new medication delivery systems.
4. Identify IV medications needing special monitoring during infusion.
5. Identify specific requirements related to IV therapy in the elderly and pediatric populations.
6. Differentiate the RN and LPN scope of practice for IV therapy.

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<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Not applicable</i>

**Section Two:** *Please evaluate the quality of instruction.*

1. The materials was well organized.
2. The presenter clarified information as needed.



3. The presenter demonstrated a strong knowledge base within the topic.

4. The presenter encouraged active involvement of the participants.

*Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree   Not applicable*


**Section 3: Please evaluate the classroom and facility.**

1. The atmosphere (lights, temperature, seating) of the room provided a comfortable learning environment.

2. The day and time that the class met was convenient.

3. The enrollment process was convenient.

*Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree   Not applicable*


Section 4: *Please provide your suggestions for future classes.*

Section 5: *Please share additional comments to help us improve our training programs.*

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

**Name of Provider:** Olathe Medical Center – LT 0048-0749      **Renewal Application**

**Name of Program Coordinator:**      Teresa Koehler, BSN, RN

**Date to CNE Committee:**      March 24, 2020

Information Required	Received	NA
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	12/31/19	
The name and address of the organization on the application	✓	
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		✓
The name, education and experience of the program coordinator responsible for CNE	Teresa Koehler, BSN, RN	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	✓	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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:      "</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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</li> </ul>	✓	

For long term providers, the policies and procedures for the offering approval process shall include the following:		
• A summary of the planning	✓	
• The behavioral objectives	✓	
• The content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The instructor's education and experience, documenting knowledge and expertise in the content area	✓	
• 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	✓	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	✓	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	✓	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results	✓	
• Clinical hours		✓
<b>Documentation of Attendance</b>		
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:		
• The provider's name, address, provider number, and coordinator	✓	
• The date and title of the offering, and the presenter or presenters	✓	
• The participant's name and license number and the number of contact hours awarded	✓	
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:		
• The provider's name, address, provider number, and coordinator	✓	
• The participant's name and license number, and the number of contact hours awarded	✓	
• The title of the offering	✓	
• The date on which the offering was completed	✓	
• Either the completion of a posttest or a return demonstration	✓	
<b>Certificate of Attendance/CE Transcript</b>		
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	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
• The provider's 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 or instructor contact hours awarded	✓	
• The signature of the individual responsible for the providership	✓	
• The name and license number of the participant	✓	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	✓	
• A copy of the offering announcement or brochure	✓	
• The title and objectives	✓	
• The offering agenda or, for independent study, pilot test results	✓	
• A bibliography	✓	
• A summary of the participants' evaluations	✓	
• Each instructor's education and experiences	✓	
• Documentation to verify completion of the offering	✓	

The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	✓	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:		
	#1: 6/21/18 Nutrition & Pain	#2: 1/24/19 Stroke & Atrial Fib
• A summary of planning	✓	✓
• A copy of the offering announcement or brochure	✓	✓
• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results	✓	✓
• Each instructor's education and experience	✓	✓
• A current bibliography	✓	✓
• The offering evaluation form	✓	✓

12/2018

Application review completed by Carol Moreland, MSN, RN 1/22/2020

**Reference No.:** 24531 **Date submitted:** Dec 31 16:42 2019

**radio** ~ Renewal

**Providername** ~ Olathe Medical Center

**providernum** ~ LT0048-0749

**legalbody** ~ ~

**address** ~ 20333 W 151st St

**adress2** ~ Olathe, KS 66061

**telephone** ~ 913-791-3549

**email** ~ teresa.koehler@sbcglobal.net

**coordinator** ~ Teresa Koehler, BSN, RN

**date** ~ 12-31-2019

**planningce** ~ The primary audience of the CNE program at Olathe Medical Center, Inc. is the professional nursing staff affiliated with Olathe Health. This includes nurses in a variety of settings, including office nursing, critical care, med-surgical and telemetry units, out-patient surgery, OR, PACU, emergency, and hospice/home health. Other audiences include nurses and professionals at Olathe Medical Center, as well as in the community and surrounding area.

Continuing education needs are assessed in a variety of ways:

- An annual formal needs assessment survey is distributed to Olathe Health employees by the Education Department. The needs assessment is summarized, trends identified, and priorities determined for individual offering topics.
- The Professional Continuing Education Advisory Committee formally meets quarterly.
- Participants for each offering are asked to provide suggestions for future offerings based on their personal and professional learning needs. This information is reviewed, trended, and prioritized on an ongoing basis.
- The Nurse Educators and Professional Staff serve on a number of hospital committees. This participation also provides additional information regarding educational needs.
- Needs are also identified through identification of new standards of practice, treatments, technologies and research that impact nursing.

**feeassessment** ~ The CNE Program Coordinator will determine fees for CNE programs, based on speaker, meals, and facility costs. Continuing Nursing Education Programs are offered free or at a reduced rate for Olathe Health employees. Registration fees for employees and non-employees will be stated on individual offering brochures or Olathe

Health website. Participants must provide advance notification of cancellation as described on each offering brochure in order to receive a refund for the program. The CNE Program Coordinator may authorize a partial or full refund for emergency or unusual circumstances if requested. In cases of insufficient funds, all effort will be made to contact the registrant by phone and/or by a certified letter.

**advertisement** ~ Continuing nursing education (CNE) courses will be announced in a variety of ways; i.e., posted on Education bulletin boards, e-mail, newsletters, mailing lists, registration brochures, Learning management system (LMS), and the Olathe Health website. All registration brochures will have the following statement: "Olathe Medical Center Education Department 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 Approved Provider Number: LT0048-0749".

See attached sample

**approval process** ~ CNE program requests should be submitted 45 days prior to proposed event. Each continuing education offering will include:

- A. Summary of planning
- B. Written behavioral objectives reflecting the appropriate level of content (as defined in K.S.A. 65-1117) that have been reviewed and approved by the CNE Program Coordinator.

Speakers/faculty for CNE offerings will be selected / approved by the CNE Program Coordinator.

- A. Speakers/faculty of CNE offerings will have the appropriate education and experience for the topic as reflected in their curriculum vitae.
- B. External speakers/faculty will be asked to sign and return a Faculty Disclosure Declaration Form regarding significant financial/professional relationships with the manufacturer(s) of any commercial products(s) and or provider(s) of any commercial services(s) discussed in the educational presentation. Disclosure information will be communicated to participants in writing or verbally.
- C. Speakers/faculty will provide a current bibliography that reflects the offering content. This should include books published within the past 10 years and/or periodicals published within the past 5 years.

Evaluation: An evaluation will be completed at the end of each offering. The evaluation will include participant's evaluation of achievement of



learning objectives and of the expertise of the presenter. A summary of the evaluation scores and comments will be sent to each speaker.

**contacthours** ~ Contact Hours for each offering will be determined by the CNE Program Coordinator. Contact hours for interactive (classroom or speaker facilitated) will be approved based on 50 minutes for one contact hour.

CNE contact hours will be reduced for participants arriving late for the offering or leaving early from the offering. In order to receive partial credit, the attendance roster must be signed by the participant and times of arrival/departure indicated/verified by Education Department staff. The CNE program coordinator makes the final determination for CNE contact hours awarded for partial credit. Partial credit will not be offered for less than 30 minutes; increments over 30 minutes will be offered according to the total time spent on the learning activity.

Instructors requesting CNE contact hours are required to sign the attendance roster. Instructor credit will be given at 2 contact hours per 1 hour of instruction for first-time preparation and presentation as an instructor of an approved offering except for presentation of any standardized prepare curriculum (such as ACLS).

Independent Study CNE credit will be determined based on the time required to complete the offering, as documented by pilot test results. Contact hours will be approved based on 50 minutes for one contact hour.

See attached pilot study results.

**verifycompletion** ~ Live class: Participants will be required to sign in on an approved roster to verify attendance. If the offering is presented more than one day, participants will be required to sign in each day on the roster which includes:

1. The provider's name, address, provider number, and coordinator.
2. The date and title of the offering; and the presenter(s).
3. The participant's name and license number, and the number of contact hours awarded.
4. A Certificate of Attendance or CNE transcript will be awarded to each participant upon completion of the evaluation for the CNE offering.

Independent Study: In order to receive independent study CNE,

participants must: Achieve at least the minimum passing score on the post-test & Complete an evaluation of the program. CNE certificates for independent study continuing education will be issued in the LMS. Employees who need CNE certificates for re-licensure can access the LMS in order to have certificates available at the time needed.

Certificate: Certificates will be fully completed prior to distribution to participants with the following information:

- 1.The provider's name, address and provider number.
- 2.The title of the offering.
- 3.The dates of attendance/completion.
- 4.The number of contact hours awarded, including the designation of instructor if applicable.
- 5.The signature of the CNE Program Coordinator.
- 6.The name and license number of the participant.

A certificate or CNE transcript will be issued for partial credit, as approved by the CNE Program Coordinator, according to actual time the participant attended.

See attached example of each

**recordkeeping** ~ For each offering, the following records will be retained for at least 3 years:

- 1.A summary of planning
2. Title and objectives
3. Offering agenda (usually located in the planning summary) or for independent study, pilot test results
- 4.A copy of the offering announcement/brochure with the title and learning objectives.
- 5.Course agenda/materials/handouts.
- 6.A bibliography.
- 7.A summary of participant evaluations.
- 8.Instructor CV which will be retained within the department.
- 9.Documentation to verify completion of the offering

A. Live offering: Signed attendance roster which includes the following: Provider's name, address, provider number and coordinator; date and title of the offering; presenter's name(s); participant name & license number; the number of contact hours awarded. And evaluation summary

B. Independent Study offering: Independent study summaries will be completed on a quarterly basis from the LMS. The quarterly summary will include: Provider's name, address, provider number and coordinator; date and title of the offering; presenter's name(s); the number of contact hours awarded; and evaluation summary. Independent studies

that are offered through Olathe Health's LMS will record the title, date completed, participant's name and license number, and successful completion of a post-test.

Paper records shall be maintained in a secure, locked cabinet in the OMC Education Department. Electronic records will be maintained in a secure folder that is only accessed by the OMC Education Department. Confidential evaluation summaries are located in the LMS reports.

**noticeofchange** ~ The CNE Program Coordinator, as required by the Kansas State Board of Nursing, will notify the board in writing of any change in CNE Coordinator for the providership or required policies and procedures within 30 days.

The CNE Program Coordinator will send an updated resume at the time of change or with each 5 year renewal.

**programevaluation** ~ Long term provider 5 year renewal and annual report shall be submitted per KSBN guidelines KAR 60-9-107(k).

See attached total program evaluation.

**Submission date** ~ 12-31-2019 16:42:39

**Form ID** ~ 1672730

**OLATHE MEDICAL CENTER**  
**LONG-TERM CONTINUING NURSING EDUCATION (CNE) PROVIDER**

*5 Year Renewal  
2019*

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## PROGRAM ADMINISTRATION

**Organization:** Olathe Medical Center, Inc.  
20333 W. 151<sup>st</sup> Street  
Olathe, Kansas 66061

**Department responsible for Continuing Nursing Education:**  
Education Department  
Olathe Medical Center, Inc.  
20333 W. 151<sup>st</sup> Street  
Olathe, Kansas, 66061

**CNE Program Coordinator:**  
Teresa Koehler, BSN, RN  
Nurse Educator  
Olathe Medical Center

Kansas Nursing License Number: 14-86217-091

Teresa M Koehler, BSN, RN

20333 W 151<sup>st</sup> St  
Olathe, KS 66061  
Phone: (913) 791-3549  
Email: teresa.koehler@olathehealth.org

## EDUCATION

1992-1995 BSN, Saint Louis University, Saint Louis, Missouri.

## EMPLOYMENT

*2010-Now Nurse Educator, Olathe Medical Center*

**Responsibilities** include assessing staff learning needs on an ongoing basis and providing or planning appropriate educational activities, including coordination of the New RN Graduate Class. Acting as a resource to nursing staff and facilitating learning, critical thinking, and decision-making for complex patient needs or clinical problems. Assisting with development, revision, implementation and in-servicing of policies and procedures of Nursing Services and the organization. Coordinating and leading instruction for nursing orientation. Coordinating and facilitating New grad Classes and Nurse Residency Program. CNE Coordinator for Olathe Medical Center (effective 6/26/15).

*2008-2010 Staff/Lead Nurse, Mid-America Rehabilitation Hospital*

**Responsibilities** include total nursing care of acute rehab patient including conducting physical assessments and providing patient education. Effective communication with multi-disciplinary team. Lead RN responsibilities include effective communication with staff. Admitting and discharging patients. Updating care plans.

*2000-2001 Staff Nurse, Overland Park Regional Medical Center, Endoscopy Lab*

Responsibilities include pre-op assessment and post-op care of patients undergoing conscious sedation. Monitoring patients undergoing conscious sedation. Assisting physicians with endoscopic procedures. Excellent IV skills. Patient education.

*1999-2000 Staff Nurse/Charge Nurse Christus Saint Elizabeth Hospital, Neuro-Surgical ICU*

**Responsibilities** include rapid assessment and care of neurologically critical patients, as well as critical medical, surgical, and trauma patients. Ability to function effectively and quickly under rapidly changing conditions. Charge nurse duties and responsibilities. Patient and staff education. Excellent communication skills with patients, families, physicians, and staff.

*1997-1999 Staff Nurse, Missouri Baptist Medical Center, Endoscopy Lab*

**Responsibilities** include assessment and care of patients undergoing endoscopic procedures and conscious sedation. Licensed and skilled to perform endoscopic procedures. Excellent IV skills. Actively involved in patient and staff education. Member of the Quality Improvement Committee.

## OLATHE MEDICAL CENTER EDUCATION DEPARTMENT

### CNE PROGRAM PHILOSOPHY AND GOALS

#### Philosophy

We believe that continuing nursing education is essential in maintaining clinical competence and continuous improvement in the quality of patient care. The result of effective continuing education is integration of new knowledge and skills with changes in attitudes and behaviors. Integration of new knowledge and skills are essential in achieving the ultimate goal of improving the health of the public. The CNE program is based on adult education principles with each professional being ultimately responsible for identifying learning needs, choosing appropriate offerings consistent with personal and professional goals, and integrating new information into improved nursing practice and patient care.

As a member of the nursing and healthcare community, the CNE program is accountable to provide education which is of high quality, timely, and based on identified needs. Although our primary target audience is the professional nursing staff affiliated with Olathe Health System, Inc., we strive to provide and promote offerings which also reflect the needs of nurses within the community, and of other allied health professionals. Although nursing has its own body of knowledge and educational needs, the goal of improving health care of the public cannot be fully accomplished without integrated and interdisciplinary education when appropriate.

#### Specific Goals & Objectives of CNE Program:

1. To provide offerings based upon needs identified, nursing and healthcare trends and new concepts.
2. To provide continuing nursing education programs of consistent high quality.
3. To improve healthcare within the institution and surrounding community through continuing education.
4. To integrate continuing nursing education into an interdisciplinary environment whenever possible, recognizing the collaboration needed among all disciplines in order to truly impact patient care.
5. To evaluate all offerings on an individual basis and as a means to trend information and improve the overall continuing nursing education program.



Original Effective:	06/1998
Approved:	02/2017
Last Revised:	02/2017
Next Review:	02/2020
Owner:	Kristen Toms: Nurse Educator
Policy Area:	Nursing - General
References:	
Applicability:	Olathe Medical Center

## Continuing Nursing Education (CNE)

### Purpose Statement:

To describe Olathe Medical Center's procedures for Continuing Nursing Education as required by Kansas State Board of Nursing Rules and Regulations for Continuing Education and the Kansas Nurse Practice Act.

### Policy Statement:

All continuing nursing education offered through Olathe Medical Center Education Department's Long Term CNE Providership will be approved by the designated Continuing Nursing Education (CNE) Program Coordinator, who meets the State of Kansas long-term provider requirements, to insure compliance with the Kansas State Board of Nursing statutes, rules and regulations. Approval for CNE will be based on the definition of CNE as follows: *"Continuing nursing education means learning experiences intended to build upon the educational 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."* (Kansas Nurse Practice Act {K.S.A.}, 65-1117).

### Activities not appropriate for CNE consideration include:

*"In-service education, orientation, and on-the-job training are learning activities in the work setting designed to assist the individual in fulfilling job responsibilities"*. These activities are not appropriate for CNE. (K.S.A. 60-9-105)

Olathe Medical Center, Inc. does not use continuing nursing education as a mechanism to endorse commercial products. If an educational grant has been received for the offering, OMC Educational Grants Policy will be followed.

### Procedure:

- I. Ongoing processes are used to determine subjects/topics for CNE programs.
  - A. Formal CNE Needs Assessments (survey) are completed and compiled on a routine basis.
  - B. The Professional Continuing Education Advisory Committee, an interdisciplinary group representing the primary target audience, meets on a scheduled basis.
  - C. Participants are asked to provide suggestions for future offerings as part of each offering evaluation. Suggestions are trended and prioritized.



- D. Various OMC Committees offer suggestions when possible educational needs are identified.
- E. Needs are also identified by development through identification of new standards of practice, treatments, technologies, and research that impact nursing practice.

## II. CNE offering Approval Process

- A. CNE program requests should be submitted 45 days prior to proposed event.
- B. Each continuing education offering will include:
  - 1. Summary of planning
  - 2. Written behavioral objectives reflecting the appropriate level of content (as defined in K.S.A. 65-1117) that have been reviewed and approved by the CNE Program Coordinator.
- C. Speakers/faculty for CNE offerings will be selected / approved by the CNE Program Coordinator.
  - 1. Speakers/faculty of CNE offerings will have the appropriate education and experience for the topic as reflected in their curriculum vitae.
  - 2. External speakers/faculty will be asked to sign and return a Faculty Disclosure Declaration Form regarding significant financial/professional relationships with the manufacturer(s) of any commercial products(s) and or provider(s) of any commercial services(s) discussed in the educational presentation. Disclosure information will be communicated to participants in writing or verbally.
- D. Speakers/faculty will provide a current bibliography that reflects the offering content. This should include books published within the past 10 years and/or periodicals published within the past 5 years.

## III. Contact Hours for each offering will be determined by the CNE Program Coordinator

- A. Contact hours for interactive (classroom or speaker facilitated) will be approved based on 50 minutes for one contact hour.
- B. CNE contact hours will be reduced for participants arriving late for the offering or leaving early from the offering.
- C. In order to receive partial credit, the attendance roster must be signed by the participant and times of arrival/departure indicated/verified by Education Department staff.
- D. The CNE program coordinator makes the final determination for CNE contact hours awarded for partial credit.
- E. Partial credit will not be offered for less than 30 minutes; increments over 30 minutes will be offered according to the total time spent on the learning activity.
- F. Instructors requesting CNE contact hours are required to sign the attendance roster. Instructor credit will be given at 2 contact hours per 1 hour of instruction for first-time preparation and presentation as an instructor of an approved offering except for presentation of any standardized prepare curriculum (such as ACLS).

## IV. Evaluations : An evaluation will be completed at the end of each offering.

- A. The evaluation will include participant's evaluation of achievement of learning objectives and of the expertise of the presenter.
- B. A summary of the evaluation scores and comments will be sent to each speaker.

## V. Announcements : Continuing nursing education (CNE) courses will be announced in a variety of ways;

i.e., posted on Education bulletin boards, Newsletters, mailing lists, registration brochures, and the Olathe Health website.

A. All registration brochures will have the following statement: *"Olathe Medical Center Education Department 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 Approved Provider Number: LT0048-0749"*.

VI. **Fees** : The CNE Program Coordinator will determine fees for CNE programs, based on speaker, meals, and facility costs. Continuing Nursing Education Programs are offered free or at a reduced rate for OHSI employees. Registration fees for employees and non-employees will be stated on individual offering brochures or Olathe Health System website.

A. Participants must provide advance notification of cancellation as described on each offering brochure in order to receive a refund for the program.

B. The CNE Program Coordinator may authorize a partial or full refund for emergency or unusual circumstances if requested.

C. In cases of insufficient funds, all effort will be made to contact the registrant by phone and/or by a certified letter.

**VII. Registration, Attendance and Documentation**

A. Participants will be considered registered for the offering when the Education Department receives their payment/deposit (if applicable) and registration information.

B. Participants will be required to sign in on an approved roster to verify attendance. If the offering is presented more than one day, participants will be required to sign in each day on the roster which includes:

1. The provider's name, address, provider number, and coordinator.

2. The date and title of the offering; and the presenter(s).

3. The participant's name and license number, and the number of contact hours awarded.

C. A Certificate of Attendance or CNE transcript will be awarded to each participant upon completion of the CNE offering. Blank certificates are kept secured in the Education Department. Certificates will be fully completed prior to distribution to participants with the following information:

1. The provider's name, address and provider number.

2. The title of the offering.

3. The dates of attendance.

4. The number of contact hours awarded, including the designation of instructor or independent study if applicable.

5. The signature of the CNE Program Coordinator.

6. The name and license number of the participant.

D. A certificate or CNE transcript will be issued for partial credit, as approved by the CNE Program Coordinator, according to actual time the participant signed in at the offering as previously outlined.

**VIII. Records**

A. For each offering, the following records will be retained in a secure/locked cabinet in the OMC Education Department for at least 3 years:

1. Final attendance roster which includes the following:
  - a. Provider's name, address, provider number and coordinator.
  - b. Date and title of the offering (if independent study, the date of completion)
  - c. Presenter or presenter's name(s).
  - d. Participant names, license number, the number of contact hours awarded and the type (if instructor or independent study).
2. A summary of planning.
3. A copy of the offering announcement/brochure with the title and learning objectives.
4. Course agenda/materials/handouts.
5. A bibliography.
6. A summary of participant evaluations.
7. Instructor CV which will be retained within the department.

**IX. Independent Study**

- A. Independent Study CNE credit will be determined based on the time required to complete the offering, as documented by pilot test results.
- B. In order to receive independent study CNE, participants must:
  1. Achieve at least the minimum passing score on the post-test
  2. Complete an evaluation of the program
- C. CNE certificates for independent study continuing education will be issued once each month and mailed to the individual's home address. Employees who need CNE certificates for re-licensure should plan ahead in order to have certificates available at the time needed.
- X. The CNE Program Coordinator, as required by the Kansas State Board of Nursing, will notify the board in writing of any change in CNE Coordinator for the providership or required policies and procedures within 30 days.

**REFERENCES:**

Kansas Nurse Practice Act July 2015 (Revised April 2016); Authorized by and implementing K.S.A. 2011 Supp. 65-1117 and K.S.A. 65-1119; effective March 9, 1992; amended Sept. 27, 1993; amended April 3, 1998; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013.

**Old Policy Number: 2000-0020**

**Attachments:**

**Approval Signatures**

Approver	Date
Melody Brownfield: Corp/Executive Assistant	02/2017
Amy Meglemre: Sr. VP/Chief Nursing Officer	02/2017

**Approver**

Delana Thomas: Education Manager

**Date**

02/2017

**Applicability**

Olathe Medical Center

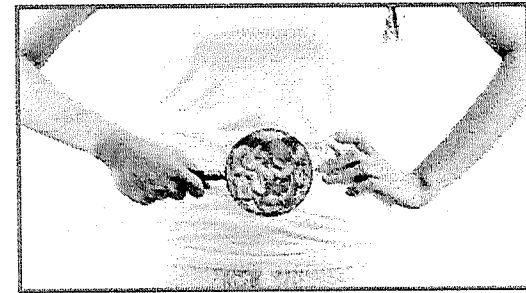
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**Continuing Education**

Olathe Medical Center Education Department is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This offering is approved for 1.5 contact hours applicable for RN, APRN or LPN re-licensure. Kansas State Board of Nursing Approved Provider Number LT0048-0749.



**Nourish Within:  
Re-thinking Bowel  
Dysfunction &  
Constipation**



**Tuesday, July 24, 2018  
9:00AM—10:30AM  
Parent Education  
Classroom  
The Birth Place**

*This program is limited to Olathe Health Employees*

To register for this class, sign up in Healthstream, or complete this form and return it to the Education Department or call us at 913-791-4312.

Please notify the Education Department if you are unable to attend.

Phone: 913-791-4312  
Email: [kelly.boston@olathehealth.org](mailto:kelly.boston@olathehealth.org)

***Presenter:***  
**Megan M. Pribyl, PT, CMPT**  
**Tuesday**  
**Tuesday, July 24, 2018**  
**9:00AM—10:30AM**  
**Parent Education Classroom**  
**The Birth Place**

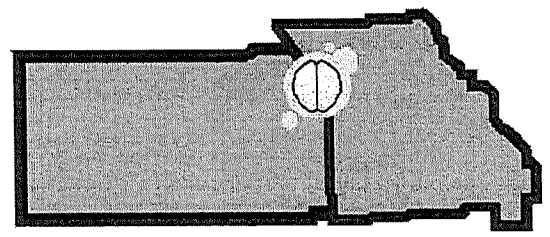
**Objectives:**

- List specific nutritional factors which correlate to bowel dysfunction and gut dysfunction.
- Describe the gut-brain-microbita axis and how gut health relates to overall physiologic function.
- Identify evidence-based suggestions that nourish the gut and impact overall health.

**Nourish Within:**  
**Re-thinking Bowel**  
**Dysfunction &**  
**Constipation**

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Nursing License Number  
 \_\_\_\_\_  
 Employee ID Number                      Unit  
 \_\_\_\_\_  
 Home Address  
 \_\_\_\_\_  
 City                      State                      Zip Code  
 \_\_\_\_\_  
 Home Phone #                      Work Phone #  
 \_\_\_\_\_  
 Email Address  
 \_\_\_\_\_

**REGISTRATION DEADLINE:  
AUGUST 21, 2018**



**REGISTRATION (Deadline August 21)**  
Olathe Health employees register on Healthstream.

Non-Olathe Health employees can register online at [olathehealth.org/classes-and-events](http://olathehealth.org/classes-and-events) OR mail or fax registration form to:

Olathe Medical Center, Education Department  
20333 W. 151st Street, Olathe, KS 66061  
Fax: 913-791-3537

Please call (913) 791-4312 if unable to attend. Due to distractions to others, we ask that you not bring children to CNE programs.

10th Annual Stroke Symposium Registration Form  
Online registration: [olathehealth.org](http://olathehealth.org)

Name \_\_\_\_\_  
(as it appears on your license)  
License State and Number \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

Consortium member  
 Place of employment \_\_\_\_\_

**EDUCATION CONSORTIUM CONTACTS**

- |  |  |
|--|--|
| <i>Ability KC</i>                          | <i>Overland Park Regional Medical Center</i>     |
| Nancy Peterson                             | Elizabeth Bowden                                 |
| <i>American Stroke Association</i>         | <i>Providence Medical Center</i>                 |
| Beth Malina                                | Trish Richardson                                 |
| <i>American Stroke Foundation</i>          | <i>Research Medical Center</i>                   |
| Jane Henderson/ Jeanette Boucher           | Sherry Bahr                                      |
| <i>Belton Regional Medical Center</i>      | <i>Saint Luke's Health System</i>                |
| Denise Culver                              | Angela Hawkins                                   |
| <i>Centerpoint Medical Center</i>          | <i>Saint Luke's East Hospital</i>                |
| Shekinah Roe                               | Matt Lammers                                     |
| <i>Hays Medical Center</i>                 | <i>Saint Luke's North Hospital</i>               |
| Carol Groen/Jason Fawver                   | Tom Modin  |
| <i>Hutchinson Regional Medical Center</i>  | <i>Saint Luke's South Hospital</i>               |
| Julie Moore                                | Christi Zimmerman                                |
| <i>Johnson County EMS</i>                  | <i>Shawnee Mission Medical Center</i>            |
| <i>Lawrence Memorial Hospital</i>          | Kathleen Henderson                               |
| Amy Jarvis                                 | <i>State Dept of MO Health &amp; Sr Services</i> |
| <i>Lee's Summit Medical Center</i>         | <i>St. Joseph Medical Center</i>                 |
| Angela Waheotten                           | Amy Pelts  |
| <i>Liberty Hospital</i>                    | <i>St. Mary's Medical Center</i>                 |
| Latosha Rains                              | Barb Miller                                      |
| <i>Menorah Medical Center</i>              | <i>Stormont-Vail HealthCare</i>                  |
| Gina Sibley                                | Angie Rodecap                                    |
| <i>Mid-America Rehabilitation Hospital</i> | <i>The University of Kansas Hospital</i>         |
| Chris DeNiro                               | - <i>St. Francis Campus</i>                      |
| <i>Mosaic Life Care</i>                    | Tammy Tipton                                     |
| Debbie Carver/Jon Eivins                   | <i>The University of Kansas Hospital</i>         |
| <i>North Kansas City Hospital</i>          | Janice Sandt/Lindsey Peters                      |
| Brenda Swihart                             | <i>Via Christi Hospital - St. Francis</i>        |
| <i>Olathe Medical Center</i>               | Kristina Willour                                 |
| Nick Mull/Karen Super                      | <i>Wesley Medical Center</i>                     |
|  | Cindy Murphy                                     |

3321-0518

# Olathe Medical Center's 10th Annual Stroke Symposium

## 2018 BI-STATE STROKE EDUCATION CONSORTIUM

Tuesday, August 28, 2018  
8:30 a.m. to 12:30 p.m.

Olathe Health Education Center  
Johnson County Community College  
(On the Olathe Medical Park campus)  
21201 W. 152nd St.  
Olathe, KS 66061

Mail or fax registration form to:  
Olathe Medical Center, Education Department  
20333 W. 151st St., Olathe, KS 66061  
P: 913-791-4312 F: 913-791-3537

Olathe Medical Center Education Department  
20333 W. 151st St. • Olathe, KS 66061  
913-791-4312  
[olathehealth.org](http://olathehealth.org)



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## 2018 Stroke Consortium

TUESDAY, AUGUST 28, 2018, 8 a.m.

- 8:00 Registration & Continental Breakfast
- 8:30 Hemorrhagic Stroke  
*Darren Lovick, MD*
- 9:20-9:30 Break
- 9:30 EMS Screening for Stroke and Stroke Procedures  
*Nick Robbins, MICT*
- 10:20-10:30 Break
- 10:30 Mechanical Thrombectomy and Transfer Criteria: Summary of the DAWN Trial and Changes to Practices  
*Michael Abraham, MD*
- 11:20-11:30 Break
- 11:30 Inclusion and Exclusion Criteria for tPA – Update in Guidelines  
*Adam Greenhaw, PharmD*

### LOCATION

Olathe Health Education Center  
Johnson County Community College  
(On the Olathe Medical Park campus)  
21201 W. 152nd Street  
Olathe, KS 66061

### COURSE FEE

Free to Olathe Health employees and members of the Bi-State Consortium. If not a member of the Bi-State Consortium, the fee is \$40 per registrant (\$20 for student registration). Payment is due during registration the day of the presentation (exact cash, check or credit card accepted).

Please call (913) 791-4312 if unable to attend. Due to distractions to others, we ask that you not bring children to CNE programs.

### COURSE OBJECTIVES

Upon completion of this live presentation, the participant will be able to:

- Discuss the acute care of patients presenting with non-traumatic intracranial hemorrhage including diagnostic work-up, surgical intervention, blood pressure management, cerebral edema treatment, and seizure control.
- Identify the screening process for stroke used by EMS and treatment protocols in place prior to arrival to the Emergency Room.
- Discuss the process and/or protocols for deciding the level of care needed by patients exhibiting signs of stroke in the community (primary stroke center vs. comprehensive stroke center).
- Discuss the results of the DAWN trial and its implications for the treatment of patients with large vessel occlusion and last known well time from 6-24 hours.
- Identify criteria for transfer to a Comprehensive Stroke Center for consideration of mechanical thrombectomy in patients beyond the 3-4.5 hour last known well window.
- Demonstrate knowledge of the changes in tPA inclusion and exclusion criteria based in the evidence outlined by the recent 2018 Ischemic Stroke Guidelines.

### WHAT IS THE BI-STATE STROKE EDUCATION CONSORTIUM?

The Bi-State Stroke Education Consortium is composed of twenty-nine health organizations and the American Stroke Association. These organizations have agreed to collaborate to enhance the educational opportunities for providers of stroke care across the continuum.

### CONTINUING EDUCATION CREDITS

Olathe Medical Center (OMC) Education Department is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 4 contact hours applicable for APRN, RN or LPN relicensure. Kansas State Board of Nursing Approved Provider Number LTOO48-0749.

OMC is accredited by the Kansas Medical Society to provide continuing medical education for physicians. OMC designates this live activity for a maximum of 3.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Franklin County Emergency Medical Services is an approved program provider of continuing education by the Kansas Board of Emergency Medical Services, PP #7300 Kansas Core Component Cardiovascular/Options: Stroke 4 hours

### SPECIAL ASSISTANCE

OMC wishes to take any steps necessary to ensure that no individual with a disability is excluded, denied service, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act, please contact Medical Education Services.

### TARGET AUDIENCE

Primary care physicians, neurologists, emergency physicians, nurses and healthcare providers who have care for stroke patients.



Olathe Medical Center, Inc.  
Continuing Nursing Education Program Planning Form

Program Date: Independent Study: September 2017

Program Name: COPD and Palliative Care

Planning Committee:

Tracie Clary, CNE Assistant; Jana Braklow, APRN, Teresa Koehler, RN CNE Coordinator

Learning Needs Assessment: Many practicing nurses receive little formal training in COPD diagnosis and management, yet they are the primary care providers for patients hospitalized with COPD exacerbation. Symptom management using palliative interventions is an important part of quality care and requires the use of tools to measure symptom intensity before and after treatment. Many nurses have little experience with objectively measuring dyspnea and anxiety in hospitalized patients and need training in the use of valid and reliable tools for assessment, implementing evidence based primary palliative interventions and transitional planning, and conduction of conversations regarding goals of care to enhance quality of life for patients with COPD exacerbations. This education will meet these needs and enhance nursing practice in the care of COPD patients.

Target Audience: Acute care clinical nurses

Learning Objectives:

1. Discuss the epidemiology and pathophysiology of COPD
2. Demonstrate understanding of valid and reliable tools to measure symptoms of dyspnea and anxiety in COPD
3. Explain appropriate interventions for the treatment of COPD in maintenance and exacerbation phases
4. Review key components of palliative care appropriate for patients with COPD and how that can be integrated with standard treatment
5. Identify available patient and caregiver education to assist in symptom management, treatment plan, transitions of care, and exacerbation warning signs

Author: Jana Braklow, APRN

Pilot Results: 8-14-17 2:01 pm – 4:23pm T. Koehler 142 minutes

Number of CE Hours:  $140/50 = 2.8$  CNE

Offered on Healthstream as PowerPoint, Post-test and evaluation . Certificate to be issued by Healthstream after completing power point, scoring at least 75% on test and completing evaluation.

References: At end of powerpoint presentation

KANSAS STATE BOARD OF NURSING  
900 SW Jackson, Suite 551 South  
Topeka, Kansas 66612

PROVIDER # LT0048-0749

CONTINUING EDUCATION FOR NURSES  
ATTENDANCE ROSTER

APPROVED PROVIDER: Olathe Medical Center, Inc ADDRESS: 20333 W. 151st Street, Olathe, KS PHONE: 913-791-4312

AGENCY PRESENTING COURSE: Olathe Medical Center, Inc. ADDRESS: 20333 W. 151st Street, Olathe, Kansas 66061

COURSE TITLE: Practical Interp of the 12 Lead EKG Dec 22 CONTACT HOURS: 3

INSTRUCTOR: Marsha Hale, BSN, RN, BC DATE AND TIME: Thurs, Dec 22, 2016 from 9a-12noon

NAME	ADDRESS	LICENSE #	RN/LPN	HOURS AWARDED	EMPLOYER
Linah Chelagat		14-109428-012	RN	3	
Jennifer Susanne Carter Gray		14-103577-012	RN	3	
Jill J. Parrish		13-56595-072	RN	3	
Lenora E. Ross		14-43878-122	RN	3	
Weston Turner		13-137365-061	RN	3	

*(Teresa Koehler)*

Teresa M. Koehler, BSN, RN  
CNE Coordinator

Olathe Medical Center  
 20333 W. 151st Street, Olathe, KS 66061 Provider #LT0048-0749

Practical Interp of the 12 Lead EKG Dec 22  
 Thurs, Dec 22, 2016  
 9a-12noon

Coordinator: Teresa M. Koehler, BSN, RN  
 Speaker: Marsha Hale, BSN, RN, BC

Number of Contact Hours: 3

Sign In	Name	Address	License #	RN/LPN	Employer
	Linah Chelagat		14-109428-012	RN	Olathe Medical Center
	Jennifer Susanne Carter Gray		14-103577-012	RN	Olathe Medical Center
	Jill J. Parrish		13-56595-072	RN	Olathe Medical Center
	Lenora E. Ross		14-43878-122	RN	Olathe Medical Center
	Weston Turner		13-137365-061	RN	Olathe Medical Center

gave Cert to  
 all 12/22/16



**Olathe Medical Center**

**Continuing Nurse Education Certificate**

**Teresa M Koehler**

**Registered Nurses / Kansas / 14-86217-091**

*(enter your RN, LPN or APRN license number here, if your license number does not print )*

has completed the course

Three Mistakes (You Don't Want to Make) – Failure to Monitor, Failure to Rescue,  
Failure to Document completed June 14, 2019

1.00 hour(s) CNE

*Teresa Koehler BSN, RN*  
CNE Coordinator

Teresa M Koehler, BSN, RN  
CNE Coordinator

Olathe 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 or LPN relicensure.  
All other disciplines will need to apply for continuing education hours through their approving/accrediting bodies.

Kansas State Board of Nursing provider number LT0048-0749

Olathe Medical Center  
Education Department  
20333 W 151st St  
Olathe, KS 66061  
913-791-4312

# Test Scores Report

Report Generated: Dec 31, 2019, 3:28 pm ET

HealthStream.

Olathe Health

## Test Scores Report

Completed Date Range: Oct 01, 2018 through Dec 31, 2018

Data as of: Dec 31, 2019, 1:00 am ET

Report Generated: Dec 31, 2019, 3:29 pm ET

### ALL TESTS

TEST NAME	AVERAGE STUDENT SCORE	AVERAGE NUMBER OF ATTEMPTS
Post Test	78%	1.5
Averages:	78%	1.5

Olathe Health  
**Test Scores Report**  
 Completed Date Range: Oct 01, 2018 through Dec 31, 2018  
 Data as of: Dec 31, 2019, 1:00 am ET  
 Report Generated: Dec 31, 2019, 3:29 pm ET

**TEST RESULTS: POST TEST**

STUDENT	DEPARTMENT	INSTITUTION	COURSE NAME	COURSE VERSION	STUDENT SCORE	MIN SCORE TO PASS	TEST DATE	ATTEMPT NUMBER	ATTEMPTS ALLOWED
SYDNEY M SELLS		OH-Olathe Health	CNE Clot Busting: Busting the LKW Limitations	1	81%	75%	12/11/2018	1	No Max.
EWA I HUFFMAN		OH-Olathe Health	CNE Clot Busting: Busting the LKW Limitations	1	54%	75%	11/28/2018	1	No Max.
EWA I HUFFMAN		OH-Olathe Health	CNE Clot Busting: Busting the LKW Limitations	1	100%	75%	11/28/2018	2	No Max.

NOTES: Students who took the test more than once during the report date range can appear multiple times. There can be differences in "Min. Score to Pass" and "Attempts Allowed" because the report includes data from all versions of the test.

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Build: 13.01.28.895.667 | AO: 56106

Olathe Health  
 Evaluation

Course: CNE Clot Busting: Busting the LKW Limitations  
 Completion Date Range: Oct 01, 2018 through Dec 31, 2018  
 Data as of: Dec 31, 2019, 1:00 am ET  
 Report Generated: Dec 31, 2019, 3:32 pm ET

Evaluation Owner: OH-Olathe Health  
 Last Updated By: Teresa M Koehler on Oct 15, 2019

Total Unique Students: 2  
 Total Evaluation Completions: 2

Response Counts

Answer counts can vary among questions. This happens because:

- A question's text was edited,
- An answer's text was edited,
- The correct answer selection was changed,
- An answer choice was added to or removed from a question.

Question Group: CNE Evaluation

1. Role (Multiple Choice)

What is your primary role? - MANDATORY QUESTION

	RESPONSES	% OF STUDENTS
1. RN	2	100.00%
2. APRN	0	0.00%
3. LPN	0	0.00%
4. Other	0	0.00%
No Response	0	0.00%
<b>Totals</b>	<b>2</b>	<b>100%</b>

2. Learning objectives met (Likert Scale)

This program met the learning objectives:

Identify Medication Contraindications to alteplase therapy  
Using the new American Heart Association guidelines, determine if a patient is a candidate for alteplase  
Discuss recommendations and how to evaluate the appropriate labs prior to alteplase therapy  
Describe the alteplase monitoring procedure for the first 24 hours  
- MANDATORY QUESTION

	RESPONSES	RESPONSES VALUE	% OF STUDENTS
1. Strongly Agree	1	5	50.00%
2. Agree	1	4	50.00%
3. Neutral	0	3	0.00%
4. Disagree	0	2	0.00%
5. Strongly Disagree	0	1	0.00%
No Response	0		0.00%
Totals	2		100%
Mean Score		4.5	

3. program well written? (Likert Scale)

Was the program well written? - MANDATORY QUESTION

	RESPONSES	RESPONSES VALUE	% OF STUDENTS
1. Strongly agree	1	5	50.00%
2. Agree	1	4	50.00%
3. Neutral	0	3	0.00%
4. Disagree	0	2	0.00%
5. Strongly disagree	0	1	0.00%
No Response	0		0.00%
Totals	2		100%
Mean Score		4.5	

4. Program comprehensive, current and reflect (Likert Scale)



Was the program comprehensive, current and reflected current practice? - MANDATORY QUESTION

	RESPONSES	RESPONSES VALUE	% OF STUDENTS
1. Strongly agree	1	5	50.00%
2. Agree	1	4	50.00%
3. Neutral	0	3	0.00%
4. Disagree	0	2	0.00%
5. Strongly disagree	0	1	0.00%
No Response	0		0.00%
<b>Totals</b>	<b>2</b>		<b>100%</b>
<b>Mean Score</b>		<b>4.5</b>	

5. Did the program meet your learning needs? (Likert Scale)

Did the program meet your learning needs? - MANDATORY QUESTION

	RESPONSES	RESPONSES VALUE	% OF STUDENTS
1. Strongly agree	1	5	50.00%
2. Agree	1	4	50.00%
3. Neutral	0	3	0.00%
4. Disagree	0	2	0.00%
5. Strongly disagree	0	1	0.00%
No Response	0		0.00%
<b>Totals</b>	<b>2</b>		<b>100%</b>
<b>Mean Score</b>		<b>4.5</b>	

6. Additional comments or suggestions about the progr (Free Text)

Additional comments or suggestions about the program: - MANDATORY QUESTION

RESPONSES	% OF STUDENTS
-----------	---------------

Click Here to Read Student Responses...	2	100.00%
No Response	0	0.00%
<b>Totals</b>	<b>2</b>	<b>100%</b>

7. How long did the independent study take to complet (Multiple Choice)

How long did the independent study take to complete? - MANDATORY QUESTION

	RESPONSES	% OF STUDENTS
1. 1-2 hrs	2	100.00%
2. 2-3 hrs	0	0.00%
3. 3-4 hrs	0	0.00%
4. &gt; 4 hrs	0	0.00%
No Response	0	0.00%
<b>Totals</b>	<b>2</b>	<b>100%</b>

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**Olathe Medical Center, Inc.**  
**CNE TOTAL PROGRAM EVALUATION PLAN**  
July 2018 – June 2019

**TOTAL PROGRAM EVALUATION PLAN**

The Total Program Evaluation Plan is a tool developed to assist in the overall evaluation to assess, evaluate and continually improve the continuing education program. The quality of the program is the ultimate responsibility of the designated CNE Program Coordinator. The Total Program Evaluation will be completed annually.

To evaluate individual components of the CNE Program, each standard is evaluated in a quantified manner, through a performance improvement approach, through the use of the following 1-5 scale:

- 5 = fully meets the standard set, no room for improvement or need for change
- 4 = meets the standard set, however slight modifications/improvements would be helpful in improving the providership
- 3 = meets the standard minimally; not a strong point of the program
- 2 = only partially meeting the minimal standard (set goals/timeline for improvement)
- 1 = unacceptable performance, major modifications/revisions needed in the immediate future

By using a graduated likert-scale format, the CNE Coordinator, has a measurable tool to detect areas for improvement and to prioritize improvement activities. After changes have been made to improve the rating of a particular standard, the use of the scale also more accurately detects and measures subtle improvements or deterioration of the outcome ratings. Performance Improvement principles are incorporated into the Total Program Evaluation Plan.

The Total Program Evaluation Plan is included in the following pages of this section.

**Olathe Medical Center, Inc.**  
**CNE TOTAL PROGRAM EVALUATION PLAN**  
 July 2018 – June 2019

AREA	STANDARD	FREQUENCY	Evaluated by	Criteria	Rating (1-5)	Action/Recommendations
ADMINISTRATION Program Coordinator	The minimum/preferred requirements listed in the designee's job description comply with KSBN requirements for CNE Program Coordinators.  The individual in the role of OMC CNE Program Coordinator meets all KSBN requirements.	Annually	Education Manager; VP/Nursing	Review Job Description  Review KSBN Requirements	5	7/8/19 Both standards met with current designee.
ADMINISTRATION Policies and Procedures	OMC policies for CNE (Policy Stat ID1892001) will comply with KSBN requirements.	Every 3 years or as needed	Education Manager; Program Coordinator	Review Policies	5	7/8/19 Policy meets current standards. Last reviewed 04/19 and revisions pending policy/procedure committee approval and is on a 3 year review cycle.
POLICY Needs Assessment Process	The needs assessment process identified in the CNE Policy is effective in identifying the needs of the target population.  Components to evaluate include: <ul style="list-style-type: none"> <li>• Effectiveness of formal needs assessment</li> <li>• Effectiveness of Advisory Committee in needs identification</li> <li>• Effectiveness of need identification via Individual Offerings</li> <li>• Needs identified via OMC Committees</li> </ul>	Annually	Program Coordinator  Professional Continuing Ed Advisory Committee	Review survey for appropriateness; survey findings and identified needs from evaluation summaries used in program planning	4.8	7/8/19 Online 2019 Learning Needs assessment completed during Annual Skills validation (April 2019). The survey monkey survey works well and gets a great response. These results are reviewed annually by Program Coordinator and Prof. Cont. Ed Advisory Committee. Programs are planned and implemented based off the needs identified and planned accordingly. The Professional Continuing Education Committee meets quarterly and provides interdisciplinary input for CNE needs. Continue with current process of need identification through evaluation summaries of individual offerings and committee meetings. With every CNE evaluation asks the participants to identify future topics.

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**Olathe Medical Center, Inc.**  
**CNE TOTAL PROGRAM EVALUATION PLAN**  
 July 2018 – June 2019

						This process remains a manual process and is often difficult to trend and track. Currently working on a more consistent work flow to identify suggested future topics and trending the suggested topics.
POLICY Individual Offering Evaluation Tool	The individual offering evaluation tool is an effective tool to measure the overall quality of individual offerings and trend evaluations of the total program. The evaluation tool is used to identify learning needs of participants.	Annually	Program Coordinator	Review evaluations for survey findings and identified needs to use in program planning	4.5	7/8/19 The evaluation tool is a systematic method to assess all aspects of the program. This tool is offered on Healthstream for live and on-line CNE programs. It was reviewed and updated in Jan 2019 by the program coordinator. Individual offering evaluations are reviewed by Program Coordinator monthly after each live offering or once every 3 months for on-line classes. After implementing in Healthstream there continues to be an area for improvement: getting 100% of class participants to complete the evaluation. We are finding that not all students will complete the evaluation within the allotted 30 day/90 day window of time that the evaluation summaries are collected. We continue to remind staff to complete the course evaluation, but are slightly limited by abilities of the LMS system. We will continue to look for options to improve the number of completed evaluations. One improvement we are making is bringing laptops to live presentations and having staff complete the evaluation before they leave the classroom.
POLICY	Fees are determined by the Program Coordinator based on	Annually	Program Coordinator	Policy meets organization and	5	7/8/19 Policy reviewed and found to meet organization and customer

**Olathe Medical Center, Inc.**  
**CNE TOTAL PROGRAM EVALUATION PLAN**  
 July 2018 – June 2019

Fee Assessment	speaker, meals and facility costs. Registration fees will be stated on the individual offering brochures or Olathe Health System website.			customer needs		needs. Fees assessment reviewed with Professional Education Committee April 2019 with no changes.
POLICY Announcement	Offering announcements and advertisements will have the required KSBN verbiage.	Annually	Program Coordinator	Review announcements to be certain they reflect the necessary information	5	7/8/19 Announcements/Offering brochures are reviewed prior to release and meet KSBN requirements.
Policy Offering Approval Process	The offering approval process includes a summary of the planning; the behavioral objectives; the content that enhances the practice, education, administration, research or theory development of the nurse; the instructor's education and experience; a current bibliography; and an offering evaluation.	Annually	Program Coordinator; CNE assistant	Review policies and compare to KSBN requirements.	5	7/8/19 Current offering approval process meets KSBN requirements. This process has been reviewed and approved by the Professional Education Committee, & Program Coordinator. Audits of each program are routinely done to ensure the accuracy of obtaining all required information.
POLICY Awarding Contact Hours	Contact hours will be awarded for actual time attended, including partial credit for one or more contact hours. Instructor credit will be given at 2 contact hours per 1 hour of instruction for first time preparation and presentation.  Independent study credit will be based off the time required to complete as documented by the pilot test results or clinical hours.	Per Offering	Program Coordinator	Review agendas/pilot test results to verify contact hours awarded; review documentation of partial credit	5	7/8/19 The program coordinator reviews agendas and pilots independent study programs to determine contact hours to be awarded.
POLICY Verifying Participation/Completion	Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each	Per Offering	Program Coordinator	Review rosters and certificates; compare to KSBN	5	7/8/19 Rosters and Certificates are in Healthstream accounts. Rosters are reviewed after every offering and found to be in compliance with KSBN

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**Olathe Medical Center, Inc.**  
**CNE TOTAL PROGRAM EVALUATION PLAN**  
 July 2018 – June 2019

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	<p>participant to sign a daily roster.</p> <p>Each provider shall maintain documentation to verify completion of each independent study offering, if applicable</p> <p>A certificate of attendance shall be awarded to each participant after completion of an offering.</p> <p>Each certificate and each CE transcript shall be complete before distribution to the participant.</p>			requirements		<p>requirements. Certificates reviewed are complete with KSBN requirements. Note: Healthstream sign in sheets do not have license numbers so license numbers are written on the roster. After each CNE, Healthstream is updated to reflect those in attendance.</p> <p>7/8/19 Once every 3 months, attendance records/CE Transcripts are completed on all interactive and independent study CNE.</p> <p>7/8/19 Non-OHP participants and/or Independent Study which not in Healthstream will receive printed certificates which are completed at the end of each month and e-mailed to participants or given to the participant at the end of the live program. This is also the process if Healthstream CE Certificates are not printing for staff.</p>
POLICY Record Keeping	Approved provider shall retain the CNE records for two years according to KSBN requirements.	Annual	Program Coordinator	Audit contents of files for compliance with KSBN requirements	5	7/8/19 CNE records are maintained for at least 3 years according to CNE policy. Random selection of 8-10 CNE programs reviewed and audited. KSBN Requirements met. A central file is being used in the computer to standardize the location/access for CNE record keeping.
POLICY Notification of Changes	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.	As needed with program coordinator change or required policy change	Program Coordinator; Education Manager	Review procedures for changes reported to KSBN	5	7/8/19 No changes of Program Coordinator occurred in the past year.

**Olathe Medical Center, Inc.**  
**CNE TOTAL PROGRAM EVALUATION PLAN**  
 July 2018 – June 2019

<p>TOTAL PROGRAM EVALUATION</p> <p>Total Program Evaluation Effectiveness</p>	<p>Total CNE program review and evaluation to be completed annually and compared to current KSBN contents.</p>	<p>Annually</p>	<p>Program Coordinator Professional Continuing Education Advisory Committee</p>	<p>Review total program evaluation and compare contents to KSBN requirements.</p> <p>Instructor effectiveness— Individual CNE offerings are of high quality (goal, at least an average speaker rating of 4 on 1-5 scale)</p> <p>Objectives— Individual CNE offerings consistently meet learning objectives. (goal, at least 4 average on 1-5 scale)</p> <p>Environment: learning environment (location, classroom, temperature, AV, etc) will meet participant's expectations.</p>	<p>5</p>	<p>7/8/19 Current CNE Program reviewed, evaluated, and compared to current KSBN requirements/contents. Two areas of improvement were identified in the use of Healthstream in the evaluation process and streamlining the suggested future topics so that these are trended appropriately. The record keeping process is more streamlined and working well. Program coordinator will work with Professional CE Committee to continue to improve processes.</p> <p>7/22/19 Course offerings, content and speaker effectiveness continue to meet staff needs as indicated by our individual offering overall evaluation scores averaging 4.66 on 1-5 scale with 5 being the highest score for live CNE activities ('Overall') and 4.51 for Independent Study ('Learning Needs Met').</p> <p>7/22/19 Speakers meeting effectiveness goals averaging 4.68 on a 1-5 scale with 5 the highest score for Live CNE activities and 4.49 for "Well Written" on Independent Studies.</p> <p>7/22/19 Meeting program goals with evaluation of learning objectives met averaging 4.66 on 1-5 scale with 5 the highest score for Live CNE activities and 4.50 for "Objectives Met" on Independent Studies.</p>
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Olathe Medical Center, Inc.  
CNE TOTAL PROGRAM EVALUATION PLAN  
July 2018 – June 2019

						7/8/19 We have been able to offer programs in an environment that is conducive to learning.
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# Offering #1

Olathe Medical Center, Inc.  
Continuing Nursing Education Program Planning Form

Program Date: Wednesday, June 21, 2018 9am-1030am in Parent Education Classroom

Program Name: Nutrition and Pain

Planning Committee:

Teresa Koehler, RN CNE Coordinator; Kelly Boston, CNE Assistant; Megan Pribyl, PT

Learning Needs Assessment:

This topic was identified in a 2017 Nursing Learning Needs nutrition topic.

Target Audience:

OHSI Nurses

Learning Objectives: - *Approved 4-27-18 Terri Koehler*

1. Describe the gut-brain-microbiota axis and how this relates to pain.
2. Identify evidence-based nutritional recommendations for addressing pain.
3. Discuss APTA motion RC 12-15 as it relates to therapy professions and how this may translate to all health care providers regarding the sharing of information about diet and nutrition.

Presenter: Megan Pribyl, PT

Agenda:

9-1020am Nutrition and Pain  
1020-1030am Questions and Evaluations

Number of CE Hours: 1.5

Presentation Information: on file

References: At the end of the powerpoint

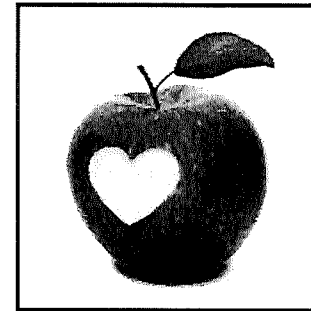
CV: on file

**Continuing Education**

Olathe Medical Center Education Department is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This offering is approved for 1.5 contact hours applicable for RN, APRN or LPN re-licensure. Kansas State Board of Nursing Approved Provider Number LT0048-0749.



**Nutrition and Pain:  
Building Resilience  
Through  
Nourishment**



**Thursday, June 21, 2018  
8:30AM—10:00AM  
Parent Education  
Classroom  
The Birth Place**

*This program is limited to Olathe Health Employees*

To register for this class, sign up on the Education Scheduler, or complete this form and return it to the Education Department or call us at 913-791-4312.

Please notify the Education Department if you are unable to attend.  
Phone: 913-791-4312  
Email: kelly.boston@olathehealth.org

**Presenter:**  
**Megan M. Pribyl, PT, CMPT**  
**Thursday**  
**June 21, 2018**  
**8:30AM—10:00AM**  
**Parent Education Classroom**  
**The Birth Place**

- Objectives:**
1. Describe the gut-brain-microbiota axis and how this relates to pain.
  2. Identify evidence-based nutritional recommendations for addressing pain.
  3. Discuss APTA motion RC 12-15 as it relates to therapy professions and how this may translate to all health care providers regarding the sharing of information about diet and nutrition.

**Nutrition and Pain:  
Building Resilience  
Through  
Nourishment**

Name \_\_\_\_\_  
Nursing License Number \_\_\_\_\_  
Employee ID Number \_\_\_\_\_ Unit \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_

## **Olathe Health Objectives: Nutrition and Pain: Building Resilience Through Nourishment**

1. Describe the gut-brain-microbiota axis and how this relates to pain.
2. Identify evidence-based nutritional recommendations for addressing pain.
3. Discuss APTA motion RC 12-15 as it relates to therapy professions and how this may translate to all health care providers regarding the sharing of information about diet and nutrition.

# Megan M. Pribyl, PT, CMPT

23864 W. 124<sup>th</sup> Court Olathe, KS 66061  
Phone: (913) 390-6909 Cell: (913) 601-1764 Email: meganpribyl@hotmail.com

---

## EDUCATION

### North American Institute of Orthopedic Manual Therapy

Level III Certification (CMPT) January 2016  
Level II Certification April 2012

### University of Colorado Health Sciences Center, Denver, CO

Master of Science in Physical Therapy May 2000

### Kansas State University, Manhattan, KS

Bachelor of Science in Foods and Nutrition May 1998, *Cum Laude*  
Bachelor of Science in Kinesiology May 1998, *Cum Laude*  
Extensive Coursework in Spanish

---

## PROFESSIONAL EXPERIENCE

### Instructor, Herman & Wallace Pelvic Rehabilitation Institute present

June 2015 -

- Developed 2 day/ 15.0 CEU course "Nutrition Perspectives for the Pelvic Rehab Therapist"
- Instruct this course at varying locations nationwide through Herman & Wallace
- Created this lecture and lab-based education opportunity for pelvic rehab therapists and other rehab professionals incorporating cutting-edge science into clinical practice
- Leading health care providers toward integrative models of care including lifestyle and nutrition
- Instructor for Pelvic-Floor 1 course (PF-1)

### Physical Therapist and Pelvic Rehabilitation Specialist, Olathe Medical Center, Olathe, KS present

March 2006 -

- Responsible for evaluation and treatment of complex spine and orthopedic disorders in outpatient setting
- Career emphasis on Orthopedic Manual Physical Therapy / Certified Manual Physical Therapist
- Responsible for staff education leading to purchase of Medical Exercise Therapy Equipment
- Specialist in Pelvic Rehabilitation
- Integrated physical therapy including nutrition and lifestyle qualitative training

### Senior Clinician, Physical Therapist, Saint Luke's Health System, Kansas City, MO 2006

February 2004 - March

- ErgoCare committee member responsible for P.T. component of ergonomics training including Internal and External Ergo Team efforts in conjunction with Employee Health Services and Rehabilitation Services
- Provide quality physical therapy services within the acute, inpatient rehab, and outpatient settings
- Collaborative efforts with multidisciplinary team

### Physical Therapist, Olathe Physical Therapy and Hand Rehabilitation Center, Olathe, KS 2004

December 2001 - February

- Spine and joint specialist in outpatient orthopedic and neurological setting
- Worked closely with neurologist by treating patients with headaches, fibromyalgia, chronic pain, Parkinson's disease and other neurological disorders.
- Served as Clinical Instructor for physical therapy students
- Utilized modern manual therapy approach in examination, evaluation, and treatment selection / progression
- Applied concepts of Medical Exercise Therapy for scientifically designed therapeutic exercise regimens
- Educated patients regarding postural dysfunction and provided solutions to alleviate related disorders

**Staff Physical Therapist, Estes Park Medical Center, Estes Park, CO**  
2001

August 2000 – August

- Primary responsibility as a manual therapist specializing in the assessment and treatment of orthopedic injuries.
- Conducted new-employee training segment on back safety and body mechanics
- Home Health physical therapist for the Estes Valley; efficient with Medicare documentation including OASIS
- Developed satellite clinic for provision of physical therapy services at the Rocky Mountain Athletic Club
- Public relations and marketing experience including newspaper articles, public lectures, and advertisements
- Assisted with programming and development of Senior Fitness Program for community members

**Personal Care Attendant, for woman with C5 Quadriplegia, Denver, CO**  
2000

January 1999 – February

- Provided quality care in a private home environment to maximize client independence
  - Positioning for optimal posture; performed routine skin care and inspection
- 

## TEACHING EXPERIENCE

**“Nutrition Perspectives for the Pelvic Rehab Therapist”:** 2 day 15 hour CEU course

- Developed and taught this course
- Seattle, WA June 2015
- Kansas City, MO March 2016
- Lodi, CA June 2016
- White Plains, NY April 2017
- San Diego, CA November 2017
- Maywood, IL March 2018
- 

**“Nutrition Perspectives in Physical Therapy”:** 2 day 15 hour CEU course

- Developed and taught this course
- Overland Park, KS October 2017

**“Nourishing Within”:** 1.5 hour presentation

- Developed and taught this course
- Designed for the health care provider working with those managing complex diagnoses
- Designed for the patient/client to encourage and support lifestyle change
- Foundational Concepts 2017 (Feb, Nov)

**“Nutrition and Healing”:** 3 hour CEU presentation

- Developed and taught this course
- KPTA Spring Conference 2016

**“Nutrition Perspectives in Rehabilitation”:** 2 hour CEU presentation

- Developed and taught this course
- KPTA Spring Conference 2016
- MPTA Spring Conference 2016
- University of Saint Mary PT Program: Fall 2015, Fall 2016

**“Pelvic Floor Level 1” - Herman & Wallace Pelvic Rehabilitation Institute**

- Teaching Assistant in Columbia, MO June 2017
- Full instructor in Maywood, IL / Springfield, MO 2017 / Zion, IL Nov 2017

**“Nutrition and Pain”:** 1 hour presentation in 2 day pre-conference course “Keep Calm and Treat Pain”

- APTA CSM New Orleans 2018
- developed and taught this course



## CONTINUING EDUCATION

Course Title	Course Location	Course Date
Keep Calm and Treat Pain 2018	New Orleans, LA	Feb
Trigger Point Dry Needling: DN Foundations II January 2017	Overland Park, KS	
Trigger Point Dry Needling: DN Foundations I November 2016	Overland Park, KS	
Nutrition Perspectives for the Pelvic Rehab Therapist (Instructor) 2015	Seattle, WA	June
NAIOMT Level IV Advanced UQ Techniques 2014	Kansas City, MO	November
NAIOMT Level IV Advanced LQ Techniques 2014	Kansas City, MO	September
NAIOMT Level III Advanced Upper Quadrant Part B 2014	Kansas City, MO	January
NAIOMT Level III Advanced Upper Quadrant Part A 2013	Kansas City, MO	December
Section on Women's Health Fall Conference 2013	San Antonio, TX	October
NAIOMT Level III Advanced Lower Quadrant Feb..Mar. 2013	Kansas City, MO	
Pelvic Floor Advanced Function, Dysfunction and Treatment Level 3 October 2012	San Diego, CA	
NAIOMT Level II Thoracic Spine 2012	Kansas City, MO	September
NAIOMT Level II Lower Quadrant 2012	Kansas City, MO	Feb. / Mar.
Pelvic Floor Function, Dysfunction and Treatment Level 2A 2012	St. Louis, MO	January
NAIOMT Level II Upper Quadrant 2011	Kansas City, MO	Sept. / Oct.
NAIOMT Level I Advanced Clinical Reasoning June 2011	Kansas City, MO	
Pelvic Floor Function, Dysfunction, and Treatment Level 2B 2011	St. Louis, MO	February
Pelvic Floor Function, Dysfunction, and Treatment: Level 1 2010	Tualatin, OR	February
Pregnancy and Postpartum: Clinical Highlights November 2009	Napa, CA	
Advanced Clinical Reasoning (Erl Pettman, NAIOMT) 2009	Kansas City, MO	December
Better Brains, Better Bodies 2009	Overland Park, KS	June
Pain, the Brain, Illusions & Delusions (Lorimer Moseley, PhD.) June 2009	Kansas City, MO	
Understand and Explain Pain (Lorimer Moseley PhD) Neurophysiology of the Lumbar Spine (Jim Meadows, NAIOMT) March 2008	Kansas City, MO Olathe, KS	July 2008

MT-2 Basic Spinal (Maitland)	Olathe, KS	November 2007
Trigger Points, Myofascial Release and Cranio-Sacral 2006	Kansas City, MO	November
Sacroiliac Joint Dysfunction: Diagnosis and Management 2006	Kansas City, MO	September
Whiplash: From ER to Rehabilitation (Adriaan Louw, PT, CSMT) June 2006	Kansas City, MO	
Just Add Water: Aquatic Concepts and Principles July 2005	Lee's Summit, MO	
Musculoskeletal Disorders and Ergonomics Certification (CEAS)	Atlanta, GA	February 2005
Neurological Disease: TBI and Acute Brain Disease Processes 2004	Kansas City, MO	November
Level I: Segmental Spinal Stabilization with Paul Hodges	Denver, CO	November 2003
Level II: Diagnostic Ultrasound with Paul Hodges	Denver, CO	November 2003
Anterior Cruciate Ligament Repairs	Lawrence, KS	November 2003
The Coming Epidemic of Bone and Joint Disease October 2003	Topeka, KS	
Creating Your Professional Referral Relations Program	Topeka, KS	July 2003
Successful Weight Management: Combating the Obesity Epidemic June 2003	Topeka, KS	
The Cervical Spine and Dorsal Junction October 2002	Olathe, KS	
The Sensitive Nervous System by David Butler	Kansas City, MO	October 2002
OGI Clinical and Scientific Rationale for Modern Manual Therapy (MT-1) Home Study Course		April 2002
OGI Evidence Based Manual Therapy of the Spine (MT-6) April 2002	Overland Park, KS	
The Isolated Integration of Function of the Functional Chain Myofascial Manipulation	Overland Park, KS	October 2001
MET of the Cervical Spine and Thoracic Outlet Syndrome April 2001	Denver, CO Denver, CO	May 2001
Snowboarding Injuries: Treatment and Prevention Kinesio-taping Techniques January 2000	Aspen, CO Denver, CO	February 2000

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## PHYSICAL THERAPY INTERNSHIPS

- Denver Physical Therapy, P.C., *Outpatient Orthopedics*, Aurora, CO** April – May 2000
- Specialized in the evaluation and treatment of patients with disorders of the spine
  - Designed and implemented treatment plans including manual therapy, core stabilization, and therapeutic exercise
  - Familiarization with core management competencies utilized in a private practice environment
- “Los Pipitos”, *Pediatrics*, Juigalpa, Nicaragua** March – April 2000
- Evaluated and developed treatment plans for children with developmental disabilities
  - Educated families in techniques to prevent deformity and to facilitate activities of daily living
  - Collaborated with Nicaraguan therapists to promote increased quality of care and use of team approach in patient care
- Aspen Club Fitness and Sports Medicine Institute, *Outpatient Orthopedics*, Aspen, CO** February – March 2000
- Specialized in the evaluation and treatment of patients with acute athletic injuries
  - Exposed to direct access system of patient care and coordination of services
  - Delegated appropriate therapeutic tasks to support personnel
- Valley of the Sun Rehabilitation Hospital, *Outpatient Neurological and Orthopedic Rehab*, Glendale, AZ** Aug – Sept 1999
- Evaluated and developed treatment plans for patients post-CVA, post amputation, and with general orthopedic disorders
  - Emphasized NDT techniques, gait training, aquatic therapy, and therapeutic exercise as modes of treatment
  - Attended day-in-service at a prosthetics and orthotics laboratory

**Swedish Medical Center, *Inpatient Acute Neurological, Orthopedics, and General Medical***, Englewood, CO

Nov 1998, May 1999

- Determined appropriate level of care for patients after discharge from acute care
  - Conducted physical therapy intervention in the units of intensive care and telemetry
  - Performed extensive wound care including debridement
-

# References

- ATPA (2015) <http://www.apta.org/uploadedFiles/2015PacketI.pdf>
- Balakrishnan, M., & Floch, M. H. (2012). Prebiotics, probiotics and digestive health. *Curr Opin Clin Nutr Metab Care*, 15(6), 580-585. doi:10.1097/MCO.0b013e328359684f
- Barros-Neto, J. A., Souza-Machado, A., Kraychete, D. C., Jesus, R. P., Cortes, M. L., Lima, M. D., . . . Menezes-Filho, J. A. (2016). Selenium and Zinc Status in Chronic Myofascial Pain: Serum and Erythrocyte Concentrations and Food Intake. *PLoS One*, 11(10), e0164302. doi:10.1371/journal.pone.0164302
- Basson, A., Trotter, A., Rodriguez-Palacios, A., & Cominelli, F. (2016). Mucosal Interactions between Genetics, Diet, and Microbiome in Inflammatory Bowel Disease. *Front Immunol*, 7, 290. doi:10.3389/fimmu.2016.00290
- Carasi, P., Racedo, S. M., Jacquot, C., Romanin, D. E., Serradell, M. A., & Urdaci, M. C. (2015). Impact of Kefir Derived Lactobacillus kefiri on the Mucosal Immune Response and Gut Microbiota. *J Immunol Res*, 2015, 361604. doi: 10.1155/2015/361604
- Chen, S., Roffey, D. M., Dion, C. A., Arab, A., & Wai, E. K. (2016). Effect of Perioperative Vitamin C Supplementation on Postoperative Pain and the Incidence of Chronic Regional Pain Syndrome: A Systematic Review and Meta-Analysis. *Clin J Pain*, 32(2), 179-185. doi:10.1097/AJP.0000000000000218



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# References

- Chen, H. L., Tung, Y. T., Chuang, C. H., Tu, M. Y., Tsai, T. C., Chang, S. Y., & Chen, C. M. (2015). Kefir improves bone mass and microarchitecture in an ovariectomized rat model of postmenopausal osteoporosis. *Osteoporos Int*, 26(2), 589-599. doi: 10.1007/s00198-014-2908-x
- Chilton, S. N., Burton, J. P., & Reid, G. (2015). Inclusion of fermented foods in food guides around the world. *Nutrients*, 7(1), 390-404. doi: 10.3390/nu7010390
- Collins, S., & Reid, G. (2016). Distant Site Effects of Ingested Prebiotics. *Nutrients*, 8(9). doi:10.3390/nu8090523
- Csaki, K. F. (2011). Synthetic surfactant food additives can cause intestinal barrier dysfunction. *Med Hypotheses*, 76(5), 676-681. doi:10.1016/j.mehy.2011.01.030
- Dallas, D. C., Sanctuary, M. R., Qu, Y., Khajavi, S. H., Van Zandt, A. E., Dyandra, M., . . . German, J. B. (2017). Personalizing protein nourishment. *Crit Rev Food Sci Nutr*, 57(15), 3313-3331. doi:10.1080/10408398.2015.1117412
- Dean, E., de Andrade, A. D., O'Donoghue, G., Skinner, M., Umereh, G., Beenen, P., . . . Wong, W. P. (2014). The Second Physical Therapy Summit on Global Health: developing an action plan to promote health in daily practice and reduce the burden of non-communicable diseases. *Physiother Theory Pract*, 30(4), 261-275. doi:10.3109/09593985.2013.856977



# References

- Goebel, A., Buhner, S., Schedel, R., Lochs, H., & Sprotte, G. (2008). Altered intestinal permeability in patients with primary fibromyalgia and in patients with complex regional pain syndrome. *Rheumatology (Oxford)*, 47(8), 1223-1227. doi:10.1093/rheumatology/ken140
- Houser, M. C., & Tansey, M. G. (2017). The gut-brain axis: is intestinal inflammation a silent driver of Parkinson's disease pathogenesis? *NPJ Parkinsons Dis*, 3, 3. doi:10.1038/s41531-016-0002-0
- Lerner, A., Neidhofer, S., & Matthias, T. (2017). The Gut Microbiome Feelings of the Brain: A Perspective for Non-Microbiologists. *Microorganisms*, 5(4). doi:10.3390/microorganisms5040066
- Maes, M., Kubera, M., Leunis, J. C., Berk, M., Geffard, M., & Bosmans, E. (2013). In depression, bacterial translocation may drive inflammatory responses, oxidative and nitrosative stress (O&NS), and autoimmune responses directed against O&NS-damaged neoepitopes. *Acta Psychiatr Scand*, 127(5), 344-354. doi:10.1111/j.1600-0447.2012.01908.x
- Maes, M., Kubera, M., Leunis, J. C., & Berk, M. (2012). Increased IgA and IgM responses against gut commensals in chronic depression: further evidence for increased bacterial

*Disord*, 141(1), 55-62. doi: 10.1016/j.jad.2012.02.023



American Physical Therapy Association



# References

- Manichanh, C., Borruel, N., Casellas, F., & Guarner, F. (2012). The gut microbiota in IBD. *Nat Rev Gastroenterol Hepatol*, 9(10), 599-608. doi:10.1038/nrgastro.2012.152
- Mayer, E. A. (2011). Gut feelings: the emerging biology of gut-brain communication. *Nat Rev Neurosci*, 12(8), 453-466. doi:10.1038/nrn3071
- Meleger, A. L., Froude, C. K., & Walker, J., 3rd. (2014). Nutrition and eating behavior in patients with chronic pain receiving long-term opioid therapy. *PM R*, 6(1), 7-12 e11. doi:10.1016/j.pmrj.2013.08.597
- Moloney, R. D., Johnson, A. C., O'Mahony, S. M., Dinan, T. G., Greenwood-Van Meerveld, B., & Cryan, J. F. (2016). Stress and the Microbiota-Gut-Brain Axis in Visceral Pain: Relevance to Irritable Bowel Syndrome. *CNS Neurosci Ther*, 22(2), 102-117. doi:10.1111/cns.12490
- Morell, Sally Fallon & Kaayla Daniel. (2014) Nourishing Broth: an Old-Fashioned Remedy for the Modern World. Grand Central Publishing.
- Morell, Sally Fallon (2017) Nourishing Fats: Why We Need Animal Fats for Health and





# References

- Murthy, V. H. (2016). Ending the Opioid Epidemic - A Call to Action. *N Engl J Med*, 375(25), 2413-2415. doi:10.1056/NEJMp1612578
- Musumeci, G., Mobasher, A., Trovato, F. M., Szychlinska, M. A., Imbesi, R., & Castrogiovanni, P. (2014). Post-operative rehabilitation and nutrition in osteoarthritis. *F1000Res*, 3, 116. doi:10.12688/f1000research.4178.3
- Nguyen, N. K., Dong, N. T., Nguyen, H. T., & Le, P. H. (2015). Lactic acid bacteria: promising supplements for enhancing the biological activities of kombucha. *Springerplus*, 4, 91. doi: 10.1186/s40064-015-0872-3
- Perry, M. C., Straker, L. M., Oddy, W. H., O'Sullivan, P. B., & Smith, A. J. (2010). Spinal pain and nutrition in adolescents--an exploratory cross-sectional study. *BMC Musculoskelet Disord*, 11, 138. doi:10.1186/1471-2474-11-138
- Pickering, G., Morel, V., Simen, E., Cardot, J. M., Moustafa, F., Delage, N., . . . Dubray, C. (2011). Oral magnesium treatment in patients with neuropathic pain: a randomized clinical trial. *Magnes Res*, 24(2), 28-35. doi:10.1684/mrh.2011.0282



# References

- Pierce, A. N., & Christianson, J. A. (2015). Stress and chronic pelvic pain. *Prog Mol Biol Transl Sci*, 131, 509-535. doi:10.1016/bs.pmbts.2014.11.009
- Pinho-Ribeiro, F. A., Verri, W. A., Jr., & Chiu, I. M. (2017). Nociceptor Sensory Neuron-Immune Interactions in Pain and Inflammation. *Trends Immunol*, 38(1), 5-19. doi:10.1016/j.it.2016.10.001
- Porth, C.M. (2007) *Essentials of Pathophysiology: Concepts of Altered Health States*. Lippencott Williams and Wilkins.
- Rakel, D. P., & Rindfleisch, A. (2005). Inflammation: nutritional, botanical, and mind-body influences. *South Med J*, 98(3), 303-310.
- Rea, K., Dinan, T. G., & Cryan, J. F. (2016). The microbiome: A key regulator of stress and neuroinflammation. *Neurobiol Stress*, 4, 23-33. doi:10.1016/j.ynstr.2016.03.001
- Sahrman, S. (2017). The How and Why of the Movement System as the Identity of Physical Therapy. *Int. J Sports Phys Ther* 12(6), 862-869.



# References

- Sahrmann, S. A. (2014). The human movement system: our professional identity. *Phys Ther*, 94(7), 1034-1042. doi:10.2522/ptj.20130319
- Sandhu, K. V., Sherwin, E., Schellekens, H., Stanton, C., Dinan, T. G., & Cryan, J. F. (2017). Feeding the microbiota-gut-brain axis: diet, microbiome, and neuropsychiatry. *Transl Res*, 179, 223-244. doi:10.1016/j.trsl.2016.10.002
- Selhub, E. M., Logan, A. C., & Bested, A. C. (2014). Fermented foods, microbiota, and mental health: ancient practice meets nutritional psychiatry. *J Physiol Anthropol*, 33, 2. doi: 10.1186/1880-6805-33-2
- Stilling, R. M., van de Wouw, M., Clarke, G., Stanton, C., Dinan, T. G., & Cryan, J. F. (2016). The neuropharmacology of butyrate: The bread and butter of the microbiota-gut-brain axis? *Neurochem Int*, 99, 110-132. doi:10.1016/j.neuint.2016.06.011
- Swain, M. R., Anandharaj, M., Ray, R. C., & Parveen Rani, R. (2014). Fermented fruits and vegetables of Asia: a potential source of probiotics. *Biotechnol Res Int*, 2014, 250424. doi: 10.1155/2014/250424
- Szychlinska, M. A., Leonardi, R., Al-Qahtani, M., Mobasheri, A., & Musumeci, G. (2016). Altered joint tribology in osteoarthritis: Reduced lubricin synthesis due to the inflammatory process. New horizons for therapeutic approaches. *Ann Phys Rehabil Med*, 59(3), 149-156. doi:10.1016/j.rehab.2016.03.005

# References

- Takenaka, T., Hiruma, H., Hori, H., Hashimoto, Y., Ichikawa, T., & Kawakami, T. (2003). Fatty acids as an energy source for the operation of axoplasmic transport. *Brain Res*, 972(1-2), 38-43.
- Tedders, S. H., Fokong, K. D., McKenzie, L. E., Wesley, C., Yu, L., & Zhang, J. (2011). Low cholesterol is associated with depression among US household population. *J Affect Disord*, 135(1-3), 115-121. doi:10.1016/j.jad.2011.06.045
- Tick, H. (2015). Nutrition and pain. *Phys Med Rehabil Clin N Am*, 26(2), 309-320. doi:10.1016/j.pmr.2014.12.006
- Turna, J., Grosman Kaplan, K., Anglin, R., & Van Ameringen, M. (2016). "What's Bugging the Gut in Ocd?" a Review of the Gut Microbiome in Obsessive-Compulsive Disorder. *Depress Anxiety*, 33(3), 171-178. doi:10.1002/da.22454



# References

- Wang, B., Wu, G., Zhou, Z., Dai, Z., Sun, Y., Ji, Y., . . . Wu, Z. (2015). Glutamine and intestinal barrier function. *Amino Acids*, 47(10), 2143-2154. doi:10.1007/s00726-014-1773-4
- Wu, M. L., Courtney, M., & Isenring, L. (2015). Malnutrition and depression in older adults: Are these health issues too hard to tackle? *Aust Nurs Midwifery J*, 22(7), 34-35.
- Yang, Z., Zhou, F., Ji, B., Li, B., Luo, Y., Yang, L., & Li, T. (2010). Symbiosis between microorganisms from kombucha and kefir: Potential significance to the enhancement of kombucha function. *Appl Biochem Biotechnol*, 160(2), 446-455. doi: 10.1007/s12010-008-8361-6
- Yerlikaya, A., Dagel, T., King, C., Kuwabara, M., Lanaspá, M. A., Andres-Hernando, A., . . . Kanbay, M. (2017). Dietary and commercialized fructose: Sweet or sour? *Int Urol Nephrol*, 49(9), 1611-1620. doi:10.1007/s11255-017-1544-8
- Zhao, X., Xu, M., Jorgenson, K., & Kong, J. (2017). Neurochemical changes in patients with chronic low back pain detected by proton magnetic resonance spectroscopy: A systematic review. *Neuroimage Clin*, 13, 33-38. doi:10.1016/j.nicl.2016.11.006

Auditing Tool for CNE Programs

Title: Nutrition and Pain: Building Resilience through Nourishment

Date: June 21, 2018 – 9:00AM – 10:30AM

Date Reviewed: 7/17/18

Present	Missing	NA	Section Name	Comments
X			Attendance Roster	
X			Planning Summary	
X			Offering Announcement (includes title and Objectives)	
X			Offering Agenda (In planning summary)	
X			Bibliography	
X			Evaluation Summary	
X			Instructor Resume/CV	
X			Daily Roster or Post-test (IS)	
		X	Pilot Results (Independent Study)	
			Other:	


Total CNE Offered: 1.5 CNE

Instructor Average Evaluation: 5.0

Goals Average Evaluation: 4.9

Overall Quality of Program: 5.0

Future Topics: None noted



Teresa M. Koehler, BSN, RN  
CNE Coordinator

OLATHE MEDICAL CENTER, INC  
 NURSING SERVICE – EDUCATION DEPARTMENT  
 EVALUATION FORM FOR CONTINUING EDUCATION PROGRAM  
**Nutrition and Pain: Building Resilience Through Nourishment**  
 Thursday, June 21, 2018  
 9:00AM – 10:30AM

<b>Evaluation          Summary -          Nutrition and Pain:          Building Resilience          Through Nourishment</b>
---

**DIRECTIONS:** Please rate the following items from 1-5. 5 equals the highest rating, 1 equals the lowest.

**PRESENTER:** Megan Pribyl, PT

1.	Knowledge of Subject	1	2	3	4	5(5.0)
2.	Presentation Skills	1	2	3	4	5(5.0)
3.	<b>How well were the following objectives met?</b>					
	• Describe the gut-brain-microbiota axis and how this relates to pain.	1	2	3	4	5(5.0)
	• Identify evidence-based nutritional recommendations for addressing pain.	1	2	3	4	5(5.0)
	• Discuss APTA motion RC 12-15 as it relates to therapy professions and how this may translate to all health care providers regarding the sharing of information about diet and nutrition.	1	2	3	4	5(4.8)

**If the objectives were not well met, what was not covered to meet your expectations:** \_\_\_\_\_

**OVERALL RATING OF PROGRAM** 1    2    3    4    5(5.0)

**Comments or suggestions regarding the presenter(s) or content:**  
 See Eval Report for Comments

**Comments on the physical aspects of this program (i.e. ability to see and hear audio visuals, room arrangements, etc.):**  
 See Eval Report for Comments

**Future topics and approximate program length I would like to attend:**  
 See Eval Report for Comments

**How did you hear about this program?**  
 See Eval Report for Comments

**Class Roster and Sign-In**  
 REPORT GENERATED: Jun 18, 2018, 1:54 pm CT



ALL SESSION(S)  
**Nutrition and Pain: Building Resilience Through Nourishment**

**Classes from:** Jun 21, 2018, 9:00 am through Jun 21, 2018, 10:30 am

**Initial Location:** Olathe Medical Center

**Room:** Parent Education Classroom A

**All Instructors:** Megan M Pribyl

**Total Registered:** 14  
**Spaces Remaining:** 16

Teresa Koehler, CNE Coordinator  
 Provider#LT0048-0749  
 Olathe Medical Center  
 20333 W 151st St  
 Olathe, KS 66061  
 Number of Contact Hours: 1.5 CNE

**NUTRITION AND PAIN: BUILDING RESILIENCE THROUGH NOURISHMENT**

NAME	INSTITUTION & DEPARTMENT	SIGN IN
1. <b>BROWN, DAWN S</b>		
2. <b>CAIN, ERIN D</b>		
3. <b>HUDOCK, KELSEY C</b> ASSISTANT		
4. <b>KIRRY BROCKEL</b>		
5. <b>KOEHLER, TERESA M</b>		

<https://www.healthstream.com/HRS/HLC/ClassRosterAndSignInReport.aspx?c=88792802...> 6/18/2018



Nutrition and Pain		ANSWER	RESPONSES	LIKERT WEIGHT
1	Please select your current role	RN	4	1
1	Please select your current role	LPN	0	1
1	Please select your current role	APRN	0	1
1	Please select your current role	Other	1	1
2	Presenter demonstrated knowledge/expertise of the subject	Strongly Agree	5	5
2	Presenter demonstrated knowledge/expertise of the subject	Agree	0	4
2	Presenter demonstrated knowledge/expertise of the subject	Neutral	0	3
2	Presenter demonstrated knowledge/expertise of the subject	Disagree	0	2
2	Presenter demonstrated knowledge/expertise of the subject	Strongly Disagree	0	1
				5.0
3	Presentation skills - engaging, organized and clear presentation	Strongly Agree	5	5
3	Presentation skills - engaging, organized and clear presentation	Agree	0	4
3	Presentation skills - engaging, organized and clear presentation	Neutral	0	3
3	Presentation skills - engaging, organized and clear presentation	Disagree	0	2
3	Presentation skills - engaging, organized and clear presentation	Strongly Disagree	0	1
				5.0
4	The program met the objective: Describe the gut-brain-microbiota axis and how this relates to pain.	Strongly Agree	5	5
4	The program met the objective: Describe the gut-brain-microbiota axis and how this relates to pain.	Agree	0	4
4	The program met the objective: Describe the gut-brain-microbiota axis and how this relates to pain.	Neutral	0	3
4	The program met the objective: Describe the gut-brain-microbiota axis and how this relates to pain.	Disagree	0	2
4	The program met the objective: Describe the gut-brain-microbiota axis and how this relates to pain.	Strongly Disagree	0	1
				5.0
5	The program met the objective: Identify evidence-based nutritional recommendations for addressing pain.	Strongly Agree	5	5
5	The program met the objective: Identify evidence-based nutritional recommendations for addressing pain.	Agree	0	4
5	The program met the objective: Identify evidence-based nutritional recommendations for addressing pain.	Neutral	0	3
5	The program met the objective: Identify evidence-based nutritional recommendations for addressing pain.	Disagree	0	2
5	The program met the objective: Identify evidence-based nutritional recommendations for addressing pain.	Strongly Disagree	0	1
				5.0
6	The program met the objective: Discuss APTA motion RC 12-15 as it relates to therapy professions and how this may translate to all health care providers regarding the sharing of information about diet and nutrition.	Strongly Agree	4	5
6	The program met the objective: Discuss APTA motion RC 12-15 as it relates to therapy professions and how this may translate to all health care providers regarding the sharing of information about diet and nutrition.	Agree	1	4
6	The program met the objective: Discuss APTA motion RC 12-15 as it relates to therapy professions and how this may translate to all health care providers regarding the sharing of information about diet and nutrition.	Neutral	0	3
6	The program met the objective: Discuss APTA motion RC 12-15 as it relates to therapy professions and how this may translate to all health care providers regarding the sharing of information about diet and nutrition.	Disagree	0	2
6	The program met the objective: Discuss APTA motion RC 12-15 as it relates to therapy professions and how this may translate to all health care providers regarding the sharing of information about diet and nutrition.	Strongly Disagree	0	1
				4.8
7	If the objectives were not well met, what was not covered to meet your expectations?	NA	5	0
7	If the objectives were not well met, what was not covered to meet your expectations?	Covered!	5	0
7	If the objectives were not well met, what was not covered to meet your expectations?	na	5	0
7	If the objectives were not well met, what was not covered to meet your expectations?	N/A	5	0
7	If the objectives were not well met, what was not covered to meet your expectations?	I feel everything was well covered	5	0
8	The overall program met my needs and was relevant and current.	Strongly Agree	5	5
8	The overall program met my needs and was relevant and current.	Agree	0	4
8	The overall program met my needs and was relevant and current.	Neutral	0	3
8	The overall program met my needs and was relevant and current.	Disagree	0	2
8	The overall program met my needs and was relevant and current.	Strongly Disagree	0	1
				5.0
9	Comments or suggestions regarding the presenter(s) or content.	Megan did a great job presenting, excellent materials and scientific data to affirm her material. This probably the best presentation I have attended at OMC in my 20	5	0
9	Comments or suggestions regarding the presenter(s) or content.	Very good!	5	0
9	Comments or suggestions regarding the presenter(s) or content.	Great presentation. Wish this could reach the masses including physicians.	5	0

9	Comments or suggestions regarding the presenter(s) or content.	N/A	5	0
9	Comments or suggestions regarding the presenter(s) or content.	Thoroughly enjoyed this seminar and will hope to attend the next one to continue to learn nutrition and how it can positively and negatively affect us and our patients.	5	0
10	Comments on the physical aspects of this program (i.e.ability to see and hear audio visuals, room arrangements, etc.).	Room worked well for this presentation	5	0
10	Comments on the physical aspects of this program (i.e.ability to see and hear audio visuals, room arrangements, etc.).	great room but a little cold	5	0
10	Comments on the physical aspects of this program (i.e.ability to see and hear audio visuals, room arrangements, etc.).	none	5	0
10	Comments on the physical aspects of this program (i.e.ability to see and hear audio visuals, room arrangements, etc.).	Room temp cool	5	0
10	Comments on the physical aspects of this program (i.e.ability to see and hear audio visuals, room arrangements, etc.).	great view of slides	5	0
11	Future topics and approximate program length I would like to attend.	no request at this time	5	0
11	Future topics and approximate program length I would like to attend.	Megan was excellent presenter and I would love for her to offer more presentations	5	0
11	Future topics and approximate program length I would like to attend.	More information about how health and nutrition are related. How can we assist a p	5	0
11	Future topics and approximate program length I would like to attend.	CEU's in 1 hour increments better from the standpoint of CEU accrual- can't count pa	5	0
11	Future topics and approximate program length I would like to attend.	Nutrition and sporting athletes and disordered eating	5	0
12	How did you hear about this program?	Flyer on the board in our breakroom	5	0
12	How did you hear about this program?	Email from Education	5	0
12	How did you hear about this program?	brochure	5	0
12	How did you hear about this program?	handout	5	0
12	How did you hear about this program?	colleague of mine	5	0

# Offering #2

Olathe Medical Center, Inc.  
Continuing Nursing Education Program Planning Form

Program Date: Thursday, Jan 24, 2019 12-1pm in Parent Education Classroom

Program Name: Stroke and Atrial Fibrillation

Planning Committee:

Teresa Koehler, RN CNE Coordinator; Jana Braklow, DNP Critical Care; 2018 Stroke Symposium Planning Committee; Adrienne Clevenger, Librarian

Description: This class is designed to increase the awareness of stroke risk in patients with atrial fibrillation. It will be presented by Jana Braklow, Critical Care APRN, and Stroke Program Coordinator. This course is designed for nurses who are caring for patients with atrial fibrillation.

Learning Needs Assessment:

This topic was identified by the Stroke Education planning team to increase awareness of stroke risk in patients with A Fib. The 4<sup>th</sup> floor recently has had a few inpatient strokes and this program is targeting inpatient units who may have a large S Fib population.

Target Audience:

OHSI Nursing staff

Learning Objectives: - *Approved 11/15/18 T. Koehler RN*

- 1.) Describe the pathophysiology of different types of stroke and TIA
- 2.) Define how atrial fibrillation increases the risk of stroke
- 3.) Demonstrate knowledge of treatment strategies for atrial fibrillation including rate control, anticoagulation, and surgical interventions
- 4.) Describe the treatment of stroke in patient with atrial fibrillation, including eligibility for tPA and thrombectomy
- 5.) Discuss the process for initiating a CODE STROKE in the hospital

Presenter: Jana Braklow, DNP Critical Care Nurse Practitioner

Agenda:

12-1250pm	Stroke and A Fib
1250-100pm	Questions and Evaluations

Number of CE Hours: 1.0

References: On file

Presentation: on file

CV: On file

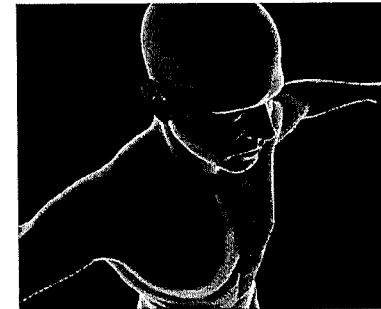
**Continuing Education**

Olathe Medical Center Education Department is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This offering is approved for 1 contact hours applicable for RN, APRN or LPN re-licensure. Kansas State Board of Nursing Approved Provider Number LT0048-0749.

Due to distractions to others, we ask that you not bring children to CNE programs.



**Stroke and Atrial Fibrillation**



**Thursday, January 24,  
2019  
12:00PM—1:00PM  
Parent Education  
Classroom  
The Birth Place**

*This program is limited to Olathe Health Employees*

**HOW TO SIGN UP:**

- 1) Sign up Healthstream by searching for the class in the Catalog and enrolling.
- 2) Or you can sign up by completing the Registration form and returning it to the Education Department.
- 3) Or you can call the Education Department at 913-791-4312, Option 1



***If you are unable to attend***

1. Un-enroll from the course in Healthstream
2. Or contact Education Department at 912-791-4312, Option 1.

For additional questions, contact Terri Koehler at [Teresa.Koehler@olathehealth.org](mailto:Teresa.Koehler@olathehealth.org)

**Presenter:**  
**Jana Braklow, DNP**  
**Critical Care APRN**  
**January 24, 2019**  
**12:00PM—1:00PM**  
**Parent Education Classroom**  
**The Birth Place**

**Objectives:**

At the end of this presentation, the Healthcare Provider should be able to:

1. Describe the pathophysiology of different types of stroke and TIA
  1. Define how atrial fibrillation increases the risk of stroke
  2. Demonstrate knowledge of treatment strategies for atrial fibrillation including rate control, anticoagulation, and surgical interventions
1. Describe the treatment of stroke in patient with atrial fibrillation, including eligibility for tPA and thrombectomy
1. Discuss the process for initiating a CODE STROKE in the hospital

# Stroke and Atrial Fibrillation

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Nursing License Number  
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 Employee ID Number Unit  
 \_\_\_\_\_  
 Home Address  
 \_\_\_\_\_  
 City State Zip Code  
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 Home Phone # Work Phone #  
 \_\_\_\_\_  
 Email Address  
 \_\_\_\_\_

## Stroke and Atrial Fibrillation

Speaker: Jana Braklow

Contact hours: 1 hr

### Objectives:

The participant will be able to:

- 1.) Describe the pathophysiology of different types of stroke and TIA
- 2.) Define how atrial fibrillation increases the risk of stroke
- 3.) Demonstrate knowledge of treatment strategies for atrial fibrillation including rate control, anticoagulation, and surgical interventions
- 4.) Describe the treatment of stroke in patient with atrial fibrillation, including eligibility for tPA and thrombectomy
- 5.) Discuss the process for initiating a CODE STROKE in the hospital

### Contact Information

- Home
  - Jana L. Braklow, DNP, APRN-BC, CCRN
  - 2341 W. Fredrickson Drive, Olathe, Kansas 66061
  - 913-231-8666
  - [janabraklow2010@yahoo.com](mailto:janabraklow2010@yahoo.com)
- Work
  - Olathe Medical Center
  - Critical Care
  - 20333 W 151<sup>st</sup> Street, Olathe, Kansas 66061
  - 913-791-3520
  - [jana.braklow@olathehealth.org](mailto:jana.braklow@olathehealth.org)

### Licenses and Certifications

- Kansas State Board of Nursing Licensure
  - Registered Nurse; Expires 12/31/2020
  - Registered Nurse Practitioner (APRN/NP); Expires 12/31/2020
- Certification as Critical Care Nurse (CCRN); Expires August 2020
- Certification as Acute Care Nurse Practitioner (ACNPC); Expires October 31, 2023

### Education

University	Degree Completed	Dates Attended	Area of Concentration
University of Nebraska Medical Center (UNMC)	Doctorate of Nursing Practice (DNP) Graduation May, 6 2017	2014-2017	Nursing Practice
University of Nebraska Medical Center (UNMC)	Master of Science in Nursing (MSN) May 1999	1997-1999	Acute Care Nurse Practitioner
Creighton University	Bachelor of Science in Nursing	1989-1993	Nursing



## Employment and Types of Positions Held

2008-Present

*Olathe Medical Center (Olathe, Kansas)*

*Critical Care Nurse Practitioner/Clinical Educator*

- Provide educational and clinical support in the Critical Care and Emergency Room
- Participate in interdisciplinary team rounds in critical care, provide patient care/interventions and conduct family meetings as needed
- Medical Response Team and Code Blue Team Clinical Leader
- AACN instructor for Critical Care Classes in Greater Kansas City Area
- Developed, implemented, and clinically led Palliative Care program for hospital
- Develop and implement policies, protocols, order sets, and in-servicing for critical care areas
- Monitor infection rates for devices for critical care patients including central lines, ventilators, surgical sites, and urinary catheters
- Stroke Coordinator (2012-Present)
  - Wrote and implemented scope and missions statements, order sets, policies, and quality initiatives for the program as well as clinical leader on the Stroke Team
- Other Projects:
  - Implementation of delirium screening for all units using Brief CAM and Triage CAM. Maintain validation for CCU staff in CAM-ICU assessment
  - Developed and implemented policy and practice for use of Impella Left Ventricular Assist Device
  - Led interdisciplinary team to develop and implement the Nursing Dysphagia Interventional Guideline for inpatient units in hospital
  - Maintain data for palliative care screening, consultation and outcomes
  - Alcohol withdrawal assessment and order set development based in evidence based guidelines in conjunction with physicians and pharmacy support (2016-2017)
    - Provided house wide nursing education for use of screening tool and symptom triggered treatment protocol
    - Facilitated Cerner electronic documentation build for screening and protocol order set

*Hospice House Nurse Practitioner*

- Provide medical coverage at inpatient hospice
- Mentor to APRNs at Hospice House
- Assisted in developing electronic order sets for the Hospice House

**2007-2008**

**Olathe Medical Center (Olathe, Kansas)**

*Critical Care Staff Nurse, PRN*

**2001-2007**

**St. Francis Health System (Topeka, Kansas)**

*Critical Care Staff Nurse, Weekend Option*

**1999-2001**

**Shenandoah Medical Center (Shenandoah, IA)**

*General Surgery Nurse Practitioner/Director of Occupational Health*

*Nodaway Valley Free Clinic Nurse Practitioner Coverage*

**1999-2000**

**University of Nebraska Medical Center (Omaha, NE)**

*Associate Professor of Nursing: Telemetry/Progressive Care Clinicals*

*Volunteer Nurse Practitioner coverage South Omaha Free Clinic with School of Nursing*

**1995-1999**

**Good Samaritan Health System (Kearney, NE)**

*Critical Care/Trauma Staff Nurse*

*Instructor critical care class: open heart surgery and renal*

*Lead PI team on documentation*

**1993-1995**

**St. Luke's Health System (Kansas City, MO)**

*Staff Nurse Kidney Failure/Transplant*

*CPR instructor*

## Scholarship

- Published Research: *“Outcomes of Cardiac Rehabilitation Participants and Nonparticipants in Rural Areas”*, *Rehabilitation Nursing*, March/April 2003, Volume 28, Number 2, pp.57-63.
- Invited Speaker
  - Palliative Care in Stroke (including artificial nutrition and hydration): Kansas City Stroke Consortium
  - Brain Death Clinical Criteria and Examination (with Intracerebral Hemorrhage): Kansas City Stroke Consortium
  - Stroke in the Deaf Population for Johnson County Kansas—Olathe Community Center (presented with Deaf Interpreter)
  - Presenting in June 2017 at the Kansas Association for the Deaf Annual Conference on stroke and cardiovascular disease
  - Palliative Care in Cardiac Disease: Transitions in Heart Failure Conference, Kansas City Area
- Poster Presentations:
  - Center to Advance Palliative Care (CAPC) Fall 2015: *A Clinical Framework Integrating Palliative Care into Inpatient Care of COPD Patients*
  - American College of Cardiology (ACC) Spring 2017: *Cardiology Nurse Navigator Program*
- Quality Improvement
  - Initiated comprehensive Severe Sepsis programming in conjunction with Medical Staff Quality Initiative
    - Lead interdisciplinary team in critical care and emergency room for the recognition and treatment of sepsis/septic shock
    - Created and taught continuing nursing education for Sepsis and Septic Shock in general hospital population and specific sepsis educational programming for obstetrics
  - Initiated and currently co-lead PI team for heart failure in conjunction with ACC Navigator and Quality Department

## Honors and Awards

- Spirit of Creighton Award (1993)
- Spirit of Nursing Army Award (1993)

- Rona E. Boyle Research Award (1999)
- 2013 Ingram's Hero in Healthcare, Kansas City
- 2016 Excellence in Hospital Donation Award Recipient for Midwest Transplant Network
- Scholarships:
  - College of Nursing Scholarship 2015/2016, University of Nebraska College of Nursing

### Service Activities

- Leadership and Practice Committees
  - Medical Advisory Committee
  - Nursing Practice
  - Palliative Care
  - Stroke Team
  - Kansas City Stroke Consortium
  - Olathe Medical Center Donor Council
  - Midwest Transplant Network (MTN) Donation and Transplantation Action Council (DTAC)
- Religious Education Teacher (Confirmation) 2015-2017, St. Paul's Catholic Church, Olathe, Kansas
- Las Pintas Service Trip, Spring, 2015, Las Pintas, Mexico

## Professional Organizations

- Member of American Association of Critical Care Nurses

## Continuing Education Attended

- **2014**
  - Kansas City Spring Stroke Symposium, 4.25 hours
  - MoKan Blues AANN Second Annual Neuroscience Symposium, 7.0 hours
- **2015**
  - The Role of the Designated Requestor, 4 hours
  - Shock & Awe: Your Pressing Issues with Vasoactive Medications, 2 hours
  - CAPC National Seminar and Pre-Con Boot Camp 2015, 24.75 hours
  - The Amazing Race: Midwest Transplant Network Donation and Transplant Action Council, 2 hours
- **2016**
  - Advanced Cardiac Life Support, 5 hours
  - Basic Life Support, 1.75 hours
  - Delirium and the Medical Surgical Patient, 5 hours
  - Stroke Certification RN Review Course, MoKan Blues Chapter of AANN, 9.5 hours
  - Brain Death Declaration (Midwest Transplant Network), 2 hours
  - 8<sup>th</sup> Annual Cardiac Nursing Symposium (University of Kansas Hospital), 6.25 hours
  - 2016 Kansas City Stroke Symposium, 6.75 hours
- **2017**
  - Competency Based Training for Conducting the One Hour Face-to-Face Assessment for Patients in Restraints or Seclusion, 1.5 hours
  - 2017 Kansas City Stroke Symposium
- **2018**
  - 2018 Kansas City Stroke Symposium, 6.75 hours
  - ELNEC Training, 16 hours
  - Care of the Elderly in the Critical Care, AACN, 4 hours

## References

- Boggs, Will. (2019). "Stroke risk should be reassessed annually in A-Fib." [www.medscape.com](http://www.medscape.com)
- Burke, J., Skolarus, L., Adelman, E., Reeves, M., & Brown, D. (2014). "Influence of hospital-level practices on readmission after ischemic stroke." *Neurology*, 82: 2196-2204.
- Culebras, A., Messe, S., Chaturvedi, S., Kase, C., & Gronseth, G. (2014). "Summary of evidence-based guideline update: Prevention of stroke in nonvalvular atrial fibrillation: Report of the Guideline Development Subcommittee of the American Academy of Neurology, 82; 716-724.
- Cumbler, E. (2015). "In-hospital ischemic stroke." *The Neurohospitalist*, Vol. 5(3), 173-181.
- Gladstone, D., Spring, M., Dorian, P., Panzov, V., Thorpe, K., & et.al. (2014). "Atrial fibrillation in patients with cryptogenic stroke." *The New England Journal of Medicine*, Vol. 370 (26), 2467-2477.
- Grif Alspach, J. (2013). "Improving recognition and response to the onset of stroke." *Critical Care Nurse*, 33, 9-13.
- Kamel, H., Okin, P., Elkind, M., & Iadecola, C. (2016). "Atrial Fibrillation and mechanisms of stroke." *Stroke*, 47, 895-900.
- Kassardjian, C., Willems, J., Skrabka, K., Nisenbaum, R., Barnaby, J., & et. al. (2017). "In-patient code stroke: A quality improvement strategy to overcome the knowledge-to-action gaps in response time." *Stroke*, 48, 2176-2183.
- Kochhauser, S., Alipour, P., Haig-Carter, T., Trought, K., Hache, P., & et. al. (2017). "Risk of stroke and recurrence after AF ablation in patients with an initial event-free period of 12 months." *Journal of Cardiovascular Electrophysiology*, 28 (3), 273-279.
- Lip, G. (2017). "Stroke prevention in atrial fibrillation." *European Heart Journal*, 38, 4-13.
- McGrath, E., Kapral, M., Fang, J., Eikelboom, J., O'Conghaile, A., Canavan, M. & et. al. (2013). "Association of atrial fibrillation with mortality and disability after ischemic stroke." *Neurology*, 81, 825-832.
- Olathe Medical Center (2018). "Stroke or TIA, Care of the Patient With." *Policy Stat.*
- Otite, F., Khandelwal, P., Chaturvedi, S., Romano, J., Sacco, R., & Malik, A. (2016). "Increasing atrial fibrillation prevalence in acute ischemic stroke and TIA." *Neurology*, 87, 2034-2042.
- Powers, W., Rabinstein, A., Ackerson, T., Adeoye, O., Bambakidis, N., & et. al. (2018). "2018 Guidelines for the early management of patients with acute ischemic stroke: A guideline for healthcare professionals from the American Heart Association/American Stroke Association." *Stroke*, DOI: 10.1161/STR.000000000000158.
- Rosenthal, L. (2018). "Atrial Fibrillation." [www.emedicine.medscape.com/article/151066](http://www.emedicine.medscape.com/article/151066)
- Saver, J. (2016). "Cryptogenic stroke." *The New England Journal of Medicine*, 374 (21), 2065-2074.

Stroke Association. Atrial Fibrillation and stroke. [www.stroke.org.uk](http://www.stroke.org.uk)

Yaghi, S. & Kamel. H. (2017). "Stratifying stroke risk in atrial fibrillation: Beyond clinical risk scores." Stroke, 48 (10), 2665-2670.

Auditing Tool for CNE Programs

Title: Stroke and Atrial Fibrillation Course Date: January 24, 2019 from 12:00p – 1:30p Date Reviewed: 2/25/19

Present	Missing	NA	Section Name	Comments
x			Attendance Roster	
x			Planning Summary	On file
x			Offering Announcement (includes title and Objectives)	Included in brochure
x			Offering Agenda (In planning summary)	On file
x			Bibliography	
x			Evaluation Summary	
x			Instructor Resume/CV	
		x	Daily Roster or Post-test (IS)	
		x	Pilot Results (Independent Study)	
			Other:	

Total CNE Offered: 1.0

Instructor Average Evaluation: 4.75

Goals Average Evaluation: 4.74

Overall Quality of Program: 4.8

Future Topics: see attached free text comments

Free text: "It was a bit rushed at the end" See other attached comments



Teresa M. Koehler, BSN, RN

CNE Coordinator





# Evaluation Scores Report

REPORT GENERATED: Feb 25, 2019, 10:52 am ET

Olathe Health  
**CNE - Evaluation**  
 Course: CNE- Stroke and Atrial Fibrillation - Version: 2

**Completion Date Range:** Jan 24, 2019 through Feb 25, 2019

**Data as of:** Feb 25, 2019, 1:00 am ET

**Report Generated:** Feb 25, 2019, 10:52 am ET

**Evaluation Owner:** OH-Olathe Health

**Last Updated By:** Adrienne D Clevenger on Dec 06, 2018

**Total Unique Students:** 10

**Total Evaluation Completions:** 10

## Response Counts

Answer counts can vary among questions. This happens because:

- A question's text was edited,
- An answer's text was edited,
- The correct answer selection was changed,
- An answer choice was added to or removed from a question.

## Question Group: CNE Evaluation

### 1.ROLE(MULTIPLE CHOICE)

PLEASE SELECT YOUR CURRENT ROLE - MANDATORY QUESTION

	RESPONSES	% OF STUDENTS
1. RN	8	80.00%
2. LPN	0	0.00%
3. APRN	0	0.00%
4. Other	2	20.00%
No Response	0	0.00%
<b>Totals</b>	<b>10</b>	<b>100%</b>

2.PRESENTER KNOWLEDGE OF SUBJECT(LIKERT SCALE)

PRESENTER DEMONSTRATED KNOWLEDGE/EXPERTISE OF THE SUBJECT - MANDATORY QUESTION

	RESPONSES	RESPONSE VALUE	% OF STUDENTS
1. Strongly Agree	9	5	90.00%
2. Agree	1	4	10.00%
3. Neutral	0	3	0.00%
4. Disagree	0	2	0.00%
5. Strongly Disagree	0	1	0.00%
No Response	0		0.00%
<b>Totals</b>	<b>10</b>		<b>100%</b>
<b>Mean Score</b>		<b>4.9</b>	

3.PRESENTER'S PRESENTATION SKILLS(LIKERT SCALE)

PRESENTATION SKILLS - ENGAGING, ORGANIZED AND CLEAR PRESENTATION - MANDATORY QUESTION

	RESPONSES	RESPONSE VALUE	% OF STUDENTS
1. Strongly Agree	6	5	60.00%
2. Agree	4	4	40.00%
3. Neutral	0	3	0.00%
4. Disagree	0	2	0.00%
5. Strongly Disagree	0	1	0.00%
No Response	0		0.00%
<b>Totals</b>	<b>10</b>		<b>100%</b>
<b>Mean Score</b>		<b>4.6</b>	

4.OBJECTIVE: DESCRIBE THE PATHOPHYSIOLOGY OF DIFFERE(LIKERT SCALE)

THE PROGRAM MET THE OBJECTIVE: DESCRIBE THE PATHOPHYSIOLOGY OF DIFFERENT TYPES OF STROKE AND TIA - MANDATORY QUESTION

<https://www.healthstream.com/HRS/Viewer.aspx?c=cf6fad5e-1530-e911-9a50-005056b11eee&f=1>

2/25/2019

Evaluation Scores Report

	RESPONSES	RESPONSE VALUE	% OF STUDENTS
1. Strongly Agree	8	5	80.00%
2. Agree	2	4	20.00%
3. Neutral	0	3	0.00%
4. Disagree	0	2	0.00%
5. Strongly Disagree	0	1	0.00%
No Response	0		0.00%
<b>Totals</b>	<b>10</b>		<b>100%</b>
<b>Mean Score</b>		<b>4.8</b>	

5.OBJECTIVE: DEFINE HOW ATRIAL FIBRILLATION INCREASE(LIKERT SCALE)

THE PROGRAM MET THE OBJECTIVE: DEFINE HOW ATRIAL FIBRILLATION INCREASES THE RISK OF STROKE - MANDATORY QUESTION

	RESPONSES	RESPONSE VALUE	% OF STUDENTS
1. Strongly Agree	8	5	80.00%
2. Agree	2	4	20.00%
3. Neutral	0	3	0.00%
4. Disagree	0	2	0.00%
5. Strongly Disagree	0	1	0.00%
No Response	0		0.00%
<b>Totals</b>	<b>10</b>		<b>100%</b>
<b>Mean Score</b>		<b>4.8</b>	

6.OBJECTIVE: DEMONSTRATE KNOWLEDGE OF TREATMENT STR(LIKERT SCALE)

THE PROGRAM MET THE OBJECTIVE: DEMONSTRATE KNOWLEDGE OF TREATMENT STRATEGIES FOR ATRIAL FIBRILLATION INCLUDING RATE CONTROL, ANTICOAGULATION, AND SURGICAL INTERVENTIONS - MANDATORY QUESTION

	RESPONSES	RESPONSE VALUE	% OF STUDENTS
1. Strongly Agree	7	5	70.00%

2/25/2019

Evaluation Scores Report

2. Agree	3	4	30.00%
3. Neutral	0	3	0.00%
4. Disagree	0	2	0.00%
5. Strongly Disagree	0	1	0.00%
No Response	0		0.00%
<b>Totals</b>	<b>10</b>		<b>100%</b>
<b>Mean Score</b>		<b>4.7</b>	

7.OBJECTIVE: DESCRIBE THE TREATMENT OF STROKE IN PAT(LIKERT SCALE)

THE PROGRAM MET THE FOLLOWING OBJECTIVE: DESCRIBE THE TREATMENT OF STROKE IN PATIENT WITH ATRIAL FIBRILLATION, INCLUDING ELIGIBILITY FOR TPA AND THROMBECTOMY - MANDATORY QUESTION

	RESPONSES	RESPONSE VALUE	% OF STUDENTS
1. Strongly Agree	7	5	70.00%
2. Agree	3	4	30.00%
3. Neutral	0	3	0.00%
4. Disagree	0	2	0.00%
5. Strongly Disagree	0	1	0.00%
No Response	0		0.00%
<b>Totals</b>	<b>10</b>		<b>100%</b>
<b>Mean Score</b>		<b>4.7</b>	

8.OBJECTIVE: DISCUSS THE PROCESS FOR INITIATING A C(LIKERT SCALE)

THE PROGRAM MET THE OBJECTIVE: DISCUSS THE PROCESS FOR INITIATING A CODE STROKE IN THE HOSPITAL - MANDATORY QUESTION

	RESPONSES	RESPONSE VALUE	% OF STUDENTS
1. Strongly Agree	7	5	70.00%
2. Agree	3	4	30.00%
3. Neutral	0	3	0.00%

<https://www.healthstream.com/HRS/Viewer.aspx?c=cf6fad5e-1539-e911-9a50-005056b11eee&f=1>

4/7

2/25/2019

Evaluation Scores Report

4. Disagree	0	2	0.00%
5. Strongly Disagree	0	1	0.00%
No Response	0		0.00%
<b>Totals</b>	<b>10</b>		<b>100%</b>
<b>Mean Score</b>		<b>4.7</b>	

9.OBJECTIVES NOT MET(FREE TEXT)

IF THE OBJECTIVES WERE NOT WELL MET, WHAT WAS NOT COVERED TO MEET YOUR EXPECTATIONS? - MANDATORY QUESTION

	RESPONSES	% OF STUDENTS
Click Here to Read Student Responses... <i>"It was abit rushed at the end"</i>	10	100.00%
No Response	0	0.00%
<b>Totals</b>	<b>10</b>	<b>100%</b>

10.OVERALL RATING(LIKERT SCALE)

THE OVERALL PROGRAM MET MY NEEDS AND WAS RELEVANT AND CURRENT. - MANDATORY QUESTION

	RESPONSES	RESPONSE VALUE	% OF STUDENTS
1. Strongly Agree	8	5	80.00%
2. Agree	2	4	20.00%
3. Neutral	0	3	0.00%
4. Disagree	0	2	0.00%
5. Strongly Disagree	0	1	0.00%
No Response	0		0.00%
<b>Totals</b>	<b>10</b>		<b>100%</b>
<b>Mean Score</b>		<b>4.8</b>	

11.SUGGESTIONS FOR THE PRESENTER(S) OR CONTENT.(FREE TEXT)

**COMMENTS OR SUGGESTIONS REGARDING THE PRESENTER(S) OR CONTENT. - MANDATORY QUESTION**

	RESPONSES	% OF STUDENTS
Click Here to Read Student Responses...	10	100.00%
No Response	0	0.00%
<b>Totals</b>	<b>10</b>	<b>100%</b>

**12. PHYSICAL ASPECTS OF THE PROGRAM.(FREE TEXT)****COMMENTS ON THE PHYSICAL ASPECTS OF THIS PROGRAM (I.E. ABILITY TO SEE AND HEAR AUDIO VISUALS, ROOM ARRANGEMENTS, ETC.). - MANDATORY QUESTION**

	RESPONSES	% OF STUDENTS
Click Here to Read Student Responses...	10	100.00%
No Response	0	0.00%
<b>Totals</b>	<b>10</b>	<b>100%</b>

**13. FUTURE TOPICS(FREE TEXT)****FUTURE TOPICS AND APPROXIMATE PROGRAM LENGTH I WOULD LIKE TO ATTEND. - MANDATORY QUESTION**

	RESPONSES	% OF STUDENTS
Click Here to Read Student Responses...	10	100.00%
No Response	0	0.00%
<b>Totals</b>	<b>10</b>	<b>100%</b>

**14. PROGRAM NOTIFICATION(FREE TEXT)****HOW DID YOU HEAR ABOUT THIS PROGRAM? - MANDATORY QUESTION**

	RESPONSES	% OF STUDENTS
Click Here to Read Student Responses...	10	100.00%
No Response	0	0.00%
<b>Totals</b>	<b>10</b>	<b>100%</b>

# Evaluation Scores by Course Report

Report Generated: Feb 25, 2019, 10:59 am ET



Olathe Health

## CNE - Evaluation

Completion Date Range: Jan 24, 2019 through Feb 25, 2019

Data as of: Feb 25, 2019, 1:00 am ET

Report Generated: Feb 25, 2019, 10:59 am ET

Evaluation Owner: OH-Olathe Health

Total Unique Students: 10

Last Updated By: Adrienne D Clevenger On 12/6/2018

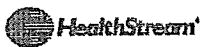
Total Evaluation Completions: 10

Question Group: CNE Evaluation

### 11. Suggestions for the presenter(s) or content.(Free Text)

PLEASE ADD COMMENTS BELOW

1. na
2. Good presentation!
3. r/a
4. .
5. Always love to listen to Jana - so much knowledgel
6. Very well presented, and knowledgeable on subject
7. na
8. very informative
9. Jana always does a GREAT job!!
10. great presentation



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# Evaluation Scores by Course Report

Report Generated: Feb 25, 2019, 11:00 am ET



## Olathe Health CNE - Evaluation

Completion Date Range: Jan 24, 2019 through Feb 25, 2019

Data as of: Feb 25, 2019, 1:00 am ET

Report Generated: Feb 25, 2019, 11:00 am ET

Evaluation Owner: OH-Olathe Health

Total Unique Students: 10

Last Updated By: Adrienne D Clevenger On 12/6/2018

Total Evaluation Completions: 10

### Question Group: CNE Evaluation

#### 12. Physical aspects of the program.(Free Text)

PLEASE ADD COMMENTS BELOW

1. na
2. Good room arrangements
3. n/a
4. .
5. A-ok
6. Very good
7. na
8. n/a
9. As long as sit towards the front, all is good. Hard to see/hear in the back since it's set up long and narrow.
10. great environment



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Build: 13.01.28.895.581 | AO: 50106



# Evaluation Scores by Course Report

Report Generated: Feb 25, 2019, 11:00 am ET



## Olathe Health CNE - Evaluation

Completion Date Range: Jan 24, 2019 through Feb 25, 2019

Data as of: Feb 25, 2019, 1:00 am ET

Report Generated: Feb 25, 2019, 11:00 am ET

Evaluation Owner: OH-Olathe Health

Total Unique Students: 10

Last Updated By: Adrienne D Cleverger On 12/6/2018

Total Evaluation Completions: 10

### Question Group: CNE Evaluation

#### 13. Future topics(Free Text)

PLEASE ADD COMMENTS BELOW

1. na
2. Keep it at 1 hr
3. n/a
4. .
5. 2 hours
6. Heart failure education
7. na
8. n/a
9. ??
10. 1 hour is good!



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**Class Roster and Sign-In**  
 REPORT GENERATED: Jan 24, 2019, 10:23 am CT



ALL SESSION(S)  
**Stroke and Atrial Fibrillation**

Classes from: Jan 24, 2019, 12:00 pm through Jan 24, 2019, 1:00 pm

Initial Location: Olathe Medical Center

Room: Parent Education Classroom A

All Instructors: Jana L Braklow

Total Registered: 14

Spaces Remaining: 16

Healthstream Roster Printed Comments:

Teresa Koehler, CNE Coordinator  
 Provider#LT0048-0749  
 Olathe Medical Center  
 20333 W 151st St  
 Olathe, KS 66061  
 Number of Contact Hours: 1CNE

*Graded  
1/24/19*

STROKE AND ATRIAL FIBRILLATION

NAME	INSTITUTION	SIGN IN
1. AUTEN, GRETCHEN E <sup>RN</sup> 13-121724-041		<i>[Signature]</i>
2. BUSSELL, LISA M <sup>RT</sup> 16-02737		<i>[Signature]</i>
3. HANIGAN, DONNA K <sup>RN</sup> 13-51520		<i>[Signature]</i>
4. JARA, NICOLE M <sup>RN</sup> 13-127691-101		<i>[Signature]</i>
5. JONES, AUBRIANA M <sup>RN</sup> 13-127238-112		<i>[Signature]</i>
6. KASSON, BREA M		
7. KOLICH, CYNTHIA L <sup>RN</sup> 13-32979-071		<i>[Signature]</i>

## Stephenson, Chelsey [KSBN]

---

**From:** Teresa Koehler <teresa.koehler@olathehealth.org>  
**Sent:** Tuesday, January 28, 2020 3:26 PM  
**To:** Moreland, Carol [KSBN]  
**Cc:** Stephenson, Chelsey [KSBN]  
**Subject:** RE: Follow-up on Long-Term CNE Provider Renewal Application  
**Attachments:** Clot Busting IS Roster 2018 4Q.pdf

*EXTERNAL:* This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Thank you Carol for reviewing and communicating this need. I document attendance for Independent Study offerings by completing an attendance roster quarterly (compiled from our LMS). This information does include the organization's name, address, provider number and coordinator; the participant's name, license and contact hours awarded; title of the offering; completion date; and posttest results.

Attached is the attendance roster for the independent study example I submitted on 12-31-19. I can resubmit the whole application again with this included if that is preferred.

Thank you again! I really appreciate your assistance.  
Terri

**Teresa Koehler, BSN, RN**  
*MC Nurse Educator*

Olathe Medical Center  
Education Department  
20333 W. 151st St. | Olathe, KS | 66061  
P: 913-791-3549 | F: 913-791-3537  
www.olathehealth.org

---

**From:** Moreland, Carol [KSBN] [mailto:Carol.Moreland@ks.gov]  
**Sent:** Tuesday, January 28, 2020 1:00 PM  
**To:** Teresa Koehler  
**Cc:** Stephenson, Chelsey [KSBN]  
**Subject:** Follow-up on Long-Term CNE Provider Renewal Application

**WARNING:** This e-mail is from an external source. **DO NOT CLICK** links or attachments unless you recognize the sender and know the content is safe. **REPORT** any suspicious emails to [David.Raydo@olathehealth.org](mailto:David.Raydo@olathehealth.org).

Teresa,

I have reviewed your renewal application for your long term CNE provider and you indicate you award CNE for independent study, however you do not address how you document verification of completion of independent study offerings. To ensure your application is complete when it is reviewed by Committee and Board in March, I will need information about this submitted to me no later than February 12, 2020. You can email it to me.

Thank you for your assistance with this and please let me know if you have questions.

**CNE Clot Busting: Busting the LKW  
 Limitations - Version 1  
 9/1/2018 to 12/31/2018**

**CONTINUING EDUCATION FOR NURSES  
 ATTENDANCE ROSTER FOR INDEPENDENT STUDY**

Olathe Medical Center 20333 W 151st St Olathe, KS 66061  
 CNE Coordinator: Teresa Koehler, BSN, RN Provider #: LT0048-0749

Course Title CNE Clot Busting: Busting the LKW Limitations - Version 1  
 Report Dates 9/1/2018 to 12/31/2018

STUDENT	License #	DEPARTMENT NAME	COURSE NAME	CONTACT HOURS AWARDED	TEST NAME AT TIME OF COMPLETION	STUDENT SCORE	MIN SCORE TO PASS	COMPLETION DATE	ATTEMPT #
Sydney M Sells	14-140611		CNE Clot Busting: Busting the LKW Limitations	1	Post Test	81%	75%	12/11/2018	1
Ewa I Huffman	13-137086		CNE Clot Busting: Busting the LKW Limitations	1	Post Test	100%	75%	11/28/2018	2

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

**Name of Provider:** Seward County Community College LT 0163-0250 Renewal

**Name of Program Coordinator:** Susan Inland

**Date to CNE Committee:** March 24, 2020

Information Required	Received	NA
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	1/21/2020	
The name and address of the organization on the application	✓	
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		✓
The name, education and experience of the program coordinator responsible for CNE	Susan Inland	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	✓	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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: "</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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</li> </ul>	✓	

For long term providers, the policies and procedures for the offering approval process shall include the following:		
• A summary of the planning	✓	
• The behavioral objectives	✓	
• The content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The instructor's education and experience, documenting knowledge and expertise in the content area	✓	
• 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	✓	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	✓	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	✓	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results	✓	
• Clinical hours	✓	
<b>Documentation of Attendance</b>		
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:		
• The provider's name, address, provider number, and coordinator	✓	
• The date and title of the offering, and the presenter or presenters	✓	
• The participant's name and license number and the number of contact hours awarded	✓	
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:		
• The provider's name, address, provider number, and coordinator	✓	
• The participant's name and license number, and the number of contact hours awarded	✓	
• The title of the offering	✓	
• The date on which the offering was completed	✓	
• Either the completion of a posttest or a return demonstration	✓	
<b>Certificate of Attendance/CE Transcript</b>		
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	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
• The provider's 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 or instructor contact hours awarded	✓	
• The signature of the individual responsible for the providership	✓	
• The name and license number of the participant	✓	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	✓	
• A copy of the offering announcement or brochure	✓	
• The title and objectives	✓	
• The offering agenda or, for independent study, pilot test results	✓	
• A bibliography	✓	
• A summary of the participants' evaluations	✓	
• Each instructor's education and experiences	✓	
• Documentation to verify completion of the offering	✓	

The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	✓	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:		
•	#1: Head, Shoulder, Knees and Toes: Wounds Just Happen	#2: Newer Drugs of Abuse & The Opioid Epidemic: How Did We Get Here & What Can be Done?
• A summary of planning	✓	✓
• A copy of the offering announcement or brochure	✓	✓
• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results	✓	✓
• Each instructor's education and experience	✓	✓
• A current bibliography	✓	✓
• The offering evaluation form	✓	✓

12/2018

Reviewed by Carol Moreland, MSN, RN 1/23/2020



**Reference No.:** 24537 **Date submitted:** Jan 16 12:59 2020

**radio** ~ Renewal

**Providername** ~ Seward County Community College

**providernum** ~ LT0163-0250

**legalbody** ~ ~

**address** ~ PO Box 1137

**adress2** ~ 1801 North Kansas

**telephone** ~ 620-417-1407

**email** ~ susan.ingland@sccc.edu

**coordinator** ~ Susan Inland

**date** ~ 01-16-2020

**planningce** ~ 25 lines.

The Continuing Nursing Education Advisory Committee will meet annually. The committee will be comprised of registered nurses and licensed practical nurses representing diverse clinical specialties ie. medical-surgical nursing, home health nursing, office nursing, acute and long-term care nursing, nursing education, as well as others. Committee members will assess the learning needs of the nurses they represent and will serve as resources in planning of future continuing education offerings.

Faculty for CNE will be selected based on educational as well as experiential criteria. They will be identified, recruited, interviewed and recommended by the members of the advisory committee and from the areas identified in the needs assessment.

The needs assessment will help in the Identification and description of target populations. The target population for the CNE offerings is RN's and LPN's in southwest Kansas, the Oklahoma panhandle, and northern Texas panhandle.

The CNE Advisory Board representing a cross section of area nurses will be polled at the annual meeting.

An assessment of learner needs will also be a part of the evaluation at each of the educational offerings.

**feeassessment** ~ 25 lines.

**CANCELLATION/REFUND POLICY:** SCCC reserves the right to cancel any workshop if there are insufficient registrations. The college will notify the registrants of cancellation and issue a full refund. Sudden cancellation due to bad weather will be announced on La Mexicana or KSCB radio. Full refund will be made if notice of personal cancellation is received from participants 48 hours prior to the program. A refund (less 25% for

RECEIVED

JAN 16 2020

#8

CONTINUING EDUCATION

administrative costs) will be made if notice of cancellation is received less than 24 hours prior to the program.

Payment is obtained through the SCCC Business and Industry Office. Insufficient funds will be sent for collection with a fee attached for insufficient funds. The fees will be approximately \$10.00 to \$15.00 per CE credit contact hour. This will depend on speaker fees and expenses. The fees amply should cover the cost of the CE offering. The fees will be reviewed annual by the CE Program Coordinator, the Director of Nursing, and the Director of Business and Industry.

**advertisement** ~ 20 lines.

Methods of advertisement of a CNE offering are utilized with a program brochure. In addition to offering information including the title of offering, date of offering, and offering faculty promotional material shall prominently display on all promotional material the statement: "Seward County Community College 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 Approved Provider Number LTLT 0163-0250." Independent study and Instructor shall be identified. The offering announcement will also include offering objectives, offering agenda, and pertinent information relative to registering for the offering. (See Attached documentation for sample offering announcement with registration and attendance polices.)

**approvalprocess** ~ 20 lines.

For each CNE offering there is a planning meeting with committee members. Summary of the planning is documented in the meeting minutes. Documentation of the needs assessment is included at the time of the meeting. Once the instructor has been identified and obtained, ongoing communication occurs. Summarization of the planning, and a copy of the behavioral objectives are also obtained from the presenter. The content of the CNE is discussed and ensures that the CNE will include learning experiences intended to build upon the educational 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. Documentation is received from each instructor and a bibliography is obtained and reviewed for currency. A method of evaluation of the CNE is performed by the participants at the end of the presentation. The learning objectives are evaluated as well as the content expertise of the presenter.

**contacthours** ~ 25 lines.

Seward County Community College will adhere to the Policies and Procedures of the Kansas Nurse Practice Act as defined in KSA 60-9-107 which include but are not limited to the following: An approved provider may award any of the following: (1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for one or more contact hours; (2) credit for fractions of hours over 30 minutes to be computed towards a contact hour; (3) instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum; (4) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results; or (5) clinical hours. (f) (1) 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; and (C) the participant's name and license number, and the number of contact hours awarded. (2) 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; and (E) either the completion of a posttest or a return demonstration. Seward County Community College has not offered CNE for independent study.

60-9-105 (j) "Contact hour" means 50 total minutes of participation in a learning experience that meets the definition of CNE in K.S.A. 65-1117, and amendments thereto. Fractions of hours over 30 minutes to be computed towards a contact hour shall be accepted.

**verifycompletion** ~ 25 lines.

Seward County Community College will adhere to the following institutional Policies and Procedures; Registration Roster-The documentation to be maintained will, 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; and(C) the participant's name and license number, and the number of contact

hours awarded. Participants must attend the entire offering to receive the maximum number of CNE contact hours. Individuals arriving late or leaving early will receive partial continuing nursing education credit, provided they attend a minimum of one hour. Certificates will not be awarded for fractions of contact hours. Children will not be allowed to attend CNE offerings. CERTIFICATE 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. Each certificate and CE certificate shall be complete before distribution to the participant. Each certificate and each CE transcript shall contain the following information: The provider's 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 or instructor contact hours awarded; the signature of the individual responsible for the providership; and the name and license number of the participant. See Attached SCCC Policy

**recordkeeping** ~ 20 lines.

Records: The record storage system used shall ensure confidentiality and easy retrieval of records by the Director of Nursing (CNE Program Coordinator), and the Allied Health Division Secretary. Records are stored in the Director of Nursing Office in a locked filing cabinet.

Electronic records are stored on the college server and are password protected. 12) For each offering, the CNE Program Coordinator 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; (syllabus)(D) The offering agenda or, for independent study, pilot test results;(E) A bibliography;(F) A summary of the participants' evaluations; (Evaluation Data)(G) Each instructor's education and experience; (Faculty File)(H) Signed attendance roster, and (I) Documentation to verify completion of the offering, as specified in subsection (f).

**noticeofchange** ~ 10 Lines.

Seward County Community College 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 of any change. \*Notice of any change of the individual responsible for CNE or in policy or procedures shall be submitted to the board in writing within 30 days.

**programevaluation** ~ 20 lines.

Upon submission of the annual CNE report a copy of the Seward County Community College Total Program Evaluation form will be submitted.

Areas that will be reviewed in the total program evaluation are Administration, CNE polices, Fee Assessment of CNE offerings, Announcements and the effectiveness of the CNE Offerings.

**Submission date** ~ 01-16-2020 12:59:35

**Form ID** ~ 1672730

Seward County Community College  
 Advisory Committee Meeting  
 Continuing Nursing Education  
 19-Sep-17  
 Minutes

Attendees: Dr. Suzanne Campbell, Susan Inghland, Dawn Unruh, Shayla McElvania, Melanie Brewer, Chynessa Myers, Norma Jean Dodge, Charlie Madden, Karrie Padgett

Topic	Discussion	Action	Responsibility
Introductions	Called to order by Susan at 12:08 pm Introductions of attendees took place.	Review of minutes, see attached handout with revisions. Suzanne moved minutes be approved as amended. Norma Jean seconded the motion. All approved Motion carried.	
Review the 2016 Total Program Evaluation Plan	Susan gave a handout of the CNE report required by the state. Discussion of the price of the CNE offerings as required by the state, and looking at the evaluations of previous evaluations.		
Review Program Evaluations from Spring 2017	Diabetes Medication Update read through the handout of the evaluation from the spring offering and discuss any questions. Also a request to read through handouts of proposed offerings. Plan to later discuss having only 1 CNE advisory board meeting a year as we only offer the one CNE program a year. Notice of students commenting on 4 hour content was too long.		

Continuing Education Needs Assessment	Handout provided by Jo Harrison of the SWMC CNE advisory committee's needs assessment. This is what the SWMC staff/employees are requesting more CNE focused on these topics. Discussion of challenges of offering good quality training when it is easy for the audience to find this online at reasonable rates.		
---------------------------------------	--	--	--

<p>Suggestions for Upcoming Offerings</p>	<p>Discussion of Health Departments needs assessment being very different from SWMC. Teen pregnancy CNE was ranked high on their community related education needs as well as mental health. Mental Health first aid offered at Health Departments last all staff and was very beneficial. Discussion of getting Garden City and Dodge City hospital staff involved when hospitals offer many CNEs on site to employees. Regulations are requiring more safety and emergency management training in facilities and certification in such training. Richard was the instructor for the safety training mentioned by Charlie. Professionalism is listed as number 5 comes back to teaching students and millennials wanting students to be more professional in the work place and keeping things civil. Cynthia Clark information in the handout and would be expensive looking into how we would have enough attendance to get her. If advisory committee promoted to get enough attendance. Norma Jean suggested having partnerships upfront to help with costs more than relying on</p>		
<p>CNE Policy Review</p>	<p>Handout included was the CNE policy for review. Susan proposes a change in policy of how often meetings are held on page 5 from annually in August to end at annually.</p>	<p>Suzanne Moved to amend wording under section d functions where it reads to meet annually in the fall to read meet annually. Motion Seconded by Charlie. All approved motion carried.</p>	



Other	Discussion of offering this years CEU in March or April. Kerri will provide contact information to Susan and Norma Jean.		
Adjourn	Adjourned 1:02pm	Dawn Unruh moved to adjourn the meeting. Seconded by Melanie. All approved motion carried.	

Seward County Community College  
Continuing Nurse Education  
Advisory Meeting  
November 19, 2018  
12:00 PM – 1:00 PM

1. Meeting was called to order by Susan Inland at 12:05 pm
2. Welcome members present, Shayla McElvania, Kate Mulligan, Chynessa Myers, Dawn Unruh, Susan Inland, Magdalena Rivera, Jennifer Farmer, Elizabeth Irby, Robin Allaman, and Carrie Padgett
3. Introductions – Continuing Nurse Education conference is for nurses in our area and our students. Last year Scott Schaeffer a pharmacist presented a Newer Drugs of Abuse and The Opioid Epidemic and Deborah Hinnen presented Diabetes Mediation Update the previous year. We had good response to both CNE presentations altogether we had 50 students and 20 professionals attending the conference last year.
4. Kate made a motion to approve last year’s meeting minutes, Dawn second it. Motion passed.
5. Total Program Evaluation Review – Some of the facilities that we work with requires in-services each month. Some recommended topics for future programs:

Seward County Community College

- Drug use among teens
- Mental health
- Wound Care & new updated treatments
- In school drug assessments for School Nurses to assess for safety and usage.
- Recognition/assessment for suspected drug abuse.
- Recognition of/assessment for drug use/being under influence of drugs (in school setting).
- Dementia
- Septic shock in children.
- Medical marijuana.
- Street drugs
- Mass casualty, Disaster planning in hospital setting, etc.

Southwest Medical Center

- Psychiatric patients
- Orthopedic
- Lab interpretation
- Medical guidelines
- Patient/ family engagement
- Rhythm recognition

- Suicide
- Chest tubes
- Drainage system
- Sick infants
- Diabetic mothers
- Alcoholic and detox patients
- Oncology programs
- Ethical legal issues
- Insurance
- Patients complaints
- Re-admission
- Dementia
- Family dynamics
- Snake bites
- Professional documentation
- Legal issues facing nursing, etc.

6. The Continuing Nurse Education conference was made to identify needs, what our employers are needing, what will you find beneficial.
- CNE would like to coordinate a morning and afternoon presentation or splitting sessions since some of our people don't attend these conferences because of lack of time. Also, our biggest challenge is finding presenters. We don't have local presenters rather we have presenter from out of town that don't help by keeping it cost effective and it is also hard to know who will attend to these presentations.
  - Kate Mulligan suggested contacting Dr. Trzaska and see if he has any connections with doctors who will be willing to present for the conferences.
  - There are zero resources for mental health, so it will be beneficial for the city of Liberal to have these types of resources.
  - University of Kansas Medical Center does a lot of webinars through project ECHO which is creating a virtual community to share the latest in treatment with their peers throughout the state.
  - Medicaid extensions and reimbursements

7. Discuss the plan for Spring CNE & continued need for CNE opportunities

a. FEASIBILITY OF HAVING SPRING CNE-

- Will do a presentation either in the Fall or Spring of next year and try to meet in May before school closes to come up with ideas. Depending on a speaker it seems that the 1<sup>st</sup> or 2<sup>nd</sup> week of April will work, but again depending on the presenter's schedule.

b. AREA NEED –

- In this area the struggle we have is on electronic health record and legal surrounding and responsibilities related to that. Patients are used to having hard copies of their records and that is the cause that is making this transition to electronic health records difficult. The electronic health record is beneficial since it provides a quick access to patient records for more coordinated, efficient care plus it is secure.

c. TOPICS –

- There will be a Human Trafficking Awareness Saturday, January 12 at Liberal High School from 9-4 pm. This will be a cost-free presentation. Some of the tributaries for human trafficking is not having enough food, homes where there is a divorce, smoking, drug abuse and talking about suicide.
  - Active shooter is part of regulations and mandatory
  - Post-Traumatic Stress Disorder (PTSD)- is hard to get all your people trained, since it is at least a 4-hour program and it is difficult to get out all people of schedule to do the training.
  - Crisis Prevention Training (CPI) – had CPI for years and moved away from that.
  - Mental Health – there are no resources
  - Kansas Malpractice Organization
  - Pain Management
8. CNE Policies (Handout)- Susan England updated the policies and hand them out to everyone that attended.
9. Meeting adjourned at 12:53 pm

June 26, 2019	SWMC Education Advisory Committee Meeting minutes
Welcome	Elizabeth Irby, Staff Development Coordinator welcomed all attendees and asked that all sign in and feel free to enjoy some refreshments.
Introductions	Elizabeth asked that everyone go around and introduce themselves.
Explanation	Elizabeth shared the reason for the meeting; to review policies, results of the 2019 CNE Assessment, KSBN Long-term CNE Provider report prior to submission, discuss any new business from the committee.
Items to review	Elizabeth shared the following documents for the committee to review: <ul style="list-style-type: none"> <li>▪ Educational Plan-Nursing Policy#130</li> <li>▪ CNE Advisory Committee Procedure EDU01</li> <li>▪ Annual In services Procedure EDU04</li> <li>▪ Record Keeping Procedure EDU05</li> <li>▪ Age Specific Test and Critical Thinking Procedure EDU03</li> <li>▪ Philosophy of CNE Provider ship Procedure EDU002</li> <li>▪ 2019 SWMC Nursing Needs Assessment Survey</li> <li>▪ 2019 KSBN Continuing Education Annual Report</li> </ul>
Discussion	<p>The Committee members reviewed and approved all items for submission to the Kansas Board of Nursing for the 2019 KSBN CNE Annual report.</p> <p>The Committee members had a group discussion regarding upcoming CNE offerings in the area. Elizabeth and Susan England, with SCCC, will be working together for the upcoming school year in preparation for the first and second year nursing students.</p>
Closing	Elizabeth thanked everyone for attending and supporting continuing education here at SWMC.

Minutes completed by: Elizabeth Irby 6/28/19

**SWMC Nursing Needs Assessment Survey**  
**June 2019**

In order to better meet your needs and interests, we would appreciate a few minutes of your time to complete the following survey.

**Please complete and return to the Education Department by July 1st, 2019.**

*[Check one]*

27 RN    9 LPN    12 C.N.A    1 Social Worker

1. What department do you currently work?  
7 OB    4 OR/PACU/SDC    14 Med/Surg 4<sup>th</sup>    4 Med/Surg 3<sup>rd</sup>    6 Emergency Department  
4 SNU    4 ICU    4 Other \_\_\_\_\_
  
2. Does your main nursing position involve providing direct care services to patients/families?  
45 Yes  
3 No
  
3. How long have you been practicing?  
15 I am a new graduate with limited clinical experience  
15 Under 4 years    2 5 – 10 years    11 10 – 20 years    5 Over 20 years
  
4. I most often hear about continuing nursing education (CNE) offerings?  
40 Through information posted on bulletin boards  
4 Through brochures received at home  
5 Through advertisements in professional newsletters and journals  
13 Through friends/colleagues  
16 Through meetings  
5 Other
  
5. How do you obtain continuing education?  
 35 SWMC hospital education program     Printed materials-journals/ mailings  
 10 Workshop / conferences     8 Computer / web based courses  
 10 all the above     2 other (please list)  
\_\_\_\_\_
  
6. To help meet your continuing education needs, list three topics or practice challenges you confront in your nursing practice that you would like to see addressed.  
-Special Care Nursery, Post-Partum Hemorrhage, Stat C-Section. How to document certain situations like combative patients, rare conditions like Airborne. Post-Surgical Care, Mental Illnesses, C.N.A's roll in codes. Transferring incapacitated patient, bed usage. 1on1 care w/ suicidal confused or violent patients, Meditec training. Lift training, Bed and chair alarms, charting in Meditec. Better New C.N.A training on beds, Pediatrics, Disease Processes, Discharge Planning, unit specific CEU's, address areas of nursing that only happen occasionally. Updated practices, sepsis, lung disease, CHF, Wound Vacs, Burns, understaffing, Vaccines, Pregnancy complications, PIH, Trial of Labor, Legal Aspects of Nursing Care, Pharmacology, Code Blues, Chest Tubes, NG tubes, Para and Thoracentesis, Psychiatric patients, Work Place Violence and aggressive patients.

7. What do you like *most* about SWMC continuing education programs?  
 25 don't have to travel      33 all CNE provided by facility  
 25 convenient                      24 cost savings  
 3 other/suggestions \_\_\_\_\_
8. What do you like *least* about SWMC continuing education programs?  
 4 Topics                                      3 not convenient  
 5 methods offerings provided              10 other
9. When attending programs do you prefer one that is:  
 34 1-2 hrs in length              0 6-7 hrs in length  
 8 3-4 hrs in length              8 time not an issue
10. Does your schedule allow attendance of programs that are best on:  
 11 All day                      10 Morning only  
 15 Evening                      10 Afternoon only
11. Would you like to see more computer based study offerings?  
 33 Yes  
 10 No
12. How can we be more helpful in your educational endeavors?  
 Offer education more frequently and allow staff to attend. Tell us directly when offering is, not just hanging on bulletin boards. Demonstrations or videos, more convenient for night shift. Less computer based training. Can upcoming classes be displayed on the Intranet?

Comments or suggestions: Make it better known when classes are offered and what employees need to attend. It would be nice to begin CareLearning in immediately in September.

If you would like to be contacted directly, please list name & number.

Thank you!

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I. **Administration**

A. **Parent Organization – Seward County Community College (SCCC)**

1. **Organizational chart which distinguishes line and reporting relationships.**

Seward County Community College operates within the framework established by the State of Kansas for Community Colleges. The operation of the college is the responsibility of five administrative officers: the President, Vice President of Academic Affairs, Vice President of Student Services, the Vice President of Finance and Operation. The Academic Organization of the college consists of five divisions: Humanities and Social Science, Agriculture Business and Personal Services, Allied Health, Math, Science, and HPER and Industrial Technology. The Department of Nursing is in the Allied Health Division. The Dean of Allied Health Vice President of Academic Affairs are responsible for coordination and supervision of all instructional activities on campus. Reporting directly to the VP of Academic Affairs are the Deans of each division, the Director of Community Services and Business and Industry, and the Director of the Learning Resource Center. The Director of Nursing reports to the Dean of Allied Health. The Coordinator of Continuing Nursing Education is the Director of Nursing. (See Appendix A for an organizational chart for Seward County Community College)

2. **Philosophy/Mission Statement**

Seward County Community College is a teaching and learning centered institution with the belief that: A well-educated citizenry is a responsible citizenry.

Knowledge is dynamic and evolutionary.

Education and learning are lifelong activities.

Higher education is an investment in future societies, and the college plays a major role in this endeavor.

Every human being is valuable regardless of gender, age, race, creed, cultural background, socioeconomic status, knowledge, or physical and emotional adjustment.

Individuals are unique and deserve the opportunity to develop their optimum potential in learning and living.



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The college, as an integral community component, responds to the interests and needs of the community.

**B. CNE Department**

**1. Departmental organization chart which distinguishes line and reporting relationships.**

The Director of Nursing reports to the Dean of Allied Health who reports directly to the VP of Academic Affairs. The Continuing Nursing Education program Coordinator reports to the Director of Nursing. (See Appendix B for the departmental organizational chart.)

**2. Philosophy of CNE**

**a. Statement of beliefs**

In accordance with the philosophy of its' parent organization, the major task of Continuing Nursing Education is to extend opportunities of continuing education to nurses in Liberal, Kansas and the surrounding area, which includes southwest Kansas, the Oklahoma panhandle and the northern Texas panhandle. The aims and purposes in accordance with the Kansas State Board of Nursing, and the Legislature of the State of Kansas.

We believe that nursing involves collaboration between and among nurses, clients/patients and other members of the health care team for the purposes of promotion, maintenance, and restoration of health through the use of the nursing process. Optimal health care requires successful maintenance of balance for interactions between individuals and their environment. Health care is the inherent right of every person and nursing has as its primary focus the competent promotion of health and wellness for all. Consumers of health care continue to demand an increasing degree of accountability for nursing competence.

Seward County Community College offers continued learning experiences for nurses to increase competence and to enhance their ability to promote optimal health care delivery. The primary motivation and responsibility for continued competence rests with the individual nurse throughout his/her nursing career.

We believe that as adult learners, nurses are problem oriented, self-directed and possess varied competencies as a result of their life experiences. Education of adults requires a cooperative instructor-learner interaction. Competency in nursing practice is based upon knowledge of the principles of biological, physical, and behavioral sciences and through the use of research findings.

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We believe the primary obligation of the CNE department is to provide quality education opportunities for nurses to increase nursing knowledge and skills throughout their careers. The CNE department must remain cognizant of the capabilities, and educational needs and desires of the practicing nurse to facilitate excellence in health care.

**b. Definition and purpose**

The Rules and Regulations of the Nurse Practice Act 60-9-105 (J) defines "Continuing Nursing Education" (CNE) as an organized, systematic and evaluative educational experience beyond the basic preparation which is designed to increase knowledge, improve skills and develop attitudes that enhance nursing and improve health care to the public. CNE does not include in-service education, on-the-job training, job orientation, or education designed for the general public.

The purpose of the Continuing Nursing Education department at Seward County Community College is to provide continuing education for nurses.

3. Goals and Objectives which derive from the philosophy and include statements on promotion and advancement of health care delivery and current nursing trends.

Goals

- a. To develop sound educational offerings to meet the identified needs of the area, thus promoting health care delivery.
- b. To keep a vigilant eye on regional and national education and research developments that may affect nursing practice in the area.
- c. To maintain a mechanism for consumer input via the advisory committee.

Objectives

In accordance with the philosophy, goals, and objectives of the parent organization, the department of Continuing Nursing Education seeks to:

- a. Assess educational needs and desires of the area nurses.
- b. Provide quality continuing education opportunities for nurses in the community.
- c. Demonstrate cooperation with the Kansas State Board of Nursing.

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**C. Continuing Nursing Education Program Coordinator (Registered Nurse)**

1. Job Description

a. Nurse Coordinator of Continuing Education for Nursing

*Requirements*

- (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; and
- (D) have a baccalaureate degree in nursing, except those individuals exempted under K.S.A. 65-1119
- (E)(6) and amendments thereto.

*Primary Function:*

The Nurse Coordinator of Continuing Education will be responsible for planning and coordinating continuing education for nurses following the policies, standards, plan of work, and budget of Seward County Community.

*Functional Responsibilities:*

1. Will assume full responsibility for maintaining and administering the long-term continuing nursing education providership as approved by the Kansas State Board of Nursing and authorized by the Nurse Practice Act.
2. Will develop, administer and interpret the annual needs assessment survey to identify learning needs of the target population.
3. Will plan, organize, implement and evaluate programs that will meet the continuing education requirements outlined by the Kansas State Board of Nursing and the educational needs of area nurses.
4. Will write policies and procedures which meet the statutes and regulations of the Kansas Board of Nursing.
5. Will follow Kansas State Board of Nursing guidelines and procedures for the maintenance of the continuing education program and for the development of new offerings.
6. Will review and interpret for others the provisions included in 60-9-107 of the Nurse Practice Act.
7. Will complete and submit the annual report and the total program evaluation required by the Kansas State Board of Nursing.
8. Will complete the five-year providership renewal application as mandated by the Kansas State Board of Nursing.
9. Will maintain active participation in Kansas State Board of Nursing informational sessions.
10. Will attend and participate in meetings that are pertinent to the field of continuing nursing education.
11. Will identify, recruit, interview and recommend appropriate staff, guest lectures, and resource people for continuing nursing education.
12. Will coordinate with the Director of Business and Industry for advertising and publicity for workshops.

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13. Will collaborate with the Dean of CTE to secure the following: speakers' honorariums, college credit (when appropriate).
14. Will select Advisory Board members and convene, facilitate, and record meetings as required by the Kansas State Board of Nursing.

**D. Advisory Committee**

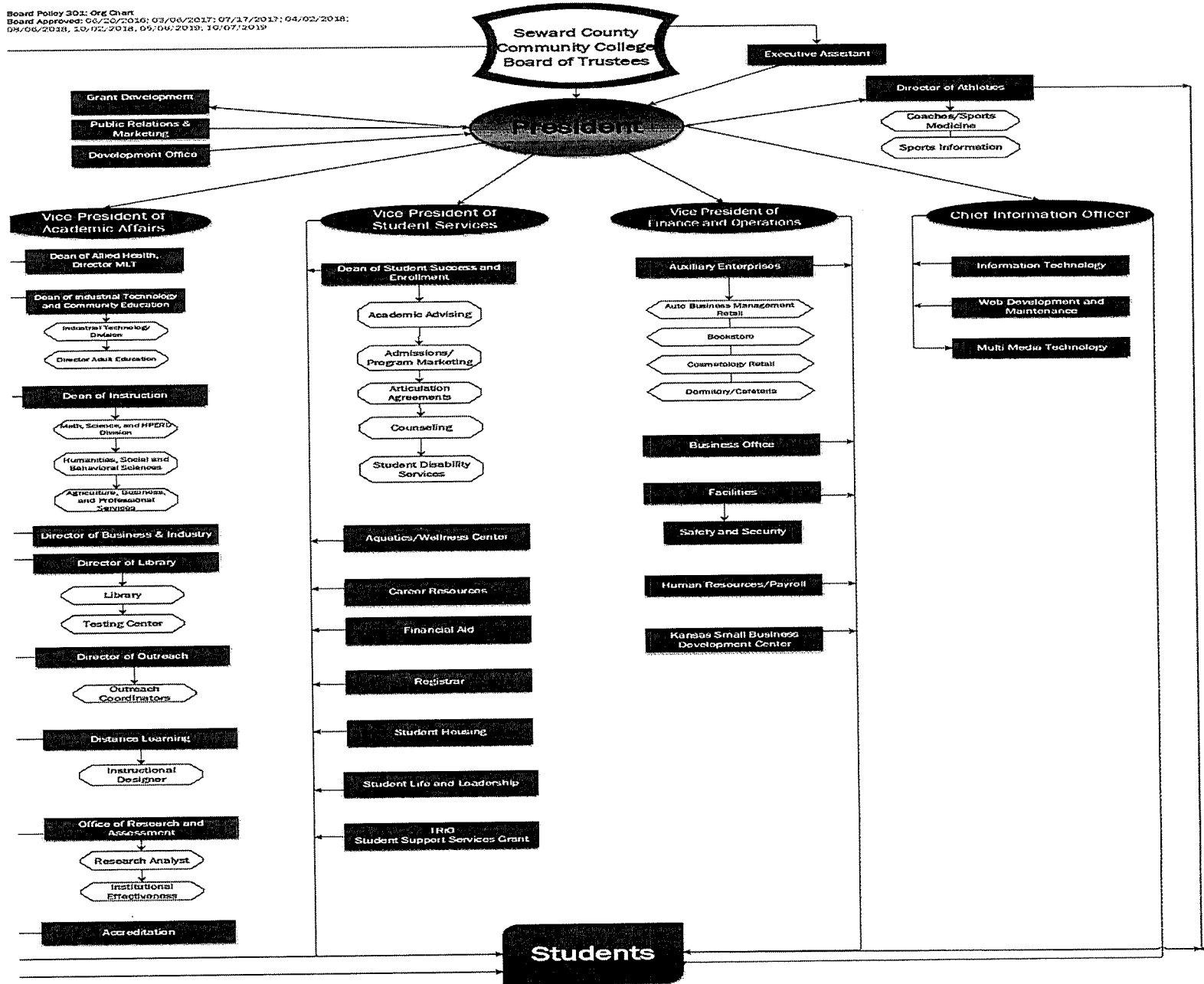
1. **Memberships** – (See Appendix D for list of members.)
2. **Functions (including assessment of CNE needs)**

The Continuing Nursing Education Advisory Committee will meet annually. The committee will be comprised of registered nurses and licensed practical nurses representing diverse clinical specialties ie. medical-surgical nursing, home health nursing, office nursing, acute and long-term care nursing, as well as others. Committee members will assess the learning needs of the nurses they represent and will serve as resources in planning of future continuing education offerings.

3. **Frequency of meetings- Annually**

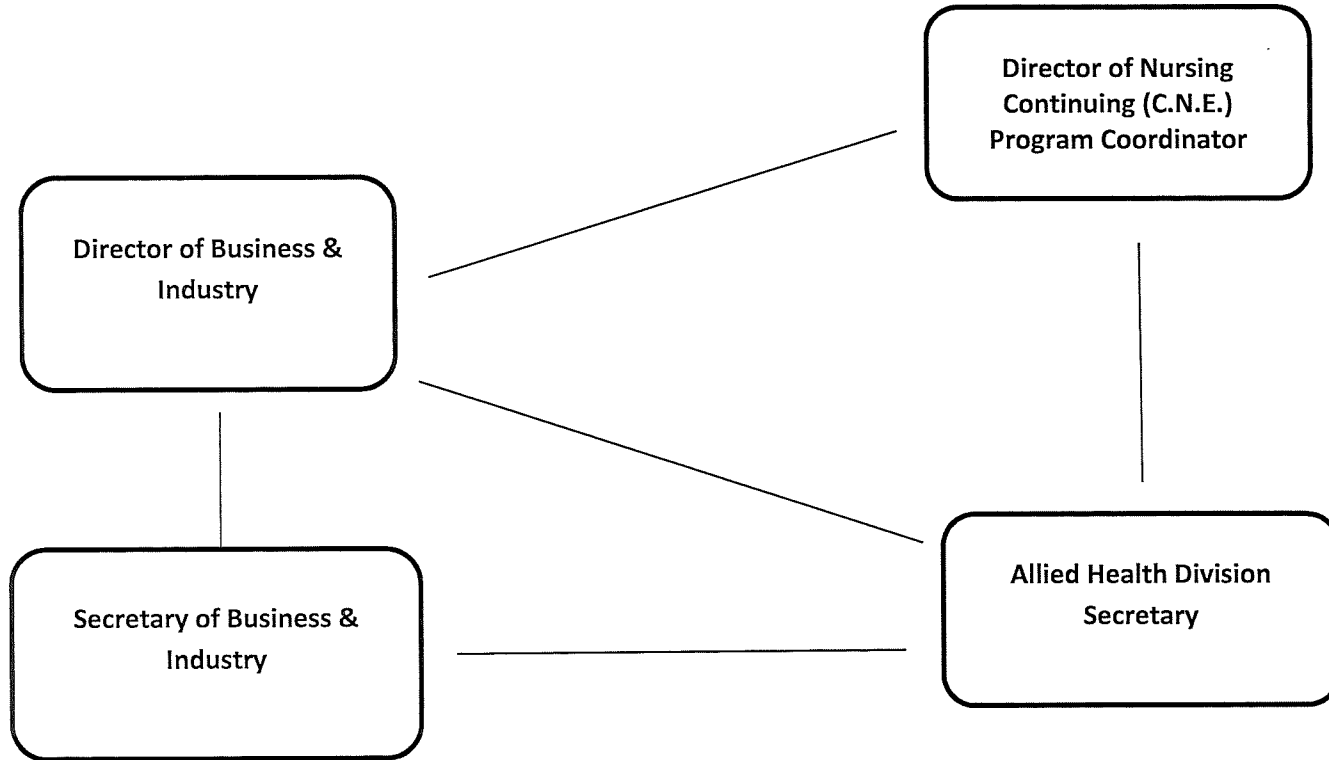
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Board Policy 303: Org Chart  
Board Approved: 03/20/2016; 03/08/2017; 07/17/2017; 04/02/2018;  
08/06/2018, 10/02/2018, 05/04/2019; 10/07/2019



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APPENDIX B  
Departmental Organizational Chart



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**Seward County Community College  
 Continuing Nursing Education  
 Advisory Committee  
 August 2019**

<u>Name</u>	<u>Area of Practice</u>	<u>Agency</u>
Robin Allaman RN, BSN, C-EFM	Director of Nursing	Southwest Medical Center Liberal, KS
Elizabeth Irby, BSN, RN	Education Director	Southwest Medical Center Liberal, KS
Norma Jean Dodge	Director of Business and Industry	SCCC, Liberal, KS
Susan Inghand MSN, RN	Director of Nursing	SCCC, Liberal, KS
Chynessa Myers MSN, RN	Nursing Instructor	SCCC, Liberal, KS
Dawn Unruh, MSN, RN	Nursing Instructor	SCCC, Liberal, KS
Shayla McElvania MSN, RN	Nursing Instructor	SCCC, Liberal, KS
Judy Lathen, MSN, RN	Instructor	SCCC, Liberal, KS
Lu Volden, RN	Health Occupations Instructor	SCCC, Liberal, KS
Maretta Campbell, RN	Health Occupations Instructor	SCCC, Liberal, KS
Martha Brown, RN	Director of Nursing	Seward County Health Department
Brit Short APRN	Nurse Practitioner	Southwest Medical Center

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II. Program Management

A. Policies and Procedures

1. Seward County Community College will adhere to the Policies and Procedures of the Kansas Nurse Practice Act as defined in KSA 60-9-107 which include but are not limited to the following:

\*Each approved long-term provider shall designate a program coordinator responsible for CNE. Coordinator shall be

(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; and

(D) have a baccalaureate degree in nursing, except those individuals exempted under K.S.A. 65-1119

(E)(6) and amendments thereto.

\*Notice of any change of the individual responsible for CNE or in policy or procedures shall be submitted to the board in writing within 30 days.

\*For each CNE offering the approved provider shall retain for two years the syllabus, faculty file, signed attendance roster, and evaluation data of the offering.

\*If the continuing nursing education is to be presented for licensed mental health technician credit, then licensed mental health technician shall be required to serve as a consultant or on the advisory committee.

The offering Approval process shall include:

(1) A summary of the planning;



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- (2) the behavioral objectives;
- (3) the content, which shall meet the definition of CNE in K.S.A. 65-1117, and amendments thereto;
- (4) The instructor's education and experience, documenting knowledge and expertise in the content area;
- (5) A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years and/or periodicals published within the past five years.
- (6) An offering evaluation that includes each participant's assessment of the following:
  - (A) The achievement of each objective; and
  - (B) The expertise of each individual presenter.
  - (C) The following will be awarded:
    - (7) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for one or more contact hours;
    - (8) Credit for fractions of hours over 30 minutes to be computed towards a contact hour;
    - (9) Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum;
    - (10) Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results; or
      - (A) Clinical hours.
    - (11) The CNE Program Coordinator 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:

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- (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; and
- (E) Either the completion of a posttest or a return demonstration.

\* An amended roster shall be submitted if information needs to be changed. "Amended" shall be written in red ink on the roster.

(12) For each offering, the CNE Program Coordinator 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; (syllabus)
- (D) The offering agenda or, for independent study, pilot test results;
- (E) A bibliography;
- (F) A summary of the participants' evaluations; (Evaluation Data)
- (G) Each instructor's education and experience; (Faculty File)
- (H) Signed attendance roster, and
- (I) Documentation to verify completion of the offering, as specified in subsection (f).

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**2. Seward County Community College will adhere to the following institutional Policies and Procedures;**

**a. Registration**

Roster-

The documentation to be maintained will, 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; and
- (C) the participant's name and license number, and the number of contact hours awarded.

**b. Attendance**

Participants must attend the entire offering to receive the maximum number of CNE contact hours. Individuals arriving late or leaving early will receive partial continuing nursing education credit, provided they attend a minimum of one hour. Certificates will not be awarded for fractions of contact hours.

Children will not be allowed to attend CNE offerings.

**c. Certificates**

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. Each certificate and CE certificate shall be complete before distribution to the participant.

Each certificate and each CE transcript shall contain the following information:

- The provider's 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 or
- instructor contact hours awarded;
- the signature of the individual responsible for the providership; and
- the name and license number of the participant.

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**d. Offering Announcement**

In addition to offering information including the title of offering, date of offering, and offering faculty promotional material shall prominently display on all promotional material the statement: "Seward County Community College 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 Approved Provider Number LTLT 0163-0250."

Independent study and Instructor shall be identified.

The offering announcement will also include offering objectives, offering agenda, and pertinent information relative to registering for the offering. (See Appendix H for sample offering announcement with registration and attendance polices.)

**e. Instructor Selection Criteria**

Faculty will be selected based on educational as well as experiential criteria. They will be identified, recruited, interviewed and recommended by the Nurse Coordinator or Continuing Nursing Education.

**f. Records**

The record storage system used shall ensure confidentiality and easy retrieval of records by the the Director of Nursing (CNE Program Coordinator), and the Allied Health Division Secretary.

- The fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board shall be prepared and submitted by the CNE Program Coordinator.

The annual report shall contain the following:

- Advisory committee data and minutes;
- list of continuing nursing education needs;
- a syllabus from one offering;
- An evaluation of all the components of the providership based on the total program evaluation plan;
- a statistical summary report of all offerings listed;

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**B. Needs Assessment**

1. Identification and description of target population. The target population for the CNE offerings is RN's and LPN's in southwest Kansas, the Oklahoma panhandle, and northern Texas panhandle.
2. The CNE Advisory Board representing a cross section of area nurses will be polled at the annual meeting.
3. An assessment of learner needs will also be a part of the evaluation at each of the educational offerings. (See Appendix I for Compilation of Needs Assessment Data and Sample Questionnaire.)

**C. Fees Assessment**

1. The fees will be approximately \$10.00 to \$15.00 per CE credit contact hour. This will depend on speaker fees and expenses. The fees amply should cover the cost of the CE offering.
2. The fees will be reviewed annual by the CE Program Coordinator, the Director of Nursing, and the Director of Business and Industry.

- D. 65-1117: Renewal of licenses; inactive license, fee; continuing education requirements; rules and regulations; reinstatement of lapsed license; notification of change in name or address or criminal conviction.** (a) All licenses issued under the provisions of this act, whether initial or renewal, shall expire every two years. The expiration date shall be established by the rules and regulations of the board. The board shall send a notice for renewal of license to every registered professional nurse and licensed practical nurse at least 60 days prior to the expiration date of such person's license. Every person so licensed who desires to renew such license shall file with the board, on or before the date of expiration of such license, a renewal application together with the prescribed biennial renewal fee. Every licensee who is no longer engaged in the active practice of nursing may so state by affidavit and submit such affidavit with the renewal application. An inactive license may be requested along with payment of a fee which shall be fixed by rules and regulations of the board. Except for the first renewal for a license that expires within 30 months following licensure examination or for renewal of a license that expires within the first nine months following licensure by reinstatement or endorsement, every licensee with an active nursing license shall submit with the renewal application evidence of satisfactory completion of a program of continuing nursing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such program of continuing nursing education. Continuing nursing education means learning experiences intended to build upon the educational 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. Upon receipt of such application, payment of fee, upon receipt of the evidence of satisfactory completion of the required program of continuing nursing education and upon being satisfied that

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the applicant meets the requirements set forth in K.S.A. 65-1115 or 65-1116 and amendments thereto in effect at the time of initial licensure of the applicant, the board shall verify the accuracy of the application and grant a renewal license.

- E. (b) Any person who fails to secure a renewal license within the time specified herein may secure a reinstatement of such lapsed license by making verified application therefor on a form provided by the board, by rules and regulations, and upon furnishing proof that the applicant is competent and qualified to act as a registered professional nurse or licensed practical nurse and by satisfying all of the requirements for reinstatement including payment to the board of a reinstatement fee as established by the board. A reinstatement application for licensure will be held awaiting completion of such documentation as may be required, but such application shall not be held for a period of time in excess of that specified in rules and regulations.
- F. (c) (1) Each licensee shall notify the board in writing of (A) a change in name or address within 30 days of the change or (B) a conviction of any felony or misdemeanor, that is specified in rules and regulations adopted by the board, within 30 days from the date the conviction becomes final.
- G. (2) As used in this subsection, "conviction" means a final conviction without regard to whether the sentence was suspended or probation granted after such conviction. Also, for the purposes of this subsection, a forfeiture of bail, bond or collateral deposited to secure a defendant's appearance in court, which forfeiture has not been vacated, shall be equivalent to a conviction. Failure to so notify the board shall not constitute a defense in an action relating to failure to renew a license, nor shall it constitute a defense in any other proceeding.

History: (History: L. 1949, ch. 331, § 6; L. 1975, ch. 316, § 5; L. 1976, ch. 274, § 1; L. 1978, ch. 240, § 4; L. 1980, ch. 187, § 1; L. 1983, ch. 206, § 8; L. 1988, ch. 242, § 1; L. 1993, ch. 194, § 11; L. 1995, ch. 97, § 1; L. 1997, ch. 146, § 1; L. 2007, ch. 99, § 1; L. 2011, ch. 114, § 79; June 9.)

# Offering #1

## GENERAL INFORMATION

### CONTACT PEOPLE:

Susan Inland, MSN, RN  
620-417-1407  
[susan.inland@sccc.edu](mailto:susan.inland@sccc.edu)

**COMFORT MEASURE:** You might want to bring a sweater as temperatures are variable in the conference room.

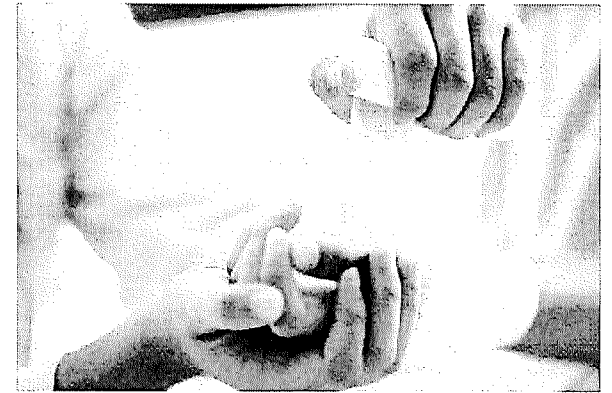
**NURSING CONTACT HOURS:** Seward County Community College is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for three contact hours applicable for RN or LPN relicensure. Kansas State Board of Nursing Provider Number LT 0163-0250.

**OTHER POLICIES:** In order to obtain CEUs, participants can be no more than 15 minutes late to a program. Individuals must be present throughout the entire seminar to receive a certificate of completion.

**CANCELLATION/REFUND POLICY:** SCCC reserves the right to cancel any workshop if there are insufficient registrations. The college will notify the registrants of cancellation and issue a full refund. Sudden cancellation due to bad weather will be announced on La Mexicana or KSCB radio.

- Full refund will be made if notice of personal cancellation is received from participants 48 hours prior to the program.
- A refund (less 25% for administrative costs) will be made if notice of cancellation is received less than 24 hours prior to the program.
- Prepaid "no shows" will not receive a refund.

# Head, Shoulders, Knees, and Toes: Wounds Just Happen



### PRESENTED BY...

Eugene R. Worth, MD, M.Ed.

**FRIDAY, APRIL 26, 2019**

Nursing Continuing Education  
3 CNE Hrs.  
Spring 2019 Seminar

**SEWARD COUNTY COMMUNITY COLLEGE**

1801 N. Kansas  
Student Union Building  
Room SW229 C-D  
Liberal, KS



CNE 240



# EUGENE WORTH PRESENTS...

Head, Shoulders, Knees, and Toes: Wounds Just Happen

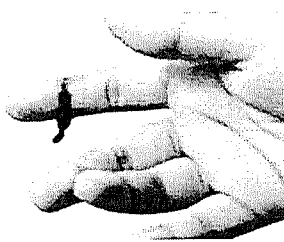
Friday, April 26, 2019 • Seward County Community College • 1801 N. Kansas, Liberal, KS

## ABOUT THE PRESENTATION

Wounds may occur at any location on the body.

Some wounds are diagnosed based on the body location. This lecture will demonstrate wounds by body location and

discuss particular difficulty presented by body location in healing wounds. In addition, we will show several unusual or atypical wounds. For some in attendance, this may be the only time in your practice career to see this type of wound. So, come along and learn about wound care where we treat the 'whole' patient ... not just the 'hole' in the patient.



This seminar will:

1. Identify wound types based on anatomic location;
2. Discuss methods of using plastic/reconstructive surgeons in closing complex wounds;
3. Discuss look-alike wounds (think cancer hiding in wounds);
4. Compare the mechanism of injury with our approach to chronic wounds; and
5. Discuss the role of wound biopsy in management of chronic wounds.

## SPEAKER BIOGRAPHY

Eugene R.

Worth, MD, M.Ed.

graduated from the University of Missouri School of Medicine in 1979. He trained in Anesthesiology and was a cardiac and major vascular anesthesiologist.



For the last 15 years of his practice, he took care of chronic wound patients and was medical director of hyperbaric medicine in Intermountain Health Care (Provo and St. George, Utah). He is an award-winning teacher and national/international lecturer for wound care, hyperbaric medicine, and undersea medicine topics. He has published more than 30 scientific papers and several book chapters. He has a particular interest in uncommon and complex wound patients. Come have some fun and learn about wounds associated with specific anatomic locations!

## SEMINAR DETAILS:

FRIDAY, APRIL 26, 2019

REGISTRATION: 8 A.M. TO 8:25 A.M.

Head, Shoulder, Knees, and Toes:  
Wounds Just Happen – Part 1  
8:30 a.m. to 10 a.m.

Break  
10 a.m. to 10:30 a.m.

Part 2  
10:30 a.m. to Noon

Registration Fee: \$35  
SCCC, Student Union Bldg., Rm. SW229 C-D

## REGISTRATION FORM

### TO REGISTER:

- Call 620-417-1170  
 Fax 620-417-1179  
 [bandi@sccc.edu](mailto:bandi@sccc.edu)  
 ATTN: Business & Industry Office  
SCCC  
PO Box 1137  
Liberal, KS 67905-1137

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### PAYMENT INFORMATION – \$35 REGISTRATION FEE:

Check Enclosed – Check #: \_\_\_\_\_

Bill my company – Attn: \_\_\_\_\_

Charge my credit card:

AMEX  Discover  MasterCard  VISA

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_

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

CVV #: \_\_\_\_\_

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

CNE 241

Head, Shoulders, Knees and Toes  
Eugene R. Worth, MD, M.Ed  
Spring 2019  
Learner Objectives

Objectives:

1. Identify wound types based on anatomic location,
2. Discuss methods of using plastic/reconstructive surgeons in closing complex wounds,
3. Discuss look-alike wounds (think cancer hiding in wounds)
4. Compare the mechanism of injury with our approach to chronic wounds
5. Discuss the role of wound biopsy in management of chronic wounds

# Eugene R. Worth, M.D., M.Ed.

## Curriculum Vitae

### Office Address:

Worth Hyperbaric Consulting, LLC  
106 S. Marimack Drive  
Kearney, MO 64060  
Email: worthe@icloud.com  
Mobile: (801) 717-7528

### Home Address:

106 S. Marimack Drive  
Kearney, MO 64060  
Email: worthe@icloud.com

### Personal Information:

Born, 1955  
Married to Janet Lynn Worth (May, 1975)  
One child, Ross Allyn Worth (Born July, 1980)

### Education:

#### UNDERGRADUATE:

AB, Biological Science / Pre-Medical Sciences (1975)  
University of Missouri-Columbia

#### MEDICAL SCHOOL:

MD, cum laude  
University of Missouri-Columbia School of Medicine (1979)

#### POSTGRADUATE:

Master of Education, with emphasis in Curriculum and Instruction  
University of Missouri-Columbia (1996)

### Residency Training and Fellowship:

#### ANESTHESIOLOGY (1980-1983):

University of Missouri Hospital and Clinics  
Professors:

G.W.N. Eggers, Jr., MD  
Kenneth K. Keown, MD (deceased)  
E. Scott McCord, MD

#### MEDICAL INFORMATICS (1994-1997):

University of Missouri-Columbia  
Medical Informatics Group  
Professors:

Joyce A. Mitchell, PhD, Director  
Timothy B. Patrick, PhD (Primary Advisor)

### Honors:

#### UNDERGRADUATE:

Dean's Honor Roll

Eugene R. Worth, MD, MEd  
Page 2

Marching Mizzou 1971, 1972 (Drum Major 1972)  
Undergraduate Teaching Assistant in Biology (1973-1975)

**MEDICAL SCHOOL:**

Anatomy Teaching Assistant (1976, 1977)  
Pathology Research Fellow (Summer, 1976)  
Russell D. Sheldon Anesthesiology Award (1978)  
Alpha Omega Alpha (1979)

**RESIDENCY:**

Robert D. Dripps, MD Memorial Award (1983)

**FACULTY:**

Golden Apple Teaching Award (1996)  
Excellence in Medical Education Award (1998)  
Excellence in Medical Education Award (1999)  
Golden Apple Teaching Award (2000)  
Medical Student Affairs Council, Excellence in Education Award (2000)  
Excellence in Medical Education Award (2001, 2004)  
Margaret Sullivan Teaching Award (May, 2001)  
Golden Apple Teaching Award (2001)  
Charter Member, Order of Socrates (2001) [A medical education society of master teachers at the University of Missouri-Columbia School of Medicine.]

**Board Certification:**

American Board of Anesthesiology (Lifetime, 1985)  
Undersea and Hyperbaric Medicine, subspecialty certification (January, 2005. Re-certified, 2015)

**State Medical License:**

Missouri (continuous since 1980)  
Utah (2006 – 2018)

**Employment Experience:**

Dixie Regional Medical Center (Medical Director), November, 2012 – January 1, 2017  
Department of Hyperbaric Medicine  
544 South 400 East  
St. George, Utah 84770  
Utah Valley Regional Medical Center (Medical Director), April, 2006 – November, 2012)  
Department of Hyperbaric Medicine  
1034 North 500 West  
Provo, Utah 84604  
Hyperbaric and Wound Care Associates (Staff Physician) July, 2005 – March 31, 2006  
2901 W. Kinnickinnic River Parkway, Suite 311  
Milwaukee, WI 53215  
University of Missouri-Columbia (1999 [part-time] and March, 2004[full-time] – May, 2005)  
Department of Anesthesiology and Hyperbaric Medicine  
3N15 Health Sciences Center  
Columbia, MO 65212  
Medical Information Technologies, Inc. (July, 1997 – March, 2004)

Eugene R. Worth, MD, MEd  
Page 3

President and Owner  
400 E. High Point Lane  
Columbia, MO 65203  
Post-Doctoral Fellow, Medical Informatics (1994-1997)  
University of Missouri-Columbia  
Medical Informatics Group  
605 Lewis Hall  
Columbia, MO 65211  
Joyce A. Mitchell, PhD, Director  
Mid-Missouri Anesthesiologists, Inc. (1991-1994)  
P.O. Box 975  
Columbia, MO 65205  
University of Missouri-Columbia (1988-1991)  
Department of Anesthesiology  
3N15 Health Sciences Center  
Columbia, MO 65212  
PAS, Inc. (1983-1988)  
1900 South National, Suite 1800  
Springfield, MO 65804

**Staff Privileges and Academic Assignments:**  
None (Retired)

Adjunct Assistant Professor of Anesthesiology  
Duke University  
Undersea and Hyperbaric Medicine Fellowship  
November 1, 2013 – July 1, 2017

**Additional Training and Skills:**  
Anesthesia for Heart Transplantation  
Acute and Chronic Pain Management  
Transesophageal Echocardiography  
Epidural Spinal Cord Stimulator (Insertion and Programming)  
Health Care Mediator  
Healthcare Informatics  
Undersea and Hyperbaric Medicine  
NOAA Diving Medical Officer

**Professional Associations:**  
Undersea and Hyperbaric Medical Society

**Journal Publications:**  
Worth ER, Lucas FV. A three-dimensional study of endometrial mitochondria during the menstrual cycle. **American Journal of Obstetrics and Gynecology** 130:153-155, 1978.  
Smith JP, Walls JT, Muscato MS, McCord ES, Worth ER, Curtis JJ, Silver D. Extracorporeal circulation in a patient with heparin-induced thrombocytopenia.

**Anesthesiology** 62:363-365, 1985.

- Worth ER, Burton RJ, Landreneau RJ, Eggers GWN, Curtis JJ. Left atrial air embolism during thoracotomy and needle biopsy of a deep lung lesion. **Anesthesiology** 73:342-345, 1990.
- Worth ER. Recent developments in electronic medical records. **Missouri Medicine**. 95(5):207-210, 1998.
- Worth ER. Y2K: Missouri physicians can be prepared. **Missouri Medicine**. 96(3):85-87, 1999.
- Worth ER, Cochran SK, Dale HM. Oxygen concentration rise in a monoplace chamber. **Undersea Hyperb Med**. 2005; 32(4):252.
- Worth ER, Dale HM, Cochran SK. Oxygen pooling in a dualplace hyperbaric chamber. **Undersea Hyperb Med**. 2005; 32(4):280.
- Moffat AD, Worth ER, Weaver LK. Glycosylated hemoglobin and hyperbaric oxygen coverage denials. **Undersea and Hyperb Med** 2015; 42(3):197-204.
- Huang ET, Mansouri J, Murad MH, Joseph WS, Strauss MB, Tettelbach WH, Worth ER. A clinical practice guideline for the use of hyperbaric oxygen therapy in the treatment of diabetic foot ulcers. **Undersea and Hyperb Med** 2015; 42(3):205-247.
- Eggert JV, Worth ER, Van Gils CC. The cost of hyperbaric oxygen in a limb salvage pathway for Wagner grade 3 or 4 diabetic foot ulcers. **Undersea and Hyperb Med**, 2016; 43(1):1-8.

**Editorials:**

- Worth ER. Data, information, and knowledge: What do you have? **Missouri Medicine** 94(11):651, 1997.

**Refereed Papers with Presentations:**

- Worth, ER, Patrick TB, Klimczak JC, Reid JC. Cost effective clinical uses of wide-area networks: electronic mail as telemedicine. **Journal of the American Medical Informatics Association** 2(suppl):814-818, 1995.
- Patrick TB, Worth ER, Hardin LE. Using concept maps on the world-wide web to access a curriculum database for problem-based learning. **Journal of the American Medical Informatics Association** 3(suppl):32-36, 1996.
- Worth ER, Patrick TB. Do electronic mail discussion lists act as virtual colleagues? **Journal of the American Medical Informatics Association** 4(suppl):325-329, 1997.

**Refereed Abstracts with Presentations:**

- Worth ER and Kirk WO. Cessation of blood flow during intravenous regional anesthesia. **Regional Anesthesia** (Supplement), 14(2S):1, 1989.
- Worth ER and Kirk WO. Cessation of blood flow during intravenous regional anesthesia. **Anesthesiology** (Supplement) 71(3A):A671, 1989.
- Krechel SW, Worth ER, Eggers GWN. The comparative physiology and pharmacology of age progression - an interactive exhibit. (Computer Program). 1989 Annual Meeting of the American Society of Anesthesiologists.
- Krechel SW, Worth ER, Eggers GWN. The comparative physiology and pharmacology of age progression - an interactive exhibit. (Computer Program). 1990 Annual

- Meeting of the International Anesthesia Research Society.
- Worth ER, Patrick TB, Metzler MH, Mitchell JA. UMTrauma: A pen-based evaluation of the acute trauma patient. AMIA 1995 Spring Congress, June 25-28, 1995.
- Patrick TB, Davidson S, Worth ER, Metzler MH, Springer GK. An Image Markup Editor for Entering Trauma Data. AMIA 1995 Spring Congress, June 25-28, 1995
- Worth ER, Patrick TB, Krishna S. The Anesthesiology Discussion List: Is low cost telemedicine consultation effective? AMIA 1996 Spring Congress, June 6-9, 1996. (This presentation was summarized in: "Physicians put promise of telemedicine to the test: reports from rural practitioners, anesthesiologists" **JAMA** 276(4): 267-268, 1996. This presentation was also summarized in: "Telemedicine holds promise of bringing medical expertise to remote locations" **Anesthesiology News**, November, 1996, p. 35.)
- Worth ER, Patrick TB. The Virtual Colleague: Electronic Mail and Information-Seeking Behavior. **Computers in Healthcare Education Symposium**, April 23 - 25, 1997.
- Allen GK, Worth ER, Hardin LE. Implementation and Student Acceptance of Computer Applications for Basic Science Education. **Computers in Healthcare Education Symposium**, April 23 - 25, 1997.
- Hardin LE, Allen GK, Worth ER. Relationship Of Learning Style, Computer Skill And Stages Of Concern In A Veterinary Immunology Course Supported By Internet Technology. **Computers in Healthcare Education Symposium**, April 23 - 25, 1997.
- Worth ER, Witten DM II, Mitchell JA, Sidwell J. Formal and informal information needs of Missouri rural health care providers. AMIA 1997 Spring Congress, May 27-31, 1997, San Jose, CA.
- Keller BPK, Worth ER, Johnson JO. Measuring competence in anesthesiology residents: using standardized patients for pre-operative evaluation. Society for Education in Anesthesia Spring Symposium, May 31 – June 2, 2002, Tucson, AZ.
- Worth ER, Dale HM, Cochran SK. Oxygen filling time in a monoplace hyperbaric chamber. Preliminary results presented at the **Technical and Clinical Aspects of Hyperbaric Chamber Safety** meeting in San Antonio, TX, August 1-2, 2003. Abstract presented at the **UHMS Gulf Coast Chapter** meeting, San Antonio, TX, October 1-4, 2003.
- Worth ER, Cochran SK, Dale HM. Oxygen pooling in a dual place hyperbaric chamber. Preliminary results presented at the **Technical and Clinical Aspects of Hyperbaric Chamber Safety** meeting in San Antonio, TX, August 1-2, 2003. Abstract presented at the **UHMS Gulf Coast Chapter** meeting, San Antonio, TX, October 1-4, 2003.
- Worth ER, Davis WE, Renner GJ, Chase S. Ethmoid Sinus Barotrauma ... Or Is It? Abstract presented at the **UHMS Gulf Coast Chapter** meeting, Dallas, TX, August 3 – 8, 2004.
- Worth ER. Case discussions in hyperbaric medicine: To treat or not to treat. Abstract presented at the **UHMS Gulf Coast Chapter** meeting, Nashville, TN, August 30-September 1, 2007.
- Worth ER. Altitude considerations in hyperbaric operations. Is ATA really ATM? Abstract presented at the **UHMS Gulf Coast Chapter** meeting, Nashville, TN, August 30-September 1, 2007.
- Gwilliam AM, Worth ER, Robins MS. Post-radiation functional improvement not mirrored

in SOMA-LENT. **UHMS Annual Scientific Meeting**, Clearwater, FL, June 2-6, 2010.

Worth ER, Carver JA. Age-Related Macular Degeneration and Hyperbaric Oxygen. **Undersea Hyperbaric Med.** 2010 Sep-Oct; 37(5):375.

Eggert JV, Worth ER, Van Gils C. Outcome, cost and mortality in Wagner Grade 3 diabetic foot ulcer patients completing hyperbaric oxygen therapy. **UHMS Annual Scientific Meeting**. St. Louis, MO, June 18 – 22, 2014.

Moffat AD, Worth ER, Weaver LK. Glycosylated hemoglobin and hyperbaric oxygen-related diabetic foot ulcer healing. **UHMS Annual Scientific Meeting**. St. Louis, MO, June 18 – 22, 2014.

#### **Invited Presentations:**

Worth ER, Patrick TB, Klimczak JC, Reid JC. Cost effective clinical uses of wide-area networks: electronic mail as telemedicine. 1995 National Library of Medicine Training Grant Directors Meeting. Harvard Medical School. Robert Greenes, MD Chairperson. June, 1995.

Worth ER. Hyperbaric incident monitoring study. Guest lecture at the **Technical and Clinical Aspects of Hyperbaric Chamber Safety** meeting in San Antonio, TX, August 1-2, 2003. Abstract presented at the **UHMS Gulf Coast Chapter** meeting, San Antonio, TX, October 1-4, 2003.

Worth ER, Cochran SK, Dale HM. Oxygen concentration rise in a monoplace chamber. Presented at the 2005 UMHS Annual Scientific Meeting, Las Vegas, NV. June 16 – 19, 2005.

Worth ER, Patel N, Freiburger JJ. A case of recurring neurologic decompression sickness: Or is it? Presented at the 2005 UMHS Annual Scientific Meeting, Las Vegas, NV. June 16 – 19, 2005.

Worth ER, Dale HM, Cochran SK. Oxygen pooling in a dualplace hyperbaric chamber. Presented at the 2005 UMHS Annual Scientific Meeting, Las Vegas, NV. June 16 – 19, 2005.

Worth ER. HBOT and diabetic foot ulcers: Do we have a leg to stand on? The Eric P. Kindwall Memorial Keynote Address. Presented at the 2018 Undersea and Hyperbaric Medical Society Annual Scientific Meeting. June 29, 2018.

#### **Letters to the Editor:**

Worth ER, Kirk WO: Cessation of blood flow in intravenous regional anesthesia. **Anesthesia and Analgesia** 67:1020, 1988

Worth ER, Carver JA: Hyperbaric oxygen therapy and age-related macular degeneration. **Undersea Hyperb Med.** 2010 Sep-Oct; 37(5):375

#### **Pending Publications and Abstracts:**

#### **Books and Book Chapters:**

"Hyperbaric Sedation Options and Pharmacology" in Kindwall EP and Niezgoda JA. **Hyperbaric Medicine Procedures (Kindwall HBO Handbook)**, Aurora Health Care, 2006.

Worth ER, Tettelbach WH, Hopf HW. "Enhancement of Healing in Selected Problem Wounds" in Weaver LK (editor) **"The Hyperbaric Oxygen Therapy Committee**



**Report: Indications and Results: 13<sup>th</sup> Edition,"** Undersea and Hyperbaric Medical Society, 2013; 265-291.

**Software Created:**

- ◆ **CMETracker**®, a freeware database written in Microsoft Access for keeping track of continuing medical education. FileMaker Pro version completed 2012.

**Other Informatics Experience:**

Associate Editor of **MSA Communications**, a bimonthly newsletter of the Missouri Society of Anesthesiologists (1997 – 2002)  
Chairperson, Society for Computers in Anesthesia (2002)  
Member, Committee on Technology and Computing, Society for Education in Anesthesia  
Member, Hyperbaric Incident Monitoring Study, an international patient safety database for hyperbaric medicine.

**Teaching and Faculty Responsibilities:**

NII Rural Telemedicine Project (NLM Contract):  
Rural Information Resources Director (1996 - 1997)  
PBL (Problem-based learning) Instructor (1994 - 1996)  
IPC (Introduction to Patient Care) Instructor (1994 - 2005)  
Director, Introduction to Patient Care Curriculum (1997 - 2005)  
Member, Curriculum Directors Committee (1997 – 2005)  
Member, Conley Scholar Admissions Committee (1996 - 2001)  
Member, Dean's Mission Based Management Team (2001 – 2005)  
Co-Director of Residency Education, Department of Anesthesiology (2001 - 2005)  
Director, Hyperbaric Medicine Center (2002 – 2005)  
Member, University Hospital Quality Committee (2003 – 2005)  
Member, Board of Health Care Quality (2003 – 2005)  
Chairperson, Patient Safety Committee (2003 – 2005)

**Additional Undersea and Hyperbaric Medicine Experience:**

Medical Director, Jefferson C. Davis, Jr. Hyperbaric Medicine Center, University of Missouri-Columbia (May 2002 – May 2005)  
Medical Director, Utah Valley Regional Medical Center Hyperbaric Medicine (April 2006 to November 2012).  
Medical Director, Dixie Regional Medical Center Hyperbaric Medicine (November 2012 to present).  
Undersea and Hyperbaric Medicine, subspecialty certified, January 2005.  
Undersea and Hyperbaric Medicine, subspecialty re-certification, January 2015.  
UHMS-certified Diving Medical Examiner, January 25, 2005 to 2015.  
NOAA Diving Medical Officer, 2009  
Vice-Chair of the Subcommittee on Enduring Materials for the UHMS Education Committee for 2004 - 2008.  
Member UHMS Safety Committee, (2012 to present).  
Invited lecturer for International ATMO, San Antonio, TX. I give multiple lectures for the 40-hour Team Training Course and Safety Director course.  
Medical Director, Intermountain Corporate Hyperbaric Medicine Development Team

Eugene R. Worth, MD, MEd  
Page 8

(2009 – 2016)

Medical Director, Intermountain Corporate Wound and Skin Care Team (2009 – 2011)

Medical Director, Intermountain Corporate Intensive Medicine Clinical Program (March, 2010 – December, 2010)

Founding Award Recipient, "Circle of Excellence Award," 2017 from the Baromedical Nurses Association, recognizing mentoring and support for hyperbaric medicine nurses worldwide.

References are provided upon request.

December, 2018.

## Biography

### Bio:

Eugene R. Worth, MD, M.Ed. graduated from the University of Missouri School of Medicine in 1979. He trained in Anesthesiology and was a cardiac and major vascular anesthesiologist. For the last 15 years of his practice, he took care of chronic wound patients and was medical director of hyperbaric medicine in Intermountain Health Care (Provo and St. George, Utah). He is an award-winning teacher and national/international lecturer for wound care, hyperbaric medicine, and undersea medicine topics. He has published more than 30 scientific papers and several book chapters. He has a particular interest in uncommon and complex wound patients. Come have some fun and learn about wounds associated with specific anatomic locations!

Beharry S. & Gibbons S. (2016) *An overview of emerging and new psychoactive substances in the United Kingdom*, *Forensic Sci Int*, 267, 25-34.

Bhatti Z., Norsworthy J., & Szombathy T. (2017) *Loperamide metabolite-induced cardiomyopathy and QTc prolongation*, *Clin Toxicol*, 55(7), 659-661.

Gladden R.M., Martinez P., & Seth P. (2016) *Fentanyl Law Enforcement Submissions and Increases in Synthetic Opioid–Involved Overdose Deaths — 27 States, 2013–2014*, *MMWR*, 65(33), 837-843.

Helander A. & Bäckberg M. (2016) *New Psychoactive Substances (NPS) – the Hydra monster of recreational drugs*, *Clin Toxicol*, DOI:10.1080/15563650.2016.1217003.

Keefe, P.R. *The Family That Built an Empire of Pain*, *The New Yorker*, 12 Dec. 2017, [www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain](http://www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain).

Nelson M.E., Bryant S.M., & Aks S.E. (2014) *Emerging Drugs of Abuse*, *Emerg Med Clin N Am* 32, 1–28.

Quinones S. (2015) *Dreamland*. New York: Bloomsbury Press.

Rudd R.A. et al. (2014) *Increases in Heroin Overdose Deaths – 28 States, 2010 to 2012*, *MMWR*, 63(39), 849-854.

Salam, M. *The Opioid Epidemic: A Crisis Years in the Making*, *The New York Times*, 27 Oct. 2017, [www.nytimes.com/2017/10/26/us/opioid-crisis-public-health-emergency.html](http://www.nytimes.com/2017/10/26/us/opioid-crisis-public-health-emergency.html).

Tait R.J., et al. (2016) *A systematic review of adverse events arising from the use of synthetic cannabinoids and their associated treatment*, *Clin Toxicol*, 54:1, 1-13.

Vakkalanka J.P., Charlton N.P., & Holstege C.P. (2017) *Epidemiologic Trends in Loperamide Abuse and Misuse*, *Ann Emerg Med*, 69(1), 74-78.

Wound Care Lectures  
Seward County Community College  
April 26, 2019  
Eugene R. Worth, MD

**Bibliography:**

Most of the lecture consists of personal wound care cases that illustrate advanced wound care practice. As such, there is no bibliography that follows these cases. However, there are some general texts and papers that would be good to include.

**Text:**

Wound Care Practice, 2<sup>nd</sup> Edition. Sheffield PJ, Fife CE. Best Publishing Company, North Palm Beach, FL, 2007.

**Scientific Papers:**

Brem H, Lyder C. Protocol for the successful treatment of pressure ulcers. *Am J Surg* 188;9S – 17S;2004.

Tang JC, Vivas A, Rey A, Kirsner RS, Romanelli P. Atypical Ulcers: Wound biopsy results from a University wound pathology service. *Ostomy Wound Management* 2012;58(6):20-29.

Ovington L. Hanging Wet-to-Dry Dressings Out to Dry. *Home Healthcare Nurse* 2001;19(8):477-484.

Fife CE, Carter MJ, Walker D, Thomson B. Wound Care Outcomes and Associated Cost Among Patients Treated in US Outpatient Wound Centers: Data from the US Wound Registry. *Wounds* 2012;24(1):10-17.

SEWARD COUNTY COMMUNITY  
COLLEGE

*Nursing Continuing Education 2019 Spring Program*

THIS CERTIFIES THAT

Vanessa Alvarado

50312 (License Number)

has attended

*Head, Shoulders, Knees and Toes: Wounds Just Happen*

Given this 26<sup>th</sup> day of April, 2019

*Kansas State Board of Nursing Provider Number. LT 0163-0250*

*PO. Box 1137, Liberal, KS. 67905*

3 Hours

Contact Hours Awarded



*Suzanne St. Onge MSN, RN*  
CNE Provider

CONTINUING EDUCATION FOR NURSES  
ATTENDANCE ROSTER  
PROVIDER NUMBER: LT0163-0250

PROVIDER NUMBER: LT0163-0250

APPROVED PROVIDER: Seward County Community College

PHONE: 620/417/1401

AGENCY PRESENTING COURSE: Seward County Community College

COURSE TITLE: Head, Shoulders, Knees and Toes: Wounds Just Happen

INSTRUCTORS: Eugene R. Worth, MD, M.Ed.

COURSE DATES: April 26, 2019

LOCATION: SCCC Campus, Student Union, Room SW 229 C/D

NAME Last Name First Name		ADDRESS	CITY	STATE	COUNTY	LPN/RN	LICENSE #	HOURS AWARDED	SIGNATURE
Short	Britt	1725					46166	3	B Short APRN
Trejo	Amanda						142287	3	A. Trejo RN
Unruh	Dawn						104507	3	Dawn Unruh RN
VanDoren- Cook	Cheri						13-119036	3	Cheri VanDoren RN
Villezcas	Yolidia						23-39277	3	Yolidia Villezcas RN
Volden	Luisa						13-88050	3	Luisa Volden RN
Anglemeyer Smith	Cynthia Lacy						PN 13-45347-052 127040		Cynthia Anglemeyer RN Eugene R. Worth MD

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## Seward County Community College

### Continuing Nursing Education • Program Evaluation

Name of Program: Head, Shoulders, Knees, and Toes:  
Wounds Just Happen

Date: Friday, April 26, 2019

Location: SCCC, Student Union, SW229 C/D

Semester: Spring 2019

Course #: 10809 (Professionals)

Presenter: Dr. Eugene Worth

In order to provide quality continuing education, SCCC needs your assessment of this program. We welcome all comments and encourage you to complete this form.

Please place an "X" in the number that best indicates your feelings about the program.

*Upon completion of this program, you are able to:*

Objectives	1 - Excellent	2	3	4	5 - Poor
1. Identify wound types based on anatomic location.	23	2			
2. Discuss methods of using plastic/reconstructive surgeries in closing complex wounds.	21	4			
3. Discuss look-alike wounds (think cancer hiding in wounds).	24	1			
4. Compare the mechanism of injury with our approach to chronic wounds.	22	3			
5. Discuss the role of wound biopsy in management of chronic wounds.	23	2			

Speaker: Dr. Eugene Worth	1 - Excellent	2	3	4	5 - Poor
1. The content was strongly covered.	25				
2. The speaker was easily understood.	25				
3. The speaker was well-prepared and knowledgeable.	25				

Please comment on the following items:

1. Please list two specific things you plan to do as a result of this learning experience.
  - Anatomy and Documentation
  - Teach nurses to look at the entire patient not just the wound
  - Get a good H&P
  - Continue to educate staff on wounds and treatments reminding staff to look at the whole person not the hole in the person
  - Teach it as part of wound care instruction
  - Question look-alikes, could be cancer hiding in wounds, biopsy
  - Question wet to dry dressings as well as the need/timing of debridement
  - Assess the whole patient not just the wound



- Seek specialized care when wound not healing and getting worse
- Help staff evaluate wounds
- Be more mindful of wounds
- Look for the source of the wound and advocate for the patient
- Implement this in clinic practice
- Be more aware about non healing wound/what else it could be
- Look at patient more as a whole
- Use in my job as I give care
- Biopsy to determine
- Best use of wound care supplies
- Look at the patient overall and not just treat the wound
- Review wound care policies at work and review different wound care supplies available
- Incorporate teachings when I begin my new career as an PNP in a few months
- Subscribe to woundpreference.com
- Share info with colleagues
- Study
- Be more diligent about different disease processes that could cause wounds

2. In general, I found this program to be one that was:

- Informative(4)
- Interesting
- Good info
- Good content
- Excellent and informative
- Wonderfully presented and greatly important
- Thought provoking. Watching and treating the whole patient not the hole in the patient – love that
- Beneficial to assessing wounds and care
- Had good content and exposure for nursing students
- Very Interesting. I really enjoyed it
- Very interesting and informative. Easy to listen to
- Interesting addressing things smaller hospitals not likely to see and instilled in us as RN's to be further investigative when looking at wounds

3. Recommended topics for future programs are:

- Labs and review of typical results
- Documentation – Click and Done
- Diabetic ulcers, wound vacs
- Completely different topic – but specific disease processes, cerebral palsy, cystic fibrosis, pediatric topics

- Mental health (5)
- Anything
- Person-centered care, including LTCU

4. Additional comments:

- Thank you for offering CEU's in SW Kansas
- Very well done
- Enjoyed seminar, thank you
- This was very informative, I learned a lot
- Great speaker
- I would have had no way to learn of this if my employer hadn't happened on it
- Find some way to let RN's in community find out about these very good CEU's

5. How did you hear about this seminar?

- Email (7)
- My corporate team in Wichita
- Boss
- SCCC
- SCCC nursing faculty
- My administrator
- Flyer

## Offering #2

Hi Norma Jean –

It was a pleasure speaking with you on Friday. I'm looking forward to speaking at your seminar!

I'd propose a combination of two talks I give; one on newer drugs of abuse and another on the opioid epidemic. I can package them up neatly to fill a 3-hour block.

Here are titles/objectives I've used to submit for CE approval in the past:

Title: Newer Drugs of Abuse

Objectives:

- 1) Describe the types and clinical effects of newer drugs of abuse
- 2) Outline methods used to obtain and use illicit substances and paraphernalia
- 3) List online resources for keeping up with drug abuse trends

Title: The Opioid Epidemic: How Did We Get Here, and What Can Be Done?

Objectives:

- 1) Outline trends in opioid prescribing and use
- 2) Identify factors that contribute to opioid misuse
- 3) Discuss methods to minimize opioid abuse and mortality

As you can tell, I wasn't at my creative best when I came up with those titles. If you can come up with something better for a combined talk feel free to do so!

Here's a brief bio; feel free to modify to best suit your needs. I've also attached a head shot:

Scott graduated from the University of Oklahoma College of Pharmacy in 1992 and has been working in the field of clinical toxicology for 24 years. In addition to his position as Managing Director of the Oklahoma Center for Poison and Drug Information, he serves on several state and national committees related to toxicology and drug abuse. He has particular interest in the areas of drugs of abuse and health literacy.

I've got Friday, April 13<sup>th</sup> from 9-12 blocked out on my calendar. I'm free March 8 and 9 as well in case plans change.

**GENERAL INFORMATION**

**CONTACT PEOPLE:**

Susan Inghland, MSN, RN  
620-417-1407  
susan.ingland@sccc.edu

**COMFORT MEASURE:** You might want to bring a sweater as temperatures are variable in the conference room.

**NURSING CONTACT HOURS:** Seward County Community College is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for three contact hours applicable for RN or LPN relicensure. Kansas State Board of Nursing Provider Number LT 0163-0250.

**OTHER POLICIES:** In order to obtain CEUs, participants can be no more than 15 minutes late to a program. Individuals must be present throughout the entire seminar to receive a certificate of completion.

**CANCELLATION/REFUND POLICY:** SCCC reserves the right to cancel any workshop if there are insufficient registrations. The college will notify the registrants of cancellation and issue a full refund. Sudden cancellation due to bad weather will be announced on La Mexicana or KSCB radio.

- Full refund will be made if notice of personal cancellation is received from participants 48 hours prior to the program.
- A refund (less 25% for administrative costs) will be made if notice of cancellation is received less than 24 hours prior to the program.
- Prepaid "no shows" will not receive a refund.

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Liberal, KS 67905-1137

# Newer Drugs of Abuse & The Opioid Epidemic: How Did We Get Here & What Can Be Done?



**PRESENTED BY...**  
Scott Schaeffer, RPh, DABAT

**FRIDAY, APRIL 13, 2018**  
Nursing Continuing Education  
Spring 2018 Seminar

**SEWARD COUNTY  
COMMUNITY COLLEGE**  
1801 N. Kansas  
Student Union Building  
Room SW229 C-D  
Liberal, KS

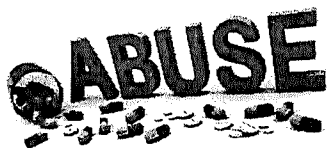


# SCOTT SCHAEFFER PRESENTS...

Newer Drugs of Abuse and The Opioid Epidemic: How Did We Get Here, and What Can Be Done?  
Friday, April 13, 2018 • Seward County Community College • 1801 N. Kansas, Liberal, KS

## ABOUT THE PRESENTATION NEWER DRUGS OF ABUSE

8:30 a.m. to  
10 a.m.



This seminar will:

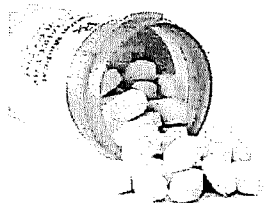
1. Describe the types and clinical effects of newer drugs of abuse;
2. Outline methods used to obtain and use illicit substances and paraphernalia; and
3. List resources for keeping up with drug abuse trends

## THE OPIOID EPIDEMIC: HOW DID WE GET HERE, AND WHAT CAN BE DONE?

10:30 a.m. to Noon

This seminar will:

1. Outline trends in opioid prescribing and use;
2. Identify factors that contribute to opioid misuse; and
3. Discuss methods to minimize opioid abuse and mortality.



## SPEAKER BIOGRAPHY

Scott graduated from the University of Oklahoma College Of Pharmacy in 1992 and has been working in the field of clinical toxicology for 24 years. In addition to his position as Managing Director of the Oklahoma Center for Poison and Drug Information, he serves on several state and national committees related to toxicology and drug abuse. He has particular interest in the areas of drugs of abuse and health literacy.



## SEMINAR DETAILS:

FRIDAY, APRIL 13, 2018  
REGISTRATION: 8 A.M. TO 8:25 A.M.

Newer Drugs of Abuse  
8:30 a.m. to 10 a.m.

Break  
10 a.m. to 10:30 a.m.

The Opioid Epidemic: How Did We Get  
Here, and What Can Be Done?  
10:30 a.m. to Noon

Registration Fee: \$35  
SCCC, Student Union Bldg.  
SW229 C-D

## REGISTRATION FORM

### TO REGISTER:

- ☎ Call 620-417-1170
- ☎ Fax 620-417-1179
- ✉ [bandi@sccc.edu](mailto:bandi@sccc.edu)
- ☒ ATTN: Business & Industry Office  
SCCC  
PO Box 1137  
Liberal, KS 67905-1137

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### PAYMENT INFORMATION – \$35 REGISTRATION FEE:

Check Enclosed – Check #: \_\_\_\_\_

Bill my company – Attn: \_\_\_\_\_

Charge my credit card:

AMEX  Discover  MasterCard  VISA

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_

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

CVV #: \_\_\_\_\_

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

CNE 262

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## Scott Schaeffer, RPh, DABAT

5809 NW 103<sup>rd</sup> Place

Oklahoma City, OK 73162

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Licensure: Oklahoma DPh #11414

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### Professional Experience

1994 – Present    **Oklahoma Poison Center** – Oklahoma City, OK

#### MANAGING DIRECTOR

Managing Director in day to day operations of the Poison Center.

Provide toxicologic consultation for medical professionals, laypersons, veterinarians, and others seeking guidance regarding the management of potentially toxic exposures.

- Perform follow-up consultation to verify positive outcomes and provide additional guidance for therapy where necessary
- Provide bedside consultation for victims of poisoning admitted to OU Medical Center
- Perform daily quality assurance duties, identify where improvements in quality of care can be made and discuss with staff members
- Manage funding of poison center, including pursuing and writing grants as well as development of alternative revenue sources
- Develop and implement new quality assurance indicators when potential problems are noted
- Provide consultation with staff members regarding management of difficult cases, consulting with Medical Director when necessary
- Perform face-to-face consultation with physicians regarding management of difficult or unusual poisoning cases.
- Provide interviews for media regarding items of local and national interest
- Assist education coordinator with writing of public educational materials, planning programs, and dissemination of poison prevention information
- Assist in the writing and review of staff education and development materials, including case studies and test questions, for use in national training programs for Specialists in Poison Information
- Prepare for, train staff, and implement exercises in conjunction with Incident Command System in preparation for potential chemical, biologic, and radiologic events
- Gather, edit, and report data on a weekly basis for the RADARS study administered by the Rocky Mountain Poison and Drug Center
- Perform data collection for ongoing studies involving therapeutic misadventures involving acetaminophen in adults and pediatric exposures to acetaminophen
- Perform annual staff evaluations

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## Teaching

- University of Oklahoma College of Pharmacy  
PHAR 7523 – Clinical Toxicology – 1998 – Present  
Subjects taught include toxicology of pesticides, opioid and non-opioid analgesics, antidepressants, neuroleptics, antidiabetic agents, caustics and corrosives, digoxin, clonidine, iron, anticonvulsants, and lithium.
- Speak to various professional and public groups regarding poison prevention, safety, and first aid
- Preceptor for PharmD students, medical students and residents in Pediatrics from the University of Oklahoma, and Emergency Medicine Fellows from the University of Oklahoma and Oklahoma State University

## Publications – Peer Reviewed

- “Retrospective Review of SGLT2 Inhibitor Exposures Reported to 13 Poison Centers,” **Schaeffer SE**, DesLauriers C, Spiller HA, Aleguas A, Baeza S, Ryan ML; *Clin Toxicol*, in print.
- "An Observational Study of the Factor Xa Inhibitors Rivaroxaban and Apixaban as Reported to Eight Poison Centers," Spiller HA, Aleguas A, Griffith K, Goetz R, Ryan M, Bangh S, Klein-Schmidt W, **Schaeffer SE**, Casavant M. *Ann Emerg Med* 2016 Feb; 67(2):189-95.
- “Expanding access to naloxone in the United States,” Doyon S; Aks SE; **Schaeffer S**; Position Statement. *J Med Toxicol* 2014 Dec; 10(4):431-4
- “Expanding access to naloxone in the United States,” Doyon S; Aks SE; **Schaeffer S**; Position Statement. *Clin Toxicol* 2014 Dec; 52(10):989-92
- “Reply to comments on ‘Evaluation of dabigatran exposures reported to poison centers,’” Harrison DL; **Schaeffer SE**; Conway SE. *Ann Pharmacother*. 48(5):664-5, 2014 May.
- “Evaluation of dabigatran exposures reported to poison control centers,” Conway SE, **Schaeffer SE**, Harrison DL. *Ann Pharmacother*. 48(3):354-60, 2014 Mar.
- “Fatal bleeding associated with dabigatran,” **Schaeffer S**, Conway SE. *Am J Health-syst Pharm*. 2013 Oct 1 (70):1651-2
- “Use of electronic learning modules for teaching pharmacy and nursing staff: How to locate and utilize drug information resources in a poison control center.” Williams K, Hagemann TM, **Schaeffer S**. *Currents in Pharmacy Teaching & Learning*. 2013; 5:39-43.
- “Multiple lead appendoliths following ingestion of lead shot: Time course and removal by laparoscopic appendectomy.” Banner B, **Schaeffer S**, Badillo RB, Hovseth K, Condley B, McNeely R. *Clin Toxicol* 2012 Apr; 50(4):266-7.
- “Poison control therapy.” **Schaeffer SE**, Badillo RB. *Am J Nurs*. 2009 Dec; 109(12):42-5.
- “Multiple seizures after bupropion overdose in a small child.” Spiller HA, **Schaeffer SE**. *Pediatr Emerg Care*. 2008 Jul; 24(7):474-5.



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- “Salicylate toxicity associated with administration of Percy medicine in an infant.” Lewis TV, Badillo R, Schaeffer S, Hagemann TM, McGoodwin L. *Pharmacotherapy*. 2006 Mar; 26(3):403-9.

### Book Chapter

- Schaeffer SE, Badillo RB, Hovseth K. Toxicology; in Sheehy’s Manual of Emergency Care. 7th ed. St. Louis: Mosby; 2012

### Other Publications

- “Preparing for the ABAT Exam.” FYI, Newsletter for the AAPCC SPI Committee, 2009
- “Salicylates found in many products.” *Oklahoma Pharmacist*, March 2006
- “The ten most common poisonings.” *Oklahoma Pharmacist*, March 1996

### Poster Presentations

- “Atypical botulism presentation following botulinum toxin with phenol therapy,” North American Congress of Clinical Toxicology, Washington, DC, 2011.
  - “Multiple lead appendoliths following ingestion of lead shot: Time course and removal by laparoscopic appendectomy,” North American Congress of Clinical Toxicology, Washington, DC, 2011.
  - “Pediatric adverse reaction to pramoxine – ‘My imagination’s acting funny,’” North American Congress of Clinical Toxicology, Denver, CO, 2010.
  - “A poison center’s role in care for disaster evacuees,” North American Congress of Clinical Toxicology, San Antonio, TX, 2009.
  - “Lionfish envenomation leading to generalized paralysis,” North American Congress of Clinical Toxicology, San Antonio, TX, 2009.
  - “Considerations in developing a recommendation for evacuation or sheltering in place during a natural or manmade disaster,” Oklahoma Public Health Association Annual Conference, 2009
  - “Lessons learned in the establishment of pharmacy services for Hurricane Gustav evacuees,” Integrated Medical, Public Health, Preparedness and Response Training Summit, Dallas, TX, 2009
  - “Black widow envenomation presenting as possible barbiturate withdrawal,” North American Congress of Clinical Toxicology, Toronto, Canada, 2008
  - “Raising poison control centers’ visibility through multi-disciplinary interactions,” North American Congress of Clinical Toxicology, Toronto, Canada, 2008
  - “Hypocalcemia and dysrhythmia in a pediatric patient following toothpaste ingestion,” North American Congress of Clinical Toxicology, New Orleans, LA, 2007
  - “A regional poison center’s cost savings to taxpayers,” North American Congress of Clinical Toxicology, San Francisco, CA, 2006
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- “Sequelae of delayed diagnosis of food-borne botulism,” North American Congress of Clinical Toxicology, San Francisco, CA, 2006
  - “Misleading product packaging leading to salicylate toxicity in an infant,” North American Congress of Clinical Toxicology, Orlando, FL, 2005
  - “Respiratory arrest and generalized paralysis secondary to therapeutic misadventure with Epsom salts,” North American Congress of Clinical Toxicology, Orlando, FL, 2005
  - “Inhalation abuse of methanol-containing carburetor fluids,” North American Congress of Clinical Toxicology, Chicago, IL, 2003
  - “Availability of activated charcoal in the Oklahoma City metropolitan area,” North American Congress of Clinical Toxicology, Tucson, AZ, 2000

#### **Professional Presentations – approved for Continuing Education**

- “Advanced HAZMAT Life Support,” two day course presented twice yearly in Oklahoma City and Tulsa, 2011-present
- “Emerging Drugs of Abuse,” St. Anthony (Shawnee) medical staff and RNs, Shawnee, OK, 2016
- “Emerging Drugs of Abuse,” Oklahoma Pharmacists Association Law Seminar, Oklahoma City, OK, 2015
- “High-Tech Highs: Nicotine and THC Delivery in the 21<sup>st</sup> Century,” Walter P. Scheffe Continuing Education Series, Oklahoma City, OK, 2015
- “Smoke Gets In Your Eyes - Myths and Facts about Medical Marijuana,” Oklahoma Society of Health-System Pharmacists Annual Meeting, Oklahoma City, 2015
- “Smoke Gets In Your Eyes - Myths and Facts about Medical Marijuana,” Oklahoma Pharmacists Association Annual Meeting, Oklahoma City, 2014
- “Emerging Drugs of Abuse Update,” Oklahoma Pharmacists Association Law Seminar, Oklahoma City, 2013
- “Emerging Drugs of Abuse,” Oklahoma Pharmacists Association Annual Meeting, Branson, MO, 2013
- “Emerging Drugs of Abuse,” Medical Reserve Corps, Oklahoma City, OK, 2012
- “Emerging Drugs of Abuse,” Nurse Practitioner Forum, College of Nursing, Oklahoma City, OK, 2012
- “Introduction to the Poison Center,” Oklahoma State University College of Veterinary Medicine, Stillwater, OK, 2011
- “New Drugs of Abuse,” Forensic Toxicology Consortium, Edmond, OK, 2011
- “Neurotoxins,” Department of Neurology, University of Oklahoma College of Medicine, Oklahoma City, OK, 2011
- “Toxic Teens: The hidden epidemic of prescription drug abuse,” Advanced Practitioner Registered Nurse continuing education conference, Oklahoma City, OK, 2011
- “In Tune with Toxicology,” Toxicology History Society, North American Congress of Clinical Toxicology, Washington, DC, 2011

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- “Safer Medication Use,” 35<sup>th</sup> Annual Oklahoma Conference on Aging, Tulsa, OK, 2010
  - “Poison Center Operations,” SPI Symposium, North American Congress of Clinical Toxicology, Denver, CO, 2010
  - “There’s something in the air...,” SPI Roundtable, North American Congress of Clinical Toxicology, Denver, CO, 2010
  - “Toxic Teens: The hidden epidemic of prescription drug abuse,” Oklahoma State Department of Education, 2010 Safe and Drug-Free Schools Conference, Oklahoma City, OK, 2010
  - “AAPCC SPI Roundtable,” North American Congress of Clinical Toxicology, Denver, CO, 2010
  - “Poison Center Operations,” North American Congress of Clinical Toxicology, Denver, CO, 2010
  - “Implications of drug overdoses”, Advanced Practitioner Registered Nurse CE Conference, University of Oklahoma College of Nursing
  - “All work and no play – Poisoning doesn’t just happen to kids,” Oklahoma State Emergency Services meeting, Edmond, OK, 2009
  - “The role of the poison center in the treatment of the poisoned patient,” Keynote address, Emergency Care Symposium, Oklahoma City, OK, 2009
  - “Poisoning potpourri,” St. John’s Hospital, Owasso, OK, 2009
  - “Clinical toxicology update,” Walter P. Scheffe Continuing Education Series, Oklahoma City, OK, 2007
  - “Clinical toxicology update,” Oklahoma Society of Health-System Pharmacists Annual Meeting, Oklahoma City, OK, 2006

#### **Additional Professional Activities**

- Manuscript reviewer for Clinical Toxicology, Pharmacotherapy, Annals of Pharmacotherapy, American Journal of Health System Pharmacy, Journal of Addiction Medicine
  - Co-Editor, Online Coding Training Manual, American Association of Poison Control Centers
  - Development of training materials to help prepare qualified candidates for the American Board of Applied Toxicology examination
  - Member, Oklahoma
  - Member, Oklahoma State Epidemiological Outcomes Workgroup
  - Member, Oklahoma Overdose Prevention Committee
  - Member, Regional Medical Planning Group, Oklahoma regions 6, 7, and 8
  - Member, Oklahoma Occupational Safety and Health Surveillance Advisory Committee
  - Member, Oklahoma Injury Prevention Advisory Committee
  - Member, Unintentional Poisoning Subcommittee, Oklahoma State Department of Health
  - Member, Pharmacy Practice and Professional Service Strategic Plan Committee, University of Oklahoma College of Pharmacy
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- Member, Senior Advisory Committee, Oklahoma Emergency Preparedness and Response Service
  - Established pharmacy services on an emergent basis for Hurricane Gustav evacuees; provided staff pharmacist service as well as managing setup, breakdown, and post-event analysis.
  - Developed poison center-specific training program for teaching specialists information and primary literature retrieval; instituted at Oklahoma poison center and modified for use on a national basis.

#### **Additional Certifications**

- Diplomate of the American Board of Toxicology
- Advanced HAZMAT Life Support Provider
- Advanced HAZMAT Life Support Instructor
- Basic Life Support Provider
- Incident Command System 100, 200, 300, and 700 certified
- Credentialed to perform patient consultation at OU Medical Center

#### **Honors and Awards**

- Generation Rx Award – 2013 – inaugural presentation  
Awarded for outstanding work in drug abuse prevention  
Presented by the Oklahoma Pharmaceutical Association and Cardinal Health Foundation

**1996 – 2004**      **Guardian Health Systems** – Oklahoma City, OK

**STAFF PHARMACIST** – Part time

- Prepared intravenous admixtures for patients receiving therapy at home
- Admixtures prepared include hyperalimentation, antibiotics, chemotherapy, and pain control medications
- Compounded oral, topical, and rectal dosage forms when necessary
- Assisted in application of continuous quality improvement plan
- Preceptor for PharmD students from the University of Oklahoma and Southwestern Oklahoma State University

**1992 – 1994**      **Midwest Regional Medical Center** – Midwest City, OK

**STAFF PHARMACIST**

- Thorough knowledge of hospital pharmacy inpatient and outpatient procedures
- Performed drug utilization review and evaluation
- Taught total parenteral nutrition theory and practice to nurses in critical care training
- Provided in-service training to nursing staff regarding new drugs
- Provided drug information for physicians, hospital staff, and members of the community

## Education

### Bachelor of Science, Pharmacy – 1992

University of Oklahoma Health Sciences Center  
Oklahoma City, OK

- President, Phi Lambda Sigma Leadership Society
- Vice-President, Executive Council
- Vice-Regent, Kappa Psi Pharmaceutical Fraternity

### Bachelor of Arts, Psychology – 1986

Central State University  
Edmond, OK

## Professional Affiliations and Offices

American Association of Poison Control Centers

- Co-Chair, Accreditation Committee
  - Chair, E-Submission Development Subcommittee
  - Member, Metrics Subcommittee
- Member, Nominations Committee
- Member, AAPCC Virtual Poison Center Committee
- Reviewer, AAPCC Fatality Review Committee
- Member, Staff Development Subcommittee
- Member, Virtual Poison Center Committee
- Member, SPI Committee, 2008-10

American Academy of Clinical Toxicology

- Member, American Academy of Clinical Toxicology Clinical Toxicology Recommendations, Collaboration, and Systematic Reviews Committee

American Board of Applied Toxicology

American Association of Poison Control Centers

Oklahoma Society of Health-System Pharmacists

- Secretary, 2006-2008

Oklahoma Medical Reserve Corps

Kappa Psi Pharmaceutical Fraternity

Phi Lambda Sigma Leadership Society

# Seward County Community College

## Continuing Nursing Education • Program Evaluation

**Name of Program:** Newer Drugs of Abuse & The Opioid Epidemic: How Did We Get Here, and What Can Be Done?  
**Location:** SCCC, Student Union, SW229 C/D  
**Course #:** 10786 (Students)

**Date:** Friday, April 13, 2018  
**Semester:** Spring 2018  
**Presenter:** Scott Schaeffer

In order to provide quality continuing education, SCCC needs your assessment of this program. We welcome all comments and encourage you to complete this form.

Please place an "X" in the number that best indicates your feelings about the program.

**Upon completion of this program, you are able to:**

Objectives	1 - Excellent	2	3	4	5 - Poor
1. Described the type and clinical effects of newer drug abuse.	49	2			
2. Outlined methods used to obtain and use illicit substances and paraphernalia.	50	1			
3. Listed resources for keeping up with drug abuse trends.	49	2			
4. Outlined trends in opioid prescribing and use.	50	1			
5. Identified factors that contribute to opioid misuse.	49	2			
6. Discussed methods to minimize opioid abuse and mortality.	44	5			

Speaker: Scott Schaeffer	1 - Excellent	2	3	4	5 - Poor
1. The content was strongly covered.	49	2			
2. The speaker was easily understood.	49	2			
3. The speaker was well-prepared and knowledgeable.	51				

Please comment on the following items:

1. Please list two specific things you plan to do as a result of this learning experience.
  - A.
    - Now I know few things about street drugs and what they refer to. I will be more cautious of these drugs.
    - Utilize poison control as a resource.
    - Visit websites to stay informed.
    - Use in clinical setting.
    - Visit the websites he provided as reliable research engines.
    - Be more aware of substances that are not known as drugs and keep up with what people are using to better treat patients with known signs and symptoms.
    - Educate my patients of the risks of addiction with opioids even after just one use.

- Read "Dream Land".
- Educate myself more on specific drug use in my region upon entering workforce.
- Learn more about this subject.
- I plan to try and keep updated on the different drugs being abused.
- Share this information with friends and family.
- Educate family & friends.
- Notify these drugs in the presentation & what they can potentially do to the body.
- Look more into marijuana use in Oklahoma.
- Apply it to my patient education.
- As a future nurse I will provide education to patients I come across.
- Be more mindful of opioid use.
- Educate patient.
- I plan to apply this information in my nursing career in order to help identify drug abuse.
- More mindful of symptoms. Being a ER nurse knowing that not everyone will test positive for THC.
- Reinforce the complications of pain meds with patients.
- Not become a drug addict.
- I will take advantage of the website resources provided.
- I would like to look more into the recourses given.
- Use the sources given to learn more about opiate abuse.
- I will take my new knowledge into my professional practice & try to use other methods of pain relief.
- Be more aware and educate the public on illegal meds that are sold legally in there forms such as bath salts and K2/Spice.
- I added poison control contact info on my cell and will advertise it to my pts with young children.
- Definitely make sure Fentanyl patches are disposed of properly. I've seen them thrown in the trash and employees take them off bare handed.
- I plan to stay more aware of current drug abuse trends. It is important for me to always know what I might come across as a nurse.
- When assisting patients or even family and friends, I will stress how addictive opioids can be and teach them how to correctly use them if needed. They should follow their doctor's orders and keep in mind the deadly consequences that can occur with addiction.
- Apply this information to my nursing career by knowing the identifiers of drug abuse.
- Recognize signs of drug abuse.
- Research my facilities policy on the use of narcan, and the availability to obtain the drug in my community.
- I am definitely more aware of how this epidemic affects those around me.
- Watch for opioid drug use.
- Be more non-threatening & non-judgmental with these types of patients.

- Keep myself informed on recent updates on this topic.
- Plan to try to keep up with new trend to better understand.
- Monitor family use of drugs.

B.

- Be able to make proper decision when giving pain medication. I-e clock watcher, or actually in pain?
- Dispose of fentanyl more promptly than before.
- Try & keep updated on new uses of drugs so I can be prepared if a drug user comes in the ER.
- Educate self & children.
- Research antidotes for commonly used drugs.
- I will be very picky about when opioids should be used. Make patients aware of side effects of opioid use. Avoid using opioids myself.
- Educate on how to prevent addictions and help those in need of support.
- Look-up website information provided in the lecture.
- Become more aware of presenting sign and symptoms of drug use in my community.
- I will try to better assess a patient for potential opioid abuse.
- Share information with coworkers.
- Implement info into practice.
- Recognize signs & symptoms of opioid withdrawals.
- Look more into teenage use of drugs in Oklahoma.
- Educate peers.
- Educate younger kids.
- Teach pts to get alternative pain control.
- Be more aware of what I administer and maybe do other alternative methods to help with pain instead of just administer pain med.
- Keep up with different drugs on minute and with websites provided.
- Provide education for patients.
- Push for medical marijuana in the state of KS, all of the drugs on the market, have very dangerous side effects such as "opioids" – marijuana has nowhere near the side effects of opioids.
- I am very interested in reading Dream land.
- Help prevent our youth from falling into the use of these drugs.
- Inform close friends about the high addiction dangers of opiate consumption.
- I will educate my children about how dangerous these "new" forms of pot are.
- Use the new resources to look into more information to use in clinic and to educate myself to prepare for these ever changing situations.



- Look up the policies on administering pain-relief drugs at my hospital to better aware myself of how to address possible drug-seeking pts and interventions once one is detected.
- Educate people about the new drugs and hopefully help people be more aware of them for their children.
- I plan to include more education for patients in my care. Some of them might not be aware that anybody could easily get addicted. Addiction is real, and it is scary.
- Educate patients, family, and friends on side effects that can occur. I will stress that extreme addiction and use of opioids can severely alter consciousness and possibly even lead to death.
- Monitor the websites for new drugs that are distributing throughout. To have an idea of side effects and way of use.
- Refer people who need it to the proper sources.
- Continue to stay up-to-date on "Newer Drugs", especially while working in the ER and having young children.
- I now am more aware of the types of drugs and how to use my knowledge in my practice as a nurse.
- Get Narcan for personal convenience for possible drug OD.
- Attempt to educate patients regarding addiction & narcotic usage.
- Plan to be better educated.
- Increase education of topic to family/friends.

2. In general, I found this program to be one that was:

- Very informative. (3)
- Very interesting. Presenter kept me interested throughout the presentation.
- Interesting. (2)
- Very knowledgeable, important for the public to see and very interesting to attend.
- Very educational and brought awareness to new substances and how to use them. Also how drugs affect the body.
- Very interesting and full of new knowledge for me.
- Very informative and overall a good program.
- Informative. (2)
- Very informative and very good information to know. Very educational.
- Very informative & useful.
- Quite interesting.
- Very interesting. (3)
- Interesting.
- Very informational.
- Informational.
- Very informative and easy to understand.

- Very informative, educational.
- Educative, easy to understand & a shocker.
- Amazing!
- Very informative.
- Eye opener.
- Very informative and a very captivating topic.
- Informative and very pertinent to up to date challenge of current.
- Very informative and one I would recommend.
- Very good & informal.
- Very informative and related well to my course of study.
- Extremely educational and applicable to the medical field. Because of the rise in opioid abuse, medical personnel need to recognize how and why this is occurring and think about ways to decrease this abuse.
- Well understood and to my knowledge.
- Very informative and interesting.
- Extremely interesting and informative!
- Enlightening & useful.
- Very informative and interesting topic.
- Very helpful, learned new things.
- Very informative, interesting, and educational – also, enlightening.

3. Recommended topics for future programs are:

- Dementia – Teepa Snow!!
- Septic shock in children. Medicines used for oncology.
- Medical marijuana.
- More in depth of street drugs. Stroke education. Hypertensive disorders. OB emergencies. Psychiatric awareness. Anaphylaxis.
- Any topic that is affecting a lot of people in the United States.
- I think hot topics like this one would be good.
- Great presentation.
- Any.
- Mass casualty, Disaster planning in hospital setting, Physical/Occupational therapy, Surgical care update and changes, PTSD identification and management, Alternative pain management, any CAD.
- What trends should we be looking for now/near future?
- Anything relating to current health care trends. It is important for health care professionals to stay up-to-date to know what to expect in the workforce.
- Nothing is coming to mind at the moment.
- Topic well covered. No need for additional information.
- THC oils and alternative treatments for chronic pain.

- None. Very well covered, maybe CBD oils.

4. Additional comments:

- I really enjoy the topic on both street & pharmacological drug addiction and how they get distributed. It was an eye opening to see all the increased # of drug addiction.
- Thank you Scott Schaeffer for assisting us in furthering our education as nursing students. This presentation was very well done.
- I really enjoyed this seminar and he was really good at keeping your attention.
- Well done.
- Loved the conference.
- Speaker did a great job.
- So good.
- Great!
- The speaker was excellent.
- I would switch "The Opioid Epidemic" and "Newer Drugs of Abuse" PowerPoints so we could understand the history before we know why it's a growing problem.
- It was really nice to have breakfast, but there were no healthy options. That has nothing to do with the seminar, but it was all I could think of for this line.
- Great speaker! Very knowledgeable and easy to follow!
- Thank you so much! I truly enjoyed this conference.
- Very knowledgeable speaker.

5. How did you hear about this seminar?

- Nursing School.(4)
- SCCC – Nursing program. (4)
- Class required.
- Instructor. (3)
- School. (9)
- Nursing program. (3)
- Nursing Instructors. (6)
- Nursing Requirement.
- SCCC. (2)
- Nursing class.
- SCCC Nursing.
- SCCC Allied Health.
- School teachers.
- Requirement for nursing program. (2)
- SCCC ADN Program.
- Through class.

# Seward County Community College

## Continuing Nursing Education • Program Evaluation

**Name of Program:** Newer Drugs of Abuse & The Opioid Epidemic: How Did We Get Here, and What Can Be Done?

**Date:** Friday, April 13, 2018

**Location:** SCCC, Student Union, SW229 C/D

**Semester:** Spring 2018

**Course #:** 10785 (Professionals)

**Presenter:** Scott Schaeffer

In order to provide quality continuing education, SCCC needs your assessment of this program. We welcome all comments and encourage you to complete this form.

Please place an "X" in the number that best indicates your feelings about the program.

**Upon completion of this program, you are able to:**

Objectives	1 - Excellent	2	3	4	5 - Poor
1. Described the type and clinical effects of newer drug abuse.	22	3			
2. Outlined methods used to obtain and use illicit substances and paraphernalia.	19	5			
3. Listed resources for keeping up with drug abuse trends.	22	3			
4. Outlined trends in opioid prescribing and use.	21	1			
5. Identified factors that contribute to opioid misuse.	22	2			
6. Discussed methods to minimize opioid abuse and mortality.	19	4			

Speaker: Scott Schaeffer	1 - Excellent	2	3	4	5 - Poor
1. The content was strongly covered.	23	2			
2. The speaker was easily understood.	22	3			
3. The speaker was well-prepared and knowledgeable.	23	2			

Please comment on the following items:

1. Please list two specific things you plan to do as a result of this learning experience.

A.

- Check on narcan distribution in Kansas.
- Share info with school staff & family.
- Share info with co-workers.
- Further research types of drugs & side effects that can be seen in patients and how to treat it.
- Utilize the information in some of my related lectures with students.
- Read Dreamland.
- Present the information to my co-workers at the clinic.

- I plan to share with co-workers the information presented regarding the newer drugs of abuse, and how used.
- Be more vigilant in recognizing the different drugs, signs of use or abuse.
- Incorporate some of the information obtained in my drug addiction lecture for students.
- Research more on methods of manufacturing/use.
- Obtain narcan for our facility (ctc).
- Be more observant.
- Be more aware of signs and symptoms.
- Incorporate data unto future lectures to enhance student learning.
- Be more aware of behaviors to watch for.
- #1 Use this information for assessment with possible drug abuse. #2 Use this information for teaching others regarding what to look for when suspected drug abuse.
- Ask more questions when drug use is suspected.
- Be more aware of student behavior.

B.

- Encourage use of non-narcotic pain relieving options prior to giving or getting order for narcotics.
- Teach my students/implement different assessment strategies to determine whether or not my patients could be at risk/are using drugs.
- Find & procure narcan nasal spray.
- Read the book Dreamland!
- Continue to refuse opioids as a pain mgmt Tx.
- Be more aware of signs of drug abuse.
- Be more observant of people and surroundings regarding opioids and their abuse.
- Further on-line research.
- Recognize & refer pBC opioid/ substance abuse addiction. Show my children the video of the people taking "synthetic marijuana" so I can freak them out not to use it.
- Ask hosp about major issues with drugs.
- Be more observant in practice of abuse.
- Utilize data unto public education.
- Pay attention to things that can be used as drugs – orc substance combos.
- Pay attention to things that I would not have previously thought to be drugs.

2. In general, I found this program to be one that was:

- Extremely beneficial.
- Very enlightening.

- Excellent!
- Very informative. The speaker was very informative & knowledgeable.
- Informative & up to date.
- Extremely informative & easy to listen to.
- Very interesting & very informative.
- Very informational.
- Interesting & informative (maybe too informative)
- Very informative. (4)
- Very interesting and valuable.

3. Recommended topics for future programs are:

- Drug use among teens (or risky behaviors)
- Mental health. (2)
- Wound care & new updated treatments.
- In school drug assessments for SN to assess for safety and usage.
- Recognition/assessment for suspected drug abuse.
- Recognition of/assessment for drug use/being under influence of drugs (in school setting).

4. Additional comments:

- Can't stand late starts 10 min past start time. Need to be more prepared & give extra time for prep in case of tech issues.
- More CEU here in liberal SCCC can provide for professional. I would pay more to be able to get him here.
- Too much info on hx! 1800's – 1900's, most of use not born then!
- Great Program!

5. How did you hear about this seminar?

- E-mail. (2)
- Mailing. (2)
- Nursing program.
- SCCC employee. (2)
- Mailed/Flyer.
- Flyer that was sent by mail to me from the college.
- Mailed brochure.
- Part of the planning committee.
- Brochure.
- Flyer in mail, employer.

- E-mail from SCCC.
- SCCC B&I.

## Stephenson, Chelsey [KSBN]

---

**From:** Susan G. Inland <susan.inland@sccc.edu>  
**Sent:** Friday, January 24, 2020 11:14 AM  
**To:** Moreland, Carol [KSBN]  
**Cc:** Stephenson, Chelsey [KSBN]  
**Subject:** RE: Follow-up on CNE Long-term provider renewal application  
**Attachments:** Continuing Education Total Program Evaluation Plan 2019.pdf; Susan Inland CV Updated 2019 August.pdf; 11-19-2018 CNE Advisory Board Meeting Minutes.pdf

#17  
KSBN EDUCATION

*EXTERNAL:* This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Carol,  
Here you go. The planning of topics occurred at our CNE advisory meeting. It was wound care. From that point then Norma Jean Dodge and I contacted Dr. Worth and moved forward with the planning of the conference. Thank you so much for reaching out! Let me know should you need anything else.



**Susan G. Inland, MSN, RN**  
Director of Nursing / Instructor  
620-417-1407 (office) • 620-417-1449 (fax)  
[sccc.edu](http://sccc.edu)

**SEWARD COUNTY COMMUNITY COLLEGE**  
520 N. Washington Ave., P.O. Box 1137, Liberal, KS 67905-1137  
TRUST VALUE OTHERS QUALITY INTEGRITY STUDENT SUCCESS

---

**From:** Moreland, Carol [KSBN] <Carol.Moreland@ks.gov>  
**Sent:** Friday, January 24, 2020 10:05 AM  
**To:** Susan G. Inland <susan.inland@sccc.edu>  
**Cc:** Stephenson, Chelsey [KSBN] <Chelsey.Stephenson@ks.gov>  
**Subject:** Follow-up on CNE Long-term provider renewal application

**This email is not from SCCC.**

-IT

Hi Susan,

Hope things are going well for you. I have reviewed your five year renewal application for long-term CNE provider and have the following questions:

1. I do not find a copy of your CV was submitted with the application. I need that to verify you meet the qualifications. Can you please get that to me?
2. I did not find a copy of your total program evaluation plan. I will need that.
3. For the offering titled "Head, Shoulder, Knees and Toes: Wounds Just Happen" there was no a summary of the planning. I will need that



I want to ensure your application is complete when it is reviewed by Committee and Board in March. **I will need the information for 1, 2 and 3 above to me no later than February 12, 2020.** It is acceptable to email it to me.

Thanks for your assistance with this and let me know if you have any questions.

Carol Moreland, MSN, RN  
Executive Administrator  
Kansas State Board of Nursing  
900 SW Jackson, Suite 1051  
Topeka, KS 66612  
785-296-5752  
Fax: 785-296-3929

**Note: new email address:** [carol.moreland@ks.gov](mailto:carol.moreland@ks.gov)

***What you choose to do today determines what you get to do tomorrow***

*If you would like to provide feedback about the customer service you have received, please visit our website ([www.ksbn.org](http://www.ksbn.org)) and complete the short **Customer Service Survey** located on our home page.*

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**Seward County Community College**

**Total Program Evaluation Plan 2019**

Area	Frequency	Responsible Person	Criteria	Findings	Actions/ Recommendations
Administration	Annually	CNE Program Coordinator	Review job description	Job description has been updated and will be looked at annually	Will be revised as needed within the CNE policies and will be presented to the CNE Advisory Board in the fall of 2019
Policies: Assess need, planning -written tool - evaluation summaries	Annually With Each Conference	CNE Program Coordinator	Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning	The survey questions were appropriate to obtain the needed information; Yes; Summaries have indicated topics of interest for educations	Continue to assess participants of program offerings; Continue to meet with Advisory Board to determine area needs; Maintain this question on evaluation summaries;
Policies: Fee Assessment	Annually	CNE Program Coordinator, Director of SCCC Nursing program and Director of Business and Industry	Policy meets organization and customer needs	The program offerings adequately covered the speaker's fees and expenses; The fee was appropriate for the customer with no verbal complaints	Continue to charge approximately \$10-\$20 per CE contact hour;
Policies: Announcement	Every two years	CNE Program Coordinator	Review to be certain they reflect necessary information	Crucial information was included;	Continue to evaluate following each offering that is presented
Policies: Offering approval process	Annually	CNE Program Coordinator	Review policies and compare to KSBN requirements	In compliance with KSBN regulations;	Monitor with each offering

## Seward County Community College

### Total Program Evaluation Plan 2019

Policies: Awarding contact hours	Annually	CNE Program Coordinator	Review brochures and certificates to verify contact hours awarded; review documentation of partial credit	In compliance with KSBN Regulations; Credits were awarded as outlined in policy and procedures and by KSBN;	Monitor with each offering
Policies: Verifying participation/ completion	Annually	CNE Program Coordinator	Review rosters and certificates; compare to KSBN requirements	Rosters and certificates were reviewed and follow the KSBN Regulations	Monitor with each offering a check list for required information by KSBN and the Nurse Practice ACT was developed by previous CNE Director and is currently utilized by new CNE Director and by Business and Industry
Policies: Record keeping	Annually	CNE Program Coordinator	Audit contents of files for compliance with KSBN requirements	A summary of the planning of the offerings, copy of the brochure with title, objective, agenda the bibliography and a summary of the evaluations are kept for two years and include the instructor's education and experience and documentation to verify completion of the offering; The records are stored in a confidential file system	Continue to keep up to date files for each offering as per KSBN requirements
Policies: Notification of changes	Annually	CNE Program Coordinator	Review procedures for changes reported to KSBN	The refund policy and the cancellation policy were included in the program brochure;	Continue to include in each program brochure

Seward County Community College

Total Program Evaluation Plan 2019

Total Program Evaluation effectiveness	Annually	CNE Program Coordinator	Review total program evaluation and compare contents to KSBN requirements	The summaries were reviewed after each offering participants reported that the objectives were	Continue to evaluate with each offering
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**CURRICULUM VITAE**  
**Susan G Inland MSN, RN**  
**11932 Road 6**  
**Liberal, Kansas 67901**  
**(580) 522-1613**  
**susan.inland@sccc.edu**

**EDUCATION**

---

WEST TEXAS A & M UNIVERSITY- Canyon, Texas Master of Science in Nursing  
(Comprehensive) Conferred December 2015. GPA 4.0

WEST TEXAS A & M UNIVERSITY – Canyon, Texas, Completion of BSN Degree,  
date of completion December of 2013 GPA 3.7 Magna Cum Laude

SEWARD COUNTY COMMUNITY COLLEGE-Liberal, KS  
Associates Degree in Applied Science Nursing, 1997 CUM Laude GPA 3.5

SEWARD COUNTY COMMUNITY COLLEGE- Liberal, KS  
Associates Degree in Science 1997 CUM Laude GPA 3.5

SEWARD COUNTY COMMUNITY COLLEGE-Liberal, KS  
Licensed Practical Nurse CUM Laude GPA 3.5

OKLAHOMA PANHANDLE STATE UNIVERSITY- GOODWELL, OK  
1993-1994 GPA 3.75

**PRACTICE**

---

July 2016-present	<b>Director of Nursing</b> Allied Health Associate Degree Nursing Program Seward County Community College Liberal Kansas 67901
August 2013-2015	<b>Nursing Instructor</b> Allied Health Associate Degree Nursing Program Seward County Community College Liberal Kansas 67901
January 2011- June 2013	<b>Executive Director of Emeritus at Liberal Springs</b> Liberal, Kansas 67901

June 2009- January 2011	<b>Director of Utilization Management and Discharge Planning</b> Southwest Medical Center Liberal Kansas, 67901
September 2006- June 2009	<b>Nursing Instructor</b> Allied Health Associate Degree Nursing Program Seward County Community College Liberal, Kansas 67901
1999-2006	<b>Registered Nurse (ICU, ER, PSYCH, Medical/Surgical &amp; Skilled Nursing)</b> Southwest Medical Center Liberal, Kansas 67901
1998-1999	<b>Registered Nurse</b> High Plains Clinic Dr. Yeats Hooker, Ok 73945
1998-1997	<b>Registered Nurse (Float Nurse)</b> Southwest Medical Center Liberal, Kansas 67901
1996-1997	<b>Licensed Practical Nurse (Medical/Surgical &amp; Skilled Nursing)</b> Southwest Medical Center Liberal, Kansas 67901
1994-1996	<b>Certified Nurse's Aide</b> Southwest Medical Center Liberal, Kansas 67901
1994-1993	<b>Certified Nurse's Aide</b> Good Samaritan Nursing Home Liberal, Kansas 67901

#### **CERTIFICATIONS**

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BLS 08/20/2017-08/20/2019

OMBUDSMAN STATE OF KANSAS VOLUNTEER 2016-2017

KANSAS ASSISTED LIVING OPERATOR'S LICENSES-2012

LEADERSHIP TRAINING WITH EMERITUS-OCTOBER SEATTLE WA 2012

KANSAS CARE ASSESSOR TRAINING 2010

**PROFESSIONAL MEMBERSHIPS/ACTIVITIES**

SIGMA THETA TAU 2013-2018

American Nurses Association

Kansas Nurse's Association

Advisory Board Member Oklahoma Panhandle State University RN-BSN Program

**LICENSES**

Registered Nurse

Kansas and Texas

**COMMUNITY**

**ACTIVITIES**

---

MEMBER FIRST BAPTIST CHURCH

SOROPTIMIST INTERNATIONAL

**CAMPUS COMMITTEE ACTIVITIES**

---

Enrollment Management Committee present

Employee Selection Committee present

Retention Committee present

Assessment Committee Critical Thinking Expert 2013-present

Assessment Writing Across the Curriculum 2015-2016

2013-2014 Student Engagement

2013-2018 Professional Employees Association

**CONTINUING EDUCATION**

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<u>PROGRAM TITLE</u>	<u>SPONSOR</u>	<u>DATE</u>	<u>CEU</u>
CAE Healthcare Simulation Training	CAE	07/23-25/2019	
ACEN 2019 Nursing Education Accreditation Conference	ACEN	07-18-20-2019	16.0
Kansas Leadership Center Your Leadership Edge	Kansas Leadership Center	06-04-07-2019	
Applying Neuroscience to Learning	University of Kansas	05/31/2019	7.20
Applying Neuroscience to Learning	University of Kansas	05/31/219	6.50

Reengineering a Pre-Nursing Fundamentals Course to Increase Positive Student Engagement And Outcomes	University of Kansas	05/30/2019	1.20
Academic Integrity: More than Academics	University of Kansas	05/31/2019	1.0
Cultural Transformation: Developing Community and Collegiality Among Nursing Faculty	University of Kansas	05/30/2019	1.00
Next Generation NCLEX	University of Kansas	05/30/2019	1.0
Classroom Teaching Strategies That engage Students	University of Kansas	05/30/2019	2.0
Clinical Evaluation-A Dying Art?	University of Kansas	05/30/2019	1.80
Head, Shoulders, Knees And Toes Wounds Just Happen	KSBN Provider	04/26/2019	3.0
Peer Evaluator Training	ACEN	03/29/2019	5.75
Self-Study Forum	ACEN	03/14-15/2019	9.5
Effectively Leading an ACEN-Accredited Program A Workshop for Program Administrators	ACEN	03/13/2019	5.0
Nursing Regulations For Safe Practice	Texas Board of Nursing	January 14, 2019	2.0
KCADNE 2018 Barb Bancroft	KSBN	October 25 <sup>-26</sup> , 2018	9.3
Nursing Education for Accreditation	ACEN	July 12-14, 2018	13.5
Nurse Educator Conference	KSBN	June 4-5, 2018	15.1
Newer Drugs of Abuse	KSBN	April 13, 2018	3.0



Effectively Leading an Accredited Program: A workshop for Program Administrators	ACEN	April 4, 2018	5.0
ACEN Self-Study Forum	ACEN	April 5-6, 2018	9.5
Harassment & Discrimination	SCCC & EVERFI	January 3, 2018	
Teach Students to Think Like a Nurse	KSBN	October 26-27, 2017	12.1
Diabetes Medication Update	KSBN	March 30, 2017	3.0
Evaluation & Implementation Of New Employee Orientation Programs	Newman Regional Health	April 12, 2017	6.0
ACEN Effectively Leading An ACEN-Accredited Program	ACEN	April 20, 2016	5.0
ACEN Self-Study Forum	ACEN	April 21-22, 2016	9.5
Nurse Educator Institute Leading the Path for Change	North Arkansas Partnership For Health Education	April 15-17, 2015	15.25
HIV and Hepatitis C	KSBN	February 4, 2015	3.0
Nursing Licensure & Regulation	KSBN	April 10, 2014	3.8
Street Drugs are Now on the Information Highway What is Chemical Terrorism?	KSBN	February 20, 2014	3.0
KNEP Clinical Teaching Institute	KSBN	August 1-2, 2013	12.0
KCADNE NCLEX Across the			

Curriculum	KSBN	October 24, 2013	3.3
KCADNE Flipping the Classroom	KSBN	October 25, 2013	6.0
Core Education Course Simulation	CAE	November 4-5, 2013	12.0
Prepare Kansas Readiness Program	Institute on Aging	June 11, 2012	7.0
Fierce Conversations: Patients Staff, Advocacy, Quality	CEU Institute	October 12, 2012	6.0

Seward County Community College  
Continuing Nurse Education  
Advisory Meeting  
November 19, 2018  
12:00 PM – 1:00 PM

1. Meeting was called to order by Susan Inland at 12:05 pm
2. Welcome members present, Shayla McElvania, Kate Mulligan, Chynessa Myers, Dawn Unruh, Susan Inland, Magdalena Rivera, Jennifer Farmer, Elizabeth Irby, Robin Allaman, and Carrie Padgett
3. Introductions – Continuing Nurse Education conference is for nurses in our area and our students. Last year Scott Schaeffer a pharmacist presented a Newer Drugs of Abuse and The Opioid Epidemic and Deborah Hinnen presented Diabetes Mediation Update the previous year. We had good response to both CNE presentations altogether we had 50 students and 20 professionals attending the conference last year.
4. Kate made a motion to approve last year's meeting minutes, Dawn second it. Motion passed.
5. Total Program Evaluation Review – Some of the facilities that we work with requires in-services each month. Some recommended topics for future programs:

Seward County Community College

- Drug use among teens
- Mental health
- Wound Care & new updated treatments
- In school drug assessments for School Nurses to assess for safety and usage.
- Recognition/assessment for suspected drug abuse.
- Recognition of/assessment for drug use/being under influence of drugs (in school setting).
- Dementia
- Septic shock in children.
- Medical marijuana.
- Street drugs
- Mass casualty, Disaster planning in hospital setting, etc.

Southwest Medical Center

- Psychiatric patients
- Orthopedic
- Lab interpretation
- Medical guidelines
- Patient/ family engagement
- Rhythm recognition

- Suicide
- Chest tubes
- Drainage system
- Sick infants
- Diabetic mothers
- Alcoholic and detox patients
- Oncology programs
- Ethical legal issues
- Insurance
- Patients complaints
- Re-admission
- Dementia
- Family dynamics
- Snake bites
- Professional documentation
- Legal issues facing nursing, etc.

6. The Continuing Nurse Education conference was made to identify needs, what our employers are needing, what will you find beneficial.
  - CNE would like to coordinate a morning and afternoon presentation or splitting sessions since some of our people don't attend these conferences because of lack of time. Also, our biggest challenge is finding presenters. We don't have local presenters rather we have presenter from out of town that don't help by keeping it cost effective and it is also hard to know who will attend to these presentations.
  - Kate Mulligan suggested contacting Dr. Trzaska and see if he has any connections with doctors who will be willing to present for the conferences.
  - There are zero resources for mental health, so it will be beneficial for the city of Liberal to have these types of resources.
  - University of Kansas Medical Center does a lot of webinars through project ECHO which is creating a virtual community to share the latest in treatment with their peers throughout the state.
  - Medicaid extensions and reimbursements
  
7. Discuss the plan for Spring CNE & continued need for CNE opportunities
  - a. FEASIBILITY OF HAVING SPRING CNE--
    - Will do a presentation either in the Fall or Spring of next year and try to meet in May before school closes to come up with ideas. Depending on a speaker it seems that the 1<sup>st</sup> or 2<sup>nd</sup> week of April will work, but again depending on the presenter's schedule.

b. AREA NEED –

- In this area the struggle we have is on electronic health record and legal surrounding and responsibilities related to that. Patients are used to having hard copies of their records and that is the cause that is making this transition to electronic health records difficult. The electronic health record is beneficial since it provides a quick access to patient records for more coordinated, efficient care plus it is secure.

c. TOPICS –

- There will be a Human Trafficking Awareness Saturday, January 12 at Liberal High School from 9-4 pm. This will be a cost-free presentation. Some of the tributaries for human trafficking is not having enough food, homes where there is a divorce, smoking, drug abuse and talking about suicide.
  - Active shooter is part of regulations and mandatory
  - Post-Traumatic Stress Disorder (PTSD)- is hard to get all your people trained, since it is at least a 4-hour program and it is difficult to get out all people of schedule to do the training.
  - Crisis Prevention Training (CPI) – had CPI for years and moved away from that.
  - Mental Health – there are no resources
  - Kansas Malpractice Organization
  - Pain Management
8. CNE Policies (Handout)- Susan Inghand updated the policies and hand them out to everyone that attended.
9. Meeting adjourned at 12:53 pm

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

**Name of Provider:** Perinatal Outreach Program 5 yr. renewal application LT0081-0905

**Name of Program Coordinator:** Ruth Holland

**Date to CNE Committee:** June 2020

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
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	Received 3/20/2020	
The name and address of the organization on the application	✓	
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		✓
The name, education and experience of the program coordinator responsible for CNE	Ruth Holland	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	✓	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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: "</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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</li> </ul>	✓	

For long term providers, the policies and procedures for the offering approval process shall include the following:		
• A summary of the planning	✓	
• The behavioral objectives	✓	
• The content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The instructor's education and experience, documenting knowledge and expertise in the content area	✓	
• 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	✓	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	✓	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	✓	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results	✓	
• Clinical hours		✓
<b>Documentation of Attendance</b>		
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:		
• The provider's name, address, provider number, and coordinator	✓	
• The date and title of the offering, and the presenter or presenters	✓	
• The participant's name and license number and the number of contact hours awarded	✓	
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:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>	✓	
<b>Certificate of Attendance/CE Transcript</b>		
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	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The name and license number of the participant</li> </ul>	✓	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
<ul style="list-style-type: none"> <li>A summary of the planning</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A copy of the offering announcement or brochure</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title and objectives</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The offering agenda or, for independent study, pilot test results</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A bibliography</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A summary of the participants' evaluations</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Each instructor's education and experiences</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Documentation to verify completion of the offering</li> </ul>	✓	



The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	✓	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:		
•	S.T.A.B.L.E 11/6/19	S.T.A.B.L.E. 11/7/19
• A summary of planning		
• A copy of the offering announcement or brochure	✓	✓
• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results		✓
• Each instructor's education and experience	✓	✓
• A current bibliography	✓	✓
• The offering evaluation form	Does not list each objective and each presenter	✓

12/2018

**Reference No.:** 24586 **Date submitted:** Mar 19 16:59 2020

**radio** ~ Renewal

**Providername** ~ Perinatal Outreach Program

**providernum** ~ LT 0081-0905

**legalbody** ~ ~

**address** ~ 550 N Hillside

**address2** ~ Neonatology Dept 829

**telephone** ~ 3169628559

**email** ~ ruth.holland@wesleymc.com

**coordinator** ~ Ruth Holland

**date** ~ 03-19-2020

**planningce** ~ The primary goal of the Perinatal Outreach Program is to provide quality outreach education in the areas of Maternal-Fetal Medicine and Neonatal Medicine. In doing this we provide a learning experience to build upon the educational and experiential bases of the participant's area of practice including maternal-fetal and neonatal nursing. Our target geographical area covers most of the state of Kansas, excluding the Topeka and Kansas City area. Nurses in those areas have adequate opportunity for continuing education in these specialty areas.

We have a formal relationship with each Level II facility and many Level I facilities in our target area. In conjunction with the facility's local educational coordinator, their individual needs for education are assessed and a plan is developed. We have a core set of offerings that meet the KSBN definition. If one of these courses will not fulfill their need, an alternate program is developed. New program development ensures the speaker has the experience or educational training in the subject matter and their ability to present will promote optimal learning. All didactic programs are evaluated for meeting objectives, content, style, etc. A query is made about additional learning needs. Needs identified through this manner are evaluated by the Perinatal Outreach Team. This team consists of representatives from maternal-fetal medicine, neonatology, and nursing. If appropriate, new courses are developed from these assessments.

On a bi-annual basis we conduct patient case reviews at each Level II facility in our target area. From reviewing care practices we often identify opportunities for continuing education. These opportunities are mutually explored with the nursing representative at a facility and pursued when requested.

In addition to these directed offerings we hold large conferences that showcase the newest technologies or care practices in neonatal care. The planning committees for these conferences are multidisciplinary and the content typically has an emphasis for neonatal nurses and respiratory therapist.

25 lines.

**feeassessment** ~ There is no fee associated with our short individualized CNE Programs. We feel it is our commitment to improve outcomes for mothers and babies in the state of Kansas. For longer programs in which a fee is levied, we consider \$10/credit hour appropriate based on resources needed to provide the education and is comparable to what others in our area charge.

In the instance of insufficient fund checks: Insufficient Funds:

A. The Finance Department will notify the Perinatal Outreach Coordinator regarding "insufficient funds" from a participant. The Perinatal Outreach Coordinator will notify the participant to remit cash, money order or cashier's check within two weeks. If the money is not received within the two weeks, the contact hours previously awarded will be voided and the Kansas State Board of Nursing will be notified.

B. Once the check has been settled, the person may attend other offerings but must pay by cash, money order or cashier's check only. If the check writer is a Wesley employee, they may also pay by payroll deduction.

In the instance of a refund request due to cancellation:

Policy Title: Registration cancellation - Major Conferences

Policy Number: 11

Purpose: to ensure proper refunding of registration fees.

Statement of Policy: Refund policy will be determined individually for each major educational offering and will be clearly stated on the brochure.

Guidelines/Procedure:

1. In the event that the Provider cancels an educational offering, a full refund will be given to each preregistered participant (if notification is made prior to deadline)
2. Full refunds will be given to participants notifying the Perinatal Outreach Coordinator before the deadline printed in the brochure.
3. The deadline will be determined by the date needed by the hotel for a guarantee (usually 48 - 72 hours prior to the offering)
4. After the deadline, but before the conference begins, a refund minus the cost of lunch and refreshments (approx. \$10.00) will be issued to the participant.

Refunds will not be issued for cancellations made after the beginning of the offering or for "no-shows".

RECEIVED

MAR 20 2020

20

KSBN EDUCATION

#40

25 lines.

**advertisement** ~ Distribution of material is done via email as well as postal mail using a contact list of education coordinators, department managers and office managers in our target geographic area.

Policy Title: Marketing Materials

Policy Number: 23

Purpose: To ensure Marketing Materials contribute to a unified corporate image.

Statement of Policy: Perinatal Outreach Coordinator will be responsible for ensuring proper wording and approved logos exist on all marketing materials.

Guidelines:

1. All Perinatal Outreach Marketing Tools will display the following statement for Nursing and Respiratory Care Practitioner credit when applicable.
  - a. Wesley Medical Center Perinatal Outreach Program is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course is approved for \_\_\_\_\_ contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LTO081-0905
  - b. Wesley Medical Center Respiratory Care Continuing Education Evaluator, on behalf of the Kansas State Board of Healing Arts, has approved this program for \_\_\_\_\_ Continuing Respiratory Care CEU credits. (Provider #KRCS 029)
2. Approved Wesley Logos must be obtain from the Marketing and Public Relations Department and displayed on all external marketing materials for events sponsored by WMC.

20 lines.

**approval process** ~ The Perinatal Outreach Coordinator is a member of the planning committee for all CE offered through this program. As such, all elements of regulation 60-9-107(d) are required for awarding hours.

Policy Title: Approval of Educational Offerings

Policy Number: 4

Purpose: To ensure all offerings for nursing contact hour credit meet the standards of Wesley Medical Center Perinatal Outreach and the Kansas State Board of Nursing.

Statement of Policy: All educational offerings will apply to areas of work requirements.

Guidelines/Procedure:

1. Summary of Planning: Topics presented for Continuing Nursing Education (CNE) offerings may originate from Department of Neonatology or Maternal Fetal Medicine Specialists or other approved departments as they arise and shall be approved by the coordinator.
2. Behavioral Objectives:
  - A. Each offering will have behavioral objectives that evaluate the participant's area of learning.
  - B. Objectives should be measurable/outcome oriented.
  - C. 1-2 objectives required per contact hour awarded.
  - D. Participant responses will be reviewed.
3. The CNE Coordinator shall approve the selection for CNE Credit eligibility.
4. Content must be beyond the basic nursing education curriculum and will enhance the learner's level of nursing practice.
5. Bibliography shall include books published within the past 10 years or periodicals published within the past 5 years.
6. Evidence-based research is recommended as reference.

Policy Title: Evaluation of Education Offerings

Policy Number: 3

Purpose: The Perinatal Outreach Coordinator will use a continuous quality improvement process to evaluate outreach education in compliance with KSBN guidelines.

Statement of Policy: Each offering will be evaluated by participants with regard to the degree to which the objectives were met and the qualities of each speaker.

Guidelines/Procedure:

1. The perinatal evaluation form will be individualized for each offering to include measureable objectives or learner outcomes.
2. Space will be provided for participant's comments and for suggestions of topics for future offerings.
3. Within 15 working days following each offering, the evaluation results will be tabulated and average values calculated for each category on the evaluation form.
4. A copy of the evaluation summary will be kept in the provider file.
5. Components of the evaluation tool shall include:
  - a. Learner's achievement of offering objectives
  - b. Teaching effectiveness of presenter
  - c. Relevance of content to objectives listed.

- d. Appropriateness of physical facilities.
- e. Achievement of personal objectives by participants.

Policy Title: Instructor Selection

Policy Number: 19

Purpose: To ensure the speakers delivering education are well trained, skilled, motivated and adequately prepared prior to the presentation.

Statement of Policy: The coordinator will be responsible for selecting speakers for case conferences or will work in cooperation with specific planning committees for large conferences.

Guidelines/Procedure:

1. Speakers must have experience or educational training in the subject they teach which is reflected in a current vita.
2. When choosing a speaker the following criteria must be considered: credentials, ability to present, style and manner of presence, availability and reputation.
3. In preparation for choosing a speaker, evaluations of former presentations will be reviewed if available.
4. Speakers must provide coordinator with appropriate objectives, bibliography and CV prior to the presentation.

**contacthours** ~ Policy Title: Awarding of partial credit for continuing education offerings.

Policy Number: 8

Purpose: To ensure proper continuing education credit is granted.

Statement of Policy: Partial credit may be awarded on an individual basis with approval by the Perinatal Outreach Coordinator

Guidelines/Procedure:

1. Continuing nursing education means an organized, systematic, and evaluative educational experience beyond the basic preparation which is designed to increase knowledge, improve skills and develop attitudes that enhance nursing and improve health care to the public. A minimum presentation length is 50 minutes.
2. Partial credit will be granted individually based upon the amount of time spent in the learning environment. It is the responsibility of the participant to confirm/verify this with the Perinatal Outreach Coordinator or designee.

Policy Title: Instructor credit for educational presentations.

Policy Number: 15

Purpose: To grant instructor credit for presentations according to KSBN guidelines.

Statement of Policy: Instructors will be granted continuing education for first time presentation.

Guidelines/Procedure:

1. Instructors may receive continuing education credit for first-time presentations. The credit granted will be two credit hours for every 50 minutes.
2. No instructor credit will be provided for standardized prepared curriculum such as STABLE or NRP.
3. The instructor will be responsible for deciding if the presentation is being made for first time.
4. If the instructor is one of a large conference (several speakers), he/she may also be granted credit for attending the remainder of the conference.
5. The instructor must sign the attendance roster, indicating the number of instructor hours and the number of attendance hours.
6. Upon completion of the program, the instructor will be awarded a certificate showing the number of instructor hours and attendance hours.

Policy Title: Independent Study

Policy Number: 22

Purpose: To facilitate granting CNE for independent study activities.

Statement of Policy: Perinatal Outreach Coordinator will be responsible for determining hours awarded based upon pilot testing.

Guidelines/Procedure:

1. The Perinatal Outreach Coordinator shall determine hours awarded based upon time documentation by pilot testers using the following strategy:
  - a. The time of all pilot testers will be divided by the number of testers to obtain an average.
  - b. The nearest 50 minute block will be selected and awards determined as such
2. The Perinatal Outreach Coordinator shall maintain documentation to verify the completion of each independent study offering, if applicable.
3. Verification of completion of an independent study offering, the Perinatal Outreach Coordinator 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. Completion of a post-test with greater than 80% score or a return demonstration.

**verifycompletion** ~ CNE Offering Roster

A. A roster containing pre-registered names and certificates will be available for each CNE class. The roster will include:

1. the provider's name, address and provider number
2. the title of the course
3. the dates of attendance
4. the number of CNE contact hours awarded
5. the name of the individual responsible for the CNE
6. participant name, title and license number

B. The CNE certificates will be distributed following the conclusion of the offering.

The certificate will include:

1. participant's name
2. license number
3. name and date of offering
4. contact hours awarded, participant, instructor or independent study credit.
5. provider name address and providership number
6. name of individual responsible for the CNE
7. certificate shall be complete before distribution to the participant

**recordkeeping** ~ Policy Title: Record Keeping

Policy Number: 9

Purpose: To maintain records in accordance to the KSBN guidelines.

Statement of Policy: A file is maintained and kept for each education offering in the office of the Perinatal Outreach Coordinator for two years.

Guidelines/Procedure:

1. A file for each education offering is generated upon the first contact made in the planning process.
2. For each offering, the Perinatal Outreach Coordinator shall retain the following:

A summary of planning, a copy of the offering announcement or brochure, the title and objectives, the offering agenda or for independent study, pilot test results, a bibliography, evaluations, each instructor's education and experience, and documentation to verify completion of the offering. Kept in the file will be correspondence, original attendance roster, final roster, objectives, outline, bibliography, handout materials, evaluation summary and other pertinent information. The CV of the presenter will be available in a separate folder.

3. The file will be maintained for a minimum of two years following the offering. After that time, the attendance roster may be transferred to another folder, which is filed by year of presentation.

4. Providership files containing attendance rosters and nursing license numbers will be kept in a locked file cabinet.

5. For independent study, pilot time test results will be maintained for reference as needed.

**noticeofchange** ~ In the instance that there is a change in the Perinatal Outreach Coordinator an official letter will be sent to KSBN including the name, credentials, business address and unit name of oncoming Coordinator within 30 days of change.

**programevaluation** ~ Please see the 2018-2019 submission

Attachments included:

STABLE: agenda and objectives, flyer, roster, CNE Certificate, Evaluation, Bibliography, CV of Instructors, summary of planning

Perinatal Outreach: Summary of planning, Agenda (flyer), Bibliography, Evaluation, Roster, CV of speaker

KSBN Yearly Report

**Submission date** ~ 03-19-2020 17:13:00

**Form ID** ~ 1672730

## Stephenson, Chelsey [KSBN]

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**From:** Holland Ruth A <Ruth.Holland@wesleymc.com>  
**Sent:** Friday, March 20, 2020 11:14 AM  
**To:** Stephenson, Chelsey [KSBN]  
**Subject:** 5 year CNE renewal  
**Attachments:** Anual Program Evaluation2020 KSBN\_.docx

*EXTERNAL:* This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Chelsey

I submitted our 5 year renewal paperwork yesterday to the KSBN site and forgot to upload this. Would you please add it to our file.

Thank you,

Ruth

Ruth Holland BSN, RNC-NIC  
Neonatal Data Coordinator  
Neonatology  
Wesley Medical Center  
316-962-8559  
Ruth.holland@wesleymc.com



Policies: Awarding contact hours	Review Annually and as needed	Ruth Holland, RN, BSN, Perinatal Outreach Coordinator, Wesley Medical Center	Review agendas/pilot test results to verify contact hours awarded; review documentation of partial credit	Met	Review KSBN statutes annually and as needed. Continue pilot studies for new independent offerings.
Policies: Verifying participation/ completion	Review Annually and as needed	Ruth Holland, RN, BSN, Perinatal Outreach Coordinator, Wesley Medical Center	Review rosters and certificates; compare to KSBN requirements	Met	Continue to monitor all sign in registration for compliance; review CNE certificates for compliance.
Policies: Record keeping	Review Annually and as needed	Ruth Holland, RN, BSN, Perinatal Outreach Coordinator, Wesley Medical Center	Audit contents of files for compliance with KSBN requirements	Met	Continue annual review of records and purge as indicated; maintain confidentiality.
Policies: Notification of changes	Review Annually and as needed	Ruth Holland, RN, BSN, Perinatal Outreach Coordinator, Wesley Medical Center	Review procedures for changes reported to KSBN	Met	Review annually and notify KSBN with changes in policy and/or personnel.
Total Program Evaluation effectiveness	Complete Annually	Ruth Holland, RN, BSN, Perinatal Outreach Coordinator, Wesley Medical Center	Review total program evaluation and compare contents to KSBN requirements	Met	Continue quality improvement process with annual and periodic review as necessary

Area	Frequency	Resp. Person	Criteria	Findings	Actions/ Recommendations
Administration	Review Annually and as needed	Ruth Holland, RN, BSN, Perinatal Outreach Coordinator, Wesley Medical Center	RN with BSN, minimum of 3 years clinical experience & 1 year Nursing Education Development & Implementation	Met	Review annually and upon hiring of CNE Coordinator
Policies: Assess need, planning - written tool - evaluation summaries	Review Annually and as needed	Ruth Holland, RN, BSN, Perinatal Outreach Coordinator, Wesley Medical Center	Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning	Met	Continue current process, reviewing KSBN statutes annually and periodically for compliance.
Policies: Fee Assessment	Review Annually and as needed	Ruth Holland, RN, BSN, Perinatal Outreach Coordinator, Wesley Medical Center	Policy meets organization and customer needs	Met	Continue comparison with other educational offerings. Continue to offer short individualized CNE programs at no charge.
Policies: Announcement	Review Annually and as needed	Ruth Holland, RN, BSN, Perinatal Outreach Coordinator, Wesley Medical Center	Review to be certain they reflect necessary information	Met	Review KSBN statutes required wording annually and as needed.
Policies: Offering approval process	Review Annually and as needed	Ruth Holland, RN, BSN, Perinatal Outreach Coordinator, Wesley Medical Center	Review policies and compare to KSBN requirements	Met	Review KSBN statutes annually and as needed.



# Offering #1

# Registration Form

Name / Title

Address

City / State / Zip Code

Home Phone

License # New / Renewal  
STABLE Certification, circle one

Institution

Email Address

## Payment-

\_\_\_\_\_ \$80, Nurse, Respiratory Therapy, EMS

\_\_\_\_\_ \$120 Physician and Physicians Assistant  
desiring *AMA PRA Category 1 Credit(s)*<sup>TM</sup>

After 10/31/2019 add \$10 late fee.

### Lunch on your own

Checks payable to **Wesley Medical Center**

To register please email:  
[Kelly.lee@wesleymc.com](mailto:Kelly.lee@wesleymc.com)

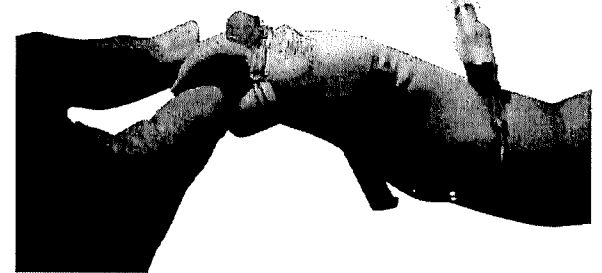
Or call Kelly at:  
316-962-8556

THE **S.T.A.B.L.E.**  
*Program*



The Department of Neonatology  
presents

THE **S.T.A.B.L.E.**  
*Program*



## Wednesday,

## Nov. 6, 2019

### 8:00am-4:30pm

## Classroom 3

## St. Catherine Hospital

# Program Goals

The S.T.A.B.L.E. Program is designed to provide important information about neonatal stabilization for maternal/infant healthcare providers in all settings—from community hospitals and birth centers, to emergency rooms and more complex hospital environments.

**Goal 1:** Organize this information using a mnemonic to assist with retention and recall of stabilization activities that are critical for the post-resuscitation/ pre-transport of sick infants.

**Goal 2:** Improve patient safety for infants by (a) standardizing processes and approach to care, (b) encouraging teamwork, (c) identifying areas where medical errors can and do occur, and (d) reducing and eliminating preventable adverse events.

# Intended Audience

S.T.A.B.L.E. is designed for all healthcare personnel who provide care to well or sick infants.

This program is intended for:

1. Registered nurses: labor and delivery, postpartum, well baby nursery, neonatal intensive care unit, emergency department.
2. Advanced practice registered nurses: neonatal nurse practitioner students, nurse midwives, certified nurse anesthetists.
3. Physicians: family practice, obstetric, emergency, pediatric, neonatology fellows.
4. Licensed practical nurses and nursing assistants who work in the nursery and postpartum units.
5. Respiratory therapists.
6. Pre-hospital providers: emergency medical technicians, paramedics.

# Program Objectives

## **Sugar and Safe Care**

- Identify issues of patient safety and error reduction in the delivery of health care to infants.
- Be able to identify the neonate at risk for developing hypoglycemia and the symptoms of hypoglycemia
- Gain an understanding of the potential neurological impact of severe or prolonged hypoglycemia.

## **Temperature**

- Understand the detrimental effects of cold stress
- Understand ways infants lose body heat and be more knowledgeable about protecting the infant against cooling.
- Understand the process of warming severely hypothermic infants.

## **Artificial Breathing**

- Understand basic evaluation of neonatal respiratory distress.
- Understand indications for positive pressure ventilation with bag and mask or endotracheal intubation.
- Know how to identify a pneumothorax and how to emergently evacuate a pneumothorax.

## **Blood Pressure**

- Gain an understanding of the causes and presentation of hypovolemic, cardiogenic, and septic shock in the neonate.
- Identify physical exam components and laboratory tests that will help recognize and evaluate signs of shock in the neonate.
- Understand the basic treatment of hypovolemic, cardiogenic, and septic shock.

## **Lab Work**

- Know five risk factors that predispose an infant to infection.
- Be able to list six clinical signs of neonatal sepsis.
- Understand basic white blood cell development.

## **Emotional Support**

- Understand the crisis that families face when confronted with their infant's need for neonatal transport.
- Understand ways community hospital caregivers can support parents of sick newborns.

# Program Components

**INSTRUCTORS**— Transport Neonatal Nurse Practitioners, Neonatal Nurses and/or Neonatal Respiratory Care Practitioners will present the S.T.A.B.L.E. Program curriculum. Their many combined years of practice brings both knowledge and practical experience to the class.

## **THE S.T.A.B.L.E. LEARNER/PROVIDER MANUAL - 6TH EDITION (2013)**

The Learner Manual is designed to serve as a reference for community hospital caregivers both during and after the class.

Manuals can be ordered at [www.stableprogram.org](http://www.stableprogram.org)

Manuals are not provided by WMC for this class.

# Continuing Education

-Wesley Medical Center Perinatal Outreach Program is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for eight (8) contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0081-0905.

-Wesley Medical Center Respiratory Care Continuing Education Evaluator, on behalf of the Kansas State Board of Healing Arts, has approved this program for eight (8) Continuing Respiratory Care CEU Credit hours. Provider #KRCS 029.

-Wesley Medical Center, as an approved provider by the Kansas Board of EMS, has approved this offering for 8.0 continuing education hours towards EMT/MICT relicensure Course Provider #PP3369.

-Wesley Medical Center is accredited by the Kansas Medical Society to sponsor continuing education for physicians and PA's. Wesley designates these education activities for a maximum of 8 (AMA PRA Category 1 Credit's)<sup>™</sup>. Physicians should claim credit commensurate with the extent of their participation in the activities.

**Angela M. Becker**  
407 Country Hills Drive  
Augusta, KS 67010  
316-775-3120  
[angela.becker@wmc.com](mailto:angela.becker@wmc.com)

**Education:**

Graduate	Wichita State University May 2002 Masters of Science in Nursing
Undergraduate	Wichita State University May 1994 Bachelor of Science in Nursing
	Kansas State University May 1992 Pre-Nursing

**Professional Licenses/Certifications:**

Advanced Registered Nurse Practitioner  
2002- present

Registered Nurse  
1994- present

NCC Certification  
2002- present

STABLE Instructor  
2005-present

NRP Regional Trainer  
2002- present

**Kathryn Marie Filby**

**Permanent Address**

9706 Sterling  
Wichita, Kansas 67205  
(316) 773-9871

**Education:**

**University of Missouri-Kansas City, KCMO**  
Masters of Science in Nursing  
Graduated May of 2004

**Wichita State University, Wichita, Kansas**  
Started Masters of Science in Nursing curriculum January of 2002

**Saint Mary's College, Notre Dame, Indiana**  
Bachelor of Science in Nursing  
Graduated May of 1995

**WORK  
EXPERIENCE:**

**Wesley Medical Center, Neonatal Intensive Care Unit, Wichita,  
Kansas 1996-Present**

- ❖ **May 2004 – Present**  
Neonatal Nurse Practitioner practicing in a Level III NICU, responsibilities include all aspect of neonatal care from extremely premature infants to discharge planning. Role involves examining patients, developing a family focused plan of care, interpretation of lab work and diagnostic procedures, rounding with the neonatologist, writing orders, admissions, surgical patients, managing respiratory support, providing resuscitation at deliveries including high risk deliveries, and performing procedures. Also responsible for Neonatal transports from outlying hospitals by ground and fixed wing modes. As a nurse practitioner am also involved in process improvement templates within the NICU along with staff education and serve as a Neonatal Resuscitation Program Instructor. Outreach education includes certification as a regional S.T.A.B.L.E. instructor.
- ❖ **1996 – 2003**  
Staff nurse whose responsibilities at this time included: stabilization of critical patients, routine care of premature infants, developmentally appropriate care, education and support of families during hospitalization, and teaching focusing on care after discharge.
- ❖ **2001 – 2003**

Relief charge nurse responsible for covering the Neonatal Intensive Care Unit and Special Care Nursery. Responsibilities included: resuscitation in high risk deliveries, staff support and resource person, liaison between physicians, residents and nurses, helping to facilitate conflict resolution, and helping families as necessary.

❖ 2000 – 2001

Helped to gather data for a process improvement template specific to the Neonatal Intensive Care Unit. This process looked at the administration and documentation of pain medication in the Unit.

❖ 2001 & 1999

Participated twice in the interviewing process of candidates for a Clinical Advisor position.

❖ Spring of 2001

Capstone preceptor for Wichita State University. This involved mentoring a senior nursing student for four weeks.

❖ 1997 – 2003

Help precept new nurses in the Neonatal Intensive Care Unit. Worked to help them establish safe nursing practices, gain an understanding of Unit policy and procedure, practice safe drug administration, begin critical thinking, analysis of data, prioritization of care, and delegation of responsibilities.

❖ 1997-1998

Completed further training and education necessary to care for patients before and after open heart surgery (no longer performed at this institution).

**Wesley Medical Center, Cardiac Telemetry Floor, Wichita, Kansas 1995-1996**

❖ 1995-1996

Staff nurse on a cardiac telemetry floor. Cared for patients before and after cardiac/vascular surgeries/procedures.

Participated in home teaching and provided instructions for follow up care.

**LISCENCES:**

Presently a Neonatal Resuscitation Program Instructor, Regional Instructor for S.T.A.B.L.E., and maintain BLS for Health Care Providers.

**REFERENCES:**

Available upon request from Paula Delmore, Wesley Medical Center, 550 North Hillside, Wichita Kansas, 67214. Telephone: (316) 651-8500.

# Perinatal Outreach

## Maternal Fetal Services • Neonatal Services

**Wesley Medical Center  
Certifies that  
Christina Janzen, RN**

Attended The S.T.A.B.L.E Program at St. Catherine Hospital in Garden City, Kansas on November 6, 2019 and has earned 8 (eight) contact hours, license number 13-115410. Wesley Medical Center Perinatal Outreach Program is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 8 (eight) contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0081-0905.

*Kelly Lee, RN, BSN*

**Kelly Lee, RN, BSN  
Perinatal Outreach Coordinator**

550 N. Hillside  
Wichita, KS 67214-4976



(316) 962-8580 / 1-800-723-6076  
Fax (316) 962-8581

## References

1. Srinivasan C, Sachdeva R, Morrow WR, et al. Standardized management improves outcomes after the Norwood procedure. *Congenit Heart Dis* 2009;4:329-37.
2. Spector JM, Villanueva HS, Brito ME, Sosa PG. Improving outcomes of transported newborns in Panama: impact of a nationwide neonatal provider education program. *J Perinatol* 2009;29:512-6.
3. Verónica R, Gallo L, Medina D, et al. Safe neonatal transport in the state of Jalisco: Impact of the S.T.A.B.L.E. program on morbidity and mortality. *Bol Med Hosp Infant Mex* 2011;68:31-5.
4. Rojas MA, Shirley K, Rush MG. Perinatal Transport and Levels of Care. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care 7ed.* St. Louis: Mosby Elsevier; 2011:39-51.
5. Lockwood CJ, Lemons JA, eds. *American Academy of Pediatrics and The American College of Obstetricians and Gynecologists Guidelines for Perinatal Care.* 6th ed. Elk Grove Village: American Academy of Pediatrics; 2007.
6. Bellezza F. Mnemonic Devices: Classification, Characteristics, and Criteria. Review of educational research 1981;51:247-75.
7. Kleinman ME, Chameides L, Schexnayder SM, et al. Part 14: Pediatric Advanced Life Support: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Resuscitation* 2010;122:S876-S908.
8. Kattwinkel J. Preface. In: Kattwinkel J, McGowan JE, Zaichkin J, eds. *Textbook of Neonatal Resuscitation.* 6th ed. Elk Grove Village: American Academy of Pediatrics; 2011:vii-x.
9. Kattwinkel J, McGowan JE, Zaichkin J. *Textbook of Neonatal Resuscitation.* 6th ed. Elk Grove Village: American Academy of Pediatrics; 2011.
10. Clark SL, Miller DD, Belfort MA, Dildy GA, Frye DK, Meyers JA. Neonatal and maternal outcomes associated with elective term delivery. *American Journal of Obstetrics and Gynecology* 2009;200:156 e1-4.
11. Karlsen KA, Trautman M, Price-Douglas W, Smith S. National survey of neonatal transport teams in the United States. *Pediatrics* 2011;128:685-91.
12. Schwartz RM, Kellogg R, Muri JH. Specialty newborn care: trends and issues. *J Perinatol* 2000;20:520-9.
13. Tita AT, Lai Y, Landon MB, et al. Timing of elective repeat cesarean delivery at term and maternal perioperative outcomes. *Obstet Gynecol* 2011;117:280-6.
14. Wax JR, Pinette MG, Cartin A, Blackstone J. Maternal and newborn morbidity by birth facility among selected United States 2006 low-risk births. *American Journal of Obstetrics and Gynecology* 2010;202:152 e1-5.
15. Perlman JM, Wyllie J, Kattwinkel J, et al. Neonatal resuscitation: 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. *Pediatrics* 2010;126:e1319-44.
16. Taylor RM, Price-Douglas W. The S.T.A.B.L.E. Program: postresuscitation/pretransport stabilization care of sick infants. *J Perinat Neonatal Nurs* 2008;22:159-65.
17. Gould JB, Medoff-Cooper BS, Donovan EF, Stark AR. Applying Quality Improvement Principles in Caring for the High-risk Infant. In: Berns SD, Kott A, eds. *Toward Improving the Outcome of Pregnancy III: Enhancing Perinatal Health Through Quality, Safety and Performance Initiatives.* White Plains, NY: March of Dimes Foundation; 2010:76-86.
18. Bradley P. The history of simulation in medical education and possible future directions. *Med Educ* 2006;40:254-62.
19. Bush MC, Jankouskas TS, Sinz EH, Rudy S, Henry J, Murray WB. A method for designing symmetrical simulation scenarios for evaluation of behavioral skills. *Simul Healthc* 2007;2:102-9.
20. Ohlinger J, Kantak A, Lavin JP, Jr., et al. Evaluation and development of potentially better practices for perinatal and neonatal communication and collaboration. *Pediatrics* 2006;118 Suppl 2:S147-52.
21. dos Santos Mezzacappa MA, Collares EF. Gastric emptying in premature newborns with acute respiratory distress. *J Pediatr Gastroenterol Nutr* 2005;40:339-44.
22. Koenig JS, Davies AM, Thach BT. Coordination of breathing, sucking, and swallowing during bottle feedings in human infants. *J Appl Physiol* 1990;69:1623-9.
23. Pickler RH. A Model of Feeding Readiness for Preterm Infants. *Neonatal Intensive Care* 2004;17:31-6.
24. Ferrieri P, Wallen LD. Neonatal Bacterial Sepsis. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn.* 9th ed. Philadelphia: Elsevier Saunders; 2012:538-50.
25. Puopolo K. Bacterial and Fungal Infections. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of neonatal care.* 7th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2012:624-55.
26. Clark DA, Munshi UK. Development of the Gastrointestinal Circulation in the Fetus and Newborn. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology.* 4th ed. Philadelphia: Elsevier Saunders; 2011:773-7.
27. Phillipps AF. Oxygen Consumption and General Carbohydrate Metabolism of the Fetus. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology.* 4th ed. Philadelphia: Elsevier Saunders; 2011:535-49.
28. Song C, Upperman JS, Niklas V. Structural Anomalies of the Gastrointestinal Tract. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn.* 9th ed. Philadelphia: Elsevier Saunders; 2012:979-93.
29. Hackam DJ, Grikscheit TC, Wang KS, Newman KD, Ford HR. Pediatric Surgery. In: Brunnicardi FC, Andersen DK, Billiar TR, et al., eds. *Schwartz's Principles of Surgery.* 9th ed. New York: McGraw Hill Medical; 2010:1409-57.
30. Frost MS, Fashaw L, Hernandez JA, Jones MD. Neonatal Nephrology. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care.* 7th ed. St. Louis: Mosby Elsevier; 2011:717-47.
31. Bates CM, Schwaderer AL. Clinical Evaluation of Renal and Urinary Tract Disease. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn.* 9th ed. Philadelphia: Elsevier Saunders; 2012:1176-81.
32. Blackburn ST. Carbohydrate, Fat, and Protein Metabolism. In: Blackburn ST, ed. *Maternal, fetal, and neonatal physiology: A clinical perspective.* St. Louis: Saunders Elsevier; 2007:598-625.
33. Hall JE. Cerebral Blood Flow, Cerebrospinal Fluid, and Brain Metabolism. In: Hall JE, ed. *Guyton and Hall textbook of medical physiology* 12th ed. Philadelphia: Saunders Elsevier; 2011:743-50.
34. Hall JE. Insulin, Glucagon, and Diabetes Mellitus. In: Hall JE, ed. *Guyton and Hall textbook of medical physiology.* 12th ed. Philadelphia: Saunders Elsevier; 2011:939-54.
35. Sherwood L. Principals of Endocrinology: The Central Endocrine Glands. In: Sherwood L, ed. *Human physiology: From cells to systems* 5th ed. Belmont: Brooks/Cole-Thomson Learning; 2004:667-99.
36. Kattwinkel J. Medications. In: Kattwinkel J, McGowan JE, Zaichkin J, eds. *Textbook of Neonatal Resuscitation.* 6th ed. Elk Grove Village: American Academy of Pediatrics; 2011:310



37. Chameides L. Resources for Management of Circulatory Emergencies. In: Chameides L, Samson RA, Schexnayder SM, Hazinski MF, eds. *Pediatric Advanced Life Support Provider Manual*. Dallas, American Heart Association; 2011:109-11.
38. Sax H, Allegranzi B, Uckay I, Larson E, Boyce J, Pittet D. 'My five moments for hand hygiene': a user-centred design approach to understand, train, monitor and report hand hygiene. *J Hosp Infect* 2007;67:9-21.
39. Deshpande S, Ward Platt M. The investigation and management of neonatal hypoglycaemia. *Seminars in fetal & neonatal medicine* 2005;10:351-61.
40. Jain V, Chen M, Menon RK. Disorders of Carbohydrate Metabolism. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:1320-9.
41. Angel JL, O'Brien WF, Knuppel RA, Morales WJ, Sims CJ. Carbohydrate intolerance in patients receiving oral tocolytics. *American Journal of Obstetrics and Gynecology* 1988;159:762-6.
42. Bergman B, Bokstrom H, Borga O, Enk L, Hedner T, Wangberg B. Transfer of terbutaline across the human placenta in late pregnancy. *Eur J Respir Dis Suppl* 1984;134:81-6.
43. Main EK, Main DM, Gabbe SG. Chronic oral terbutaline tocolytic therapy is associated with maternal glucose intolerance. *American Journal of Obstetrics and Gynecology* 1987;157:644-7.
44. Buchanan TA, Kitzmiller JL. Metabolic interactions of diabetes and pregnancy. *Annu Rev Med* 1994;45:245-60.
45. Cheung NW. The management of gestational diabetes. *Vasc Health Risk Manag* 2009;5:153-64.
46. Elliott BD, Schenker S, Langer O, Johnson R, Prihoda T. Comparative placental transport of oral hypoglycemic agents in humans: a model of human placental drug transfer. *American Journal of Obstetrics and Gynecology* 1994;171:653-60.
47. Langer O, Conway DL, Berkus MD, Xenakis EM, Gonzales O. A comparison of glyburide and insulin in women with gestational diabetes mellitus. *The New England journal of medicine* 2000;343:1134-8.
48. Philipps AF, Dubin JW, Raye JR. Response of the fetal and newborn lamb to glucose and tolbutamide infusions. *Pediatr Res* 1979;13:1375-8.
49. Warburton D, Parton L, Buckley S, Cosico L, Saluna T. Effects of beta-2 agonist on hepatic glycogen metabolism in the fetal lamb. *Pediatr Res* 1988;24:330-2.
50. Wilker RE. Hypoglycemia and Hyperglycemia. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of neonatal care*. 7th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins.; 2012:284-96.
51. Collins R, Yusuf S, Peto R. Overview of randomised trials of diuretics in pregnancy. *Br Med J (Clin Res Ed)* 1985;290:17-23.
52. Andersohn F, Schade R, Suissa S, Garbe E. Long-term use of antidepressants for depressive disorders and the risk of diabetes mellitus. *Am J Psychiatry* 2009;166:591-8.
53. Kallen B. Neonate characteristics after maternal use of antidepressants in late pregnancy. *Arch Pediatr Adolesc Med* 2004;158:312-6.
54. Shrivastava VK, Garite TJ, Jenkins SM, et al. A randomized, double-blinded, controlled trial comparing parenteral normal saline with and without dextrose on the course of labor in nulliparas. *American Journal of Obstetrics and Gynecology* 2009;200:379 e1-6.
55. Luna B, Feinglos MN. Drug-induced hyperglycemia. *Jama* 2001;286:1945-8.
56. McGowan JE, Rozance PJ, Price-Douglas W, Hay WW. Glucose Homeostasis. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care*. 7th ed. St. Louis: Mosby Elsevier; 2011:353-77.
57. Ward Platt M, Deshpande S. Metabolic adaptation at birth. *Seminars in fetal & neonatal medicine* 2005;10:341-50.
58. Stanley C, Hardy O. Pathophysiology of Hypoglycemia. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:568-75.
59. Kliegman RM. Problems in Metabolic Adaptation: Glucose, Calcium, and Magnesium. In: Klaus MH, Fanaroff AA, eds. *Care of the high-risk neonate*. 5th ed. Philadelphia: Saunders; 2001:301-23.
60. Engle WA. Infants born late preterm: definition, physiologic and metabolic immaturity, and outcomes. *NeoReviews* 2009;10:e280-e6.
61. Shapiro-Mendoza CK. Infants born late preterm: Epidemiology, trends, and morbidity risk. *NeoReviews* 2009;10:e287-e94.
62. Hibbard JU, Wilkins I, Sun L, et al. Respiratory morbidity in late preterm births. *Jama* 2010;304:419-25.
63. Loftin RW, Habli M, Snyder CC, Cormier CM, Lewis DF, Defranco EA. Late preterm birth. *Rev Obstet Gynecol* 2010;3:10-9.
64. Radtke JV. The paradox of breastfeeding-associated morbidity among late preterm infants. *J Obstet Gynecol Neonatal Nurs* 2011;40:9-24.
65. Yoder BA, Gordon MC, Barth WH, Jr. Late-preterm birth: does the changing obstetric paradigm alter the epidemiology of respiratory complications? *Obstet Gynecol* 2008;111:814-22.
66. Lubow JM, How HY, Habli M, Maxwell R, Sibai BM. Indications for delivery and short-term neonatal outcomes in late preterm as compared with term births. *American Journal of Obstetrics and Gynecology* 2009;200:e30-3.
67. McGowan JE, Alderdice FA, Holmes VA, Johnston L. Early childhood development of late-preterm infants: a systematic review. *Pediatrics* 2011;127:1111-24.
68. Morse SB, Zheng H, Tang Y, Roth J. Early school-age outcomes of late preterm infants. *Pediatrics* 2009;123:e622-9.
69. Simmons R. Abnormalities of Fetal Growth. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:51-9.
70. Styne DM. Endocrine Factors Affecting Neonatal Growth. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:310-23.
71. Kliegman RM. Intrauterine Growth Restriction. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:245-75.
72. Bhat MA, Kumar P, Bhansali A, Majumdar S, Narang A. Hypoglycemia in small for gestational age babies. *Indian J Pediatr* 2000;67:423-7.
73. Mejri A, Dorval VG, Nuyt AM, Carceller A. Hypoglycemia in term newborns with a birth weight below the 10<sup>th</sup> percentile. *Paediatr Child Health* 2010;15:271-5.
74. Smith VC. The High-Risk Newborn: Anticipation, Evaluation, Management, and Outcome. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of neonatal care*. 7th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2012:74-90.
75. Subhani M. Intrauterine Growth Restriction. In: Spitzer AR, ed. *Intensive care of the fetus & neonate*. 2nd ed. Philadelphia: Elsevier Mosby; 2005:135-48.

76. Das UG, Sysyn GD. Abnormal fetal growth: intrauterine growth retardation, small for gestational age, large for gestational age. *Pediatric Clinics of North America* 2004;51:639-54, viii.
77. De Santis M, Carducci B, Cavaliere AF, De Santis L, Straface G, Caruso A. Drug-induced congenital defects: strategies to reduce the incidence. *Drug Saf* 2001;24:889-901.
78. Lubchenco LO, Bard H. Incidence of hypoglycemia in newborn infants classified by birth weight and gestational age. *Pediatrics* 1971;47:831-8.
79. Townsend SF. The Large-for-Gestational-Age and the Small-for-Gestational-Age Infant. In: Thureen PJ, Deacon J, Hernandez JA, Hall DM, eds. *Assessment and care of the well newborn*. 2nd ed. St. Louis: Elsevier; 2005:267-78.
80. Trotter CW. Gestational Age Assessment. In: Tappero EP, Honeyfield ME, eds. *Physical assessment of the newborn: A comprehensive approach to the art of physical examination*. 4th ed. Santa Rosa: NICU Ink; 2009:21-39.
81. Olsen IE, Groveman SA, Lawson ML, Clark RH, Zemel BS. New intrauterine growth curves based on United States data. *Pediatrics* 2010;125:e214-24.
82. Persson B. Neonatal glucose metabolism in offspring of mothers with varying degrees of hyperglycemia during pregnancy. *Seminars in fetal & neonatal medicine* 2009;14:106-10.
83. Katz LL, Stanley CA. Disorders of glucose and other sugars. In: Spitzer AR, ed. *Intensive care of the fetus & neonate*. Philadelphia: Elsevier Mosby; 2005:1167-78.
84. Lee-Parritz A, Cloherty JP. Diabetes Mellitus. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of neonatal care*. 7th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2012:11-23.
85. Nodine PM, Arruda J, Hastings-Tolsma M. Prenatal Environment: Effect on Neonatal Outcome. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care*. 7th ed. St. Louis: Mosby Elsevier; 2011:13-38.
86. Vora N, Bianchi DW. Genetic considerations in the prenatal diagnosis of overgrowth syndromes. *Prenat Diagn* 2009;29:923-9.
87. Metzger BE, Lowe LP, Dyer AR, et al. Hyperglycemia and Adverse Pregnancy Outcome (HAPO) Study: associations with neonatal anthropometrics. *Diabetes* 2009;58:453-9.
88. ADA. Diagnosis and classification of diabetes mellitus. *Diabetes Care* 2010;33 Suppl 1:S62-9.
89. Gabbe SG, Landon MB, Warren-Boulton E, Fradkin J. Promoting health after gestational diabetes: a national diabetes education program call to action. *Obstet Gynecol* 2012;119:171-6.
90. ADA. Standards of medical care in diabetes--2011. *Diabetes Care* 2011;34 Suppl 1:S11-61.
91. Heideman WH, Middelkoop BJ, Nierkens V, et al. Changing the odds. What do we learn from prevention studies targeted at people with a positive family history of type 2 diabetes? *Prim Care Diabetes* 2011;5:215-21.
92. Bellamy L, Casas JP, Hingorani AD, Williams D. Type 2 diabetes mellitus after gestational diabetes: a systematic review and meta-analysis. *Lancet* 2009;373:1773-9.
93. ACOG. Committee opinion no. 504: screening and diagnosis of gestational diabetes mellitus. *Obstet Gynecol* 2011;118:751-3.
94. Catalano PM. Management of obesity in pregnancy. *Obstet Gynecol* 2007;109:419-33.
95. Yogev Y, Metzger BE, Hod M. Establishing diagnosis of gestational diabetes mellitus: Impact of the hyperglycemia and adverse pregnancy outcome study. *Seminars in Fetal & Neonatal Medicine* 2009;14:94-100.
96. Catalano PM, Ehrenberg HM. The short- and long-term implications of maternal obesity on the mother and her offspring. *Bjog* 2006;113:1126-33.
97. Cowett RM, Farrag HM. Selected principles of perinatal-neonatal glucose metabolism. *Semin Neonatol* 2004;9:37-47.
98. Hall JE. Red Blood Cells, Anemia, and Polycythemia. In: Hall JE, ed. *Guyton and Hall textbook of medical physiology* 12th ed. Philadelphia: Saunders Elsevier; 2011:413-22.
99. Kahn R, Fonseca V. Translating the A1C Assay. *Diabetes Care* 2008;31:1704-7.
100. Metzger BE, Gabbe SG, Persson B, et al. International association of diabetes and pregnancy study groups recommendations on the diagnosis and classification of hyperglycemia in pregnancy. *Diabetes Care* 2010;33:676-82.
101. Weindling AM. Offspring of diabetic pregnancy: Short-term outcomes. *Seminars in Fetal & Neonatal Medicine* 2009;14:111-8.
102. Eriksson UJ. Congenital anomalies in diabetic pregnancy. *Seminars in fetal & neonatal medicine* 2009;14:85-93.
103. Yang J, Cummings EA, O'Connell C, Jangaard K. Fetal and neonatal outcomes of diabetic pregnancies. *Obstet Gynecol* 2006;108:644-50.
104. Landon MB, Spong CY, Thom E, et al. A multicenter, randomized trial of treatment for mild gestational diabetes. *The New England journal of medicine* 2009;361:1339-48.
105. Hall JE. Metabolism of Carbohydrates, and Formation of Adenosine Triphosphate. In: Hall JE, ed. *Guyton and Hall textbook of medical physiology*. 12th ed. Philadelphia: Saunders Elsevier; 2011:809-18.
106. Sherwood L. Cellular Physiology. In: Sherwood L, ed. *Human physiology: From cells to systems*. 5th ed. Belmont: Brooks/Cole-Thomson Learning.; 2004:23-55.
107. Rozance PJ, Hay WW. Hypoglycemia in newborn infants: Features associated with adverse outcomes. *Biol Neonate* 2006;90:74-86.
108. Hay Jr WW, Raju TNK, Higgins RD, Kalhan SC, Devaskar SU. Knowledge Gaps and Research Needs for Understanding and Treating Neonatal Hypoglycemia: Workshop Report from Eunice Kennedy Shriver National Institute of Child Health and Human Development. *J Pediatr* 2009;155:612-7.
109. Rozance PJ, Hay WW, Jr. Describing hypoglycemia—definition or operational threshold? *Early Human Development* 2010;86:275-80.
110. Williams AF. Neonatal hypoglycaemia: clinical and legal aspects. *Seminars in fetal & neonatal medicine* 2005;10:363-8.
111. Koh TH, Eyre JA, Aynsley-Green A. Neonatal hypoglycaemia—the controversy regarding definition. *Arch Dis Child* 1988;63:1386-8.
112. Hawdon JM, Ward Platt MP, Aynsley-Green A. Patterns of metabolic adaptation for preterm and term infants in the first neonatal week. *Arch Dis Child* 1992;67:357-65.
113. Hall JE. Lipid Metabolism. In: Hall JE, ed. *Guyton and Hall Textbook of medical physiology*. 12th ed. Philadelphia: Saunders Elsevier; 2011:819-30.
114. Doherty EG. Fluid and Electrolyte Management. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of neonatal care*. 7th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2012:269-83.
115. Lilien LD, Pildes RS, Srinivasan G, Voora S, Yeh TF. Treatment of neonatal hypoglycemia with minibolus and intravenous glucose infusion. *J Pediatr* 1980;97:295-8.

116. Ellard DM, D.M. A. Nutrition. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2012:230-68.
117. ElHassan NO, Kaiser JR. Parenteral nutrition in the neonatal intensive care unit. *NeoReviews* 2011;12:e130-e40.
118. Wortham BM, Rais-Bahrami K. Umbilical Vein Catheterization. In: MacDonald M, G., Ramasethu J, eds. *Atlas of Procedures in Neonatology*. 4th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2007:177-85.
119. Sigman LJ. Procedures. In: Tschudy MM, Arcara KM, eds. *The Harriet Lane Handbook*. 19th ed. Philadelphia: Elsevier Mosby; 2012:57-88.
120. Gomella TL. Venous Access: Umbilical Vein Catheterization. In: Gomella TL, Cunningham MD, Eyal FG, Tuttle D, eds. *Neonatology: Management, Procedures, On-call Problems, Diseases, and Drugs*. New York: McGraw Hill Medical; 2009:243-6.
121. Ringer SA, Gray JE. Common Neonatal Procedures. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of neonatal care*. 7th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2012:851-69.
122. Wortham BM, Gaitatzes CG, Rais-Bahrami K. Umbilical Artery Catheterization. In: MacDonald M, G., Ramasethu J, eds. *Atlas of Procedures in Neonatology*. 4th ed. Philadelphia: Lippincott Williams & Wilkins; 2007:157-76.
123. Revenis ME. Intraosseous Infusions. In: Macdonald M, G., Ramasethu J, eds. *Atlas of Procedures in Neonatology*. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2007:362-5.
124. Gomella TL. Arterial Access: Umbilical Artery Catheterization. In: Gomella TL, Cunningham MD, Eyal FG, Tuttle D, eds. *Neonatology: Management, Procedures, On-call Problems, Diseases, and Drugs*. 6th ed. New York: McGraw Hill Medical; 2009:203-7.
125. Durand DJ, Mickas NA. Blood Gases: Technical Aspects and Interpretation. In: Goldsmith JP, Karotkin EH, eds. *Assisted Ventilation of the Newborn*. 5th ed. St. Louis: Elsevier Saunders; 2011:292-305.
126. Smith L, Dills R. Survey of medication administration through umbilical arterial and venous catheters. *Am J Health Syst Pharm* 2003;60:1569-72.
127. Barrington KJ. Umbilical artery catheters in the newborn: effects of heparin. *Cochrane Database Syst Rev* 2000:CD000507.
128. Young TE, Mangum B. In: *Neofax* 2010. 23rd ed. Montvale: Thomson Reuters; 2010.
129. Massaro AN, Rais-Bahrami K, Eichelberger MR. Peripheral Arterial Cannulation. In: MacDonald M, G., Ramasethu J, eds. *Atlas of Procedures in Neonatology*. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2007:186-98.
130. Barrington KJ. Umbilical artery catheters in the newborn: effects of position of the catheter tip. *Cochrane Database Syst Rev* 2000:CD000505.
131. Jackson JK, Biondo DJ, Jones JM, et al. Can an alternative umbilical arterial catheter solution and flush regimen decrease iatrogenic hemolysis while enhancing nutrition? A double-blind, randomized, clinical trial comparing an isotonic amino acid with a hypotonic salt infusion. *Pediatrics* 2004;114:377-83.
132. Brown MS, Phibbs RH. Spinal cord injury in newborns from use of umbilical artery catheters: report of two cases and a review of the literature. *J Perinatol* 1988;8:105-10.
133. Zenk KE, Noerr B, Ward R. Severe sequelae from umbilical arterial catheter administration of dopamine. *Neonatal network* : NN 1994;13:89-91.
134. Bradshaw WT, Tanaka DT. Physiologic Monitoring. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care*. 7th ed. St. Louis: Mosby Elsevier; 2011:134-52.
135. Schlesinger AE, Braverman RM, DiPietro MA. Pictorial essay. Neonates and umbilical venous catheters: normal appearance, anomalous positions, complications, and potential aid to diagnosis. *AJR Am J Roentgenol* 2003;180:1147-53.
136. Nash P. Umbilical catheters, placement, and complication management. *J Infus Nurs* 2006;29:346-52.
137. Bradshaw WT, Furdon SA. A nurse's guide to early detection of umbilical venous catheter complications in infants. *Advances in neonatal care* : official journal of the National Association of Neonatal Nurses 2006;6:127-38; quiz 39-41.
138. Furdon SA, Horgan MJ, Bradshaw WT, Clark DA. Nurses' guide to early detection of umbilical arterial catheter complications in infants. *Advances in neonatal care* : official journal of the National Association of Neonatal Nurses 2006;6:242-56; quiz 57-60.
139. Gomella TL. Neonatal Radiology. In: Gomella TL, Cunningham MD, Eyal FG, Tuttle D, eds. *Neonatology: Management, Procedures, On-call Problems, Diseases, and Drugs*. 6th ed. New York: McGraw Hill Medical; 2009:108-30.
140. Davies MW, Mehr S, Morley CJ. The effect of draw-up volume on the accuracy of electrolyte measurements from neonatal arterial lines. *Journal of paediatrics and child health* 2000;36:122-4.
141. Schulz G, Keller E, Haensse D, Arlettaz R, Bucher HU, Fauchere JC. Slow blood sampling from an umbilical artery catheter prevents a decrease in cerebral oxygenation in the preterm newborn. *Pediatrics* 2003;111:e73-6.
142. Butt WW, Gow R, Whyte H, Smallhorn J, Koren G. Complications resulting from use of arterial catheters: retrograde flow and rapid elevation in blood pressure. *Pediatrics* 1985;76:250-4.
143. Gordon M, Bartruff L, Gordon S, Lofgren M, Widness JA. How fast is too fast? a practice change in umbilical arterial catheter blood sampling using the Iowa Model for Evidence-Based Practice. *Advances in neonatal care* : official journal of the National Association of Neonatal Nurses 2008;8:198-207.
144. Roll C, Huning B, Kaunicke M, Krug J, Horsch S. Umbilical artery catheter blood sampling volume and velocity: impact on cerebral blood volume and oxygenation in very-low-birthweight infants. *Acta Paediatr* 2006;95:68-73.
145. Ringer SA, Hansen AR. Surgical Emergencies in the Newborn. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:808-30.
146. Lovvorn HN, Glenn JB, Pacetti AS, Carter BS. Neonatal Surgery. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care*. 7th ed. St. Louis: Mosby Elsevier; 2011:812-47.
147. Barksdale EM, Chwals WJ, Magnuson DK, Parry RL. Selected Gastrointestinal Anomalies. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff & Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1400-31.
148. Wright IM, Owers M, Wagner M. The umbilical arterial catheter: a formula for improved positioning in the very low birth weight infant. *Pediatr Crit Care Med* 2008;9:498-501.
149. Dunn PM. Localization of the umbilical catheter by post-mortem measurement. *Arch Dis Child* 1966;41:69-75.

## References

- Day RL, Caliguiri L, Kamenski C, Ehrlich F. Body Temperature and Survival of Premature Infants. *Pediatrics* 1964;34:171-81.
- Silverman WA, Fertig JW, Berger AP. The influence of the thermal environment upon the survival of newly born premature infants. *Pediatrics* 1958;22:876-86.
- Laptook AR, Salhab W, Bhaskar B. Admission temperature of low birth weight infants: predictors and associated morbidities. *Pediatrics* 2007;119:e643-9.
- Mullany LC, Katz J, Khatry SK, LeClerq SC, Darmstadt GL, Tielsch JM. Risk of mortality associated with neonatal hypothermia in southern Nepal. *Arch Pediatr Adolesc Med* 2010;164:650-6.
- WHO. Thermal protection of the newborn: A practical guide. In: *Maternal and Newborn Health/Safe Motherhood Unit DoRH*, ed. Geneva: World Health Organization; 1997:1-68.
- Mathur NB, Krishnamurthy S, Mishra TK. Evaluation of WHO classification of hypothermia in sick extramural neonates as predictor of fatality. *J Trop Pediatr* 2005;51:341-5.
- Chandra S, Baumgart S. Fetal and neonatal thermal regulation. In: Spitzer AR, ed. *Intensive Care of the Fetus & Neonate*. 2nd ed. Philadelphia: Elsevier Mosby; 2005:495-513.
- Laptook AR, Watkinson M. Temperature management in the delivery room. *Seminars in Fetal & Neonatal Medicine* 2008;13:383-91.
- Knobel R, Holditch-Davis D. Thermoregulation and heat loss prevention after birth and during neonatal intensive-care unit stabilization of extremely low-birthweight infants. *J Obstet Gynecol Neonatal Nurs* 2007;36:280-7.
- Blackburn ST. Thermoregulation. In: Blackburn ST, ed. *Maternal, fetal, and neonatal physiology: A clinical perspective*. 3rd ed. St. Louis: Saunders Elsevier; 2007:700-23.
- Sedin G. Physical environment. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff & Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:555-76.
- Sahni R, Schulze K. Temperature control in newborn infants. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:624-48.
- Brown VD, Landers S. Heat balance. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care*. 7th ed. St. Louis: Mosby Elsevier; 2011:113-33.
- Baumgart S, Chandra S. Temperature regulation of the premature neonate. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:357-66.
- Baumgart S. Iatrogenic hyperthermia and hypothermia in the neonate. *Clin Perinatol* 2008;35:183-97, ix-x.
- Lyon AJ, Pikaar ME, Badger P, McIntosh N. Temperature control in very low birthweight infants during first five days of life. *Arch Dis Child Fetal Neonatal Ed* 1997;76:F47-50.
- Nedergaard J, Cannon B. Brown adipose tissue: development and function. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. Philadelphia: Elsevier Saunders; 2011:470-82.
- Power GC, Blood AB. Perinatal thermal physiology. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:615-24.
- Poenu D. Abdominal wall problems. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:1007-21.
- Barksdale EM, Chwals WJ, Magnuson DK, Parry RL. Selected Gastrointestinal Anomalies. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff & Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1400-31.
- Klaus MH, Fanaroff AA. The physical environment. In: Klaus MH, Fanaroff AA, eds. *Care of the High-Risk Neonate*. 5th ed. Philadelphia: W.B. Saunders Company; 2001:130-46.
- Mohan SS, Jain L. Care of the late preterm infant. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012.
- Chatson K. Temperature control. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2012:178-84.
- Bettaieb A, Averill-Bates DA. Thermotolerance induced at a fever temperature of 40 degrees C protects cells against hyperthermia-induced apoptosis mediated by death receptor signalling. *Biochem Cell Biol* 2008;86:521-38.
- Steinhorn RH, Abman SH. Persistent pulmonary hypertension. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012.
- Knobel RB, Holditch-Davis D, Schwartz TA, Wimmer JE, Jr. Extremely low birth weight preterm infants lack vasomotor response in relationship to cold body temperatures at birth. *J Perinatol* 2009;29:814-21.
- Bartels DB, Kreienbrock L, Dammann O, Wenzlaff P, Poets CF. Population based study on the outcome of small for gestational age newborns. *Arch Dis Child Fetal Neonatal Ed* 2005;90:F53-9.
- Sofer S, Yagupsky P, Hershkowitz J, Bearman JE. Improved outcome of hypothermic infants. *Pediatr Emerg Care* 1986;2:211-4.
- Sofer S, Benkovich E. Severe infantile hypothermia: short- and long-term outcome. *Intensive Care Med* 2000;26:88-92.
- Hall JE. Body temperature regulation, and fever. In: Hall JE, ed. *Guyton and Hall textbook of medical physiology*. 12th ed. Philadelphia: Saunders Elsevier; 2011:867-77.
- Sedin G. Physics and physiology of human neonatal incubation. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011.
- McCall EM, Alderdice F, Halliday HL, Jenkins JG, Vohra S. Interventions to prevent hypothermia at birth in preterm and/or low birthweight infants. *Cochrane Database Syst Rev* 2010:CD004210.
- Knobel RB, Wimmer JE, Jr., Holbert D. Heat loss prevention for preterm infants in the delivery room. *J Perinatol* 2005;25:304-8.
- Bhatt DR, White R, Martin G, et al. Transitional hypothermia in preterm newborns. *J Perinatol* 2007;27 Suppl 2:S45-7.
- Levene MI, deVries LS. Hypoxic-Ischemic Encephalopathy. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff & Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:952-76.
- Dilenge ME, Majnemer A, Shevell MI. Long-term developmental outcome of asphyxiated term neonates. *J Child Neurol* 2001;16:781-92.
- ACOG Committee Opinion No. 348, November 2006: Umbilical cord blood gas and acid-base analysis. *Obstet Gynecol* 2006;108:1319-22.
- ACOG. Neonatal Encephalopathy and Cerebral Palsy: Defining the Pathogenesis and Pathophysiology. Washington DC: The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics; 2003.

39. Dammann O, Ferriero D, Gressens P. Neonatal encephalopathy or hypoxic-ischemic encephalopathy? Appropriate terminology matters. *Pediatr Res* 2011;70:1-2.
40. Wachtel EV, Hendricks-Munoz KD. Current management of the infant who presents with neonatal encephalopathy. *Curr Probl Pediatr Adolesc Health Care* 2011;41:132-53.
41. Gonzalez FF, Ferriero DM. Neuroprotection in the newborn infant. *Clin Perinatol* 2009;36:859-80, vii.
42. Wyatt JS, Gluckman PD, Liu PY, et al. Determinants of outcomes after head cooling for neonatal encephalopathy. *Pediatrics* 2007;119:912-21.
43. Sahni R, Sanocka UM. Hypothermia for hypoxic-ischemic encephalopathy. *Clin Perinatol* 2008;35:717-34, vi.
44. Jacobs SE, Hunt R, Tarnow-Mordi WO, Inder TE, Davis PG. Cooling for newborns with hypoxic ischaemic encephalopathy. In: *Cochrane Database of Systematic Reviews 2007*: John Wiley & Sons, Ltd.; 2008:1-56.
45. Hoehn T, Hansmann G, Buhner C, et al. Therapeutic hypothermia in neonates. Review of current clinical data, ILCOR recommendations and suggestions for implementation in neonatal intensive care units. *Resuscitation* 2008;78:7-12.
46. Yager JY, Armstrong EA, Jaharus C, Saucier DM, Wirrell EC. Preventing hyperthermia decreases brain damage following neonatal hypoxic-ischemic seizures. *Brain Res* 2004;1011:48-57.
47. Gressens P, Huppi PS. The central nervous system. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff & Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:887-1036.
48. Laptook A, Tyson J, Shankaran S, et al. Elevated temperature after hypoxic-ischemic encephalopathy: risk factor for adverse outcomes. *Pediatrics* 2008;122:491-9.
49. Akula VP, Davis AS, Gould JB, Van Meurs K. Therapeutic hypothermia during neonatal transport: current practices in California. *Am J Perinatol* 2012;29:319-26.
50. Fairchild K, Sokora D, Scott J, Zanelli S. Therapeutic hypothermia on neonatal transport: 4-year experience in a single NICU. *J Perinatol* 2010;30:324-9.
51. Laptook AR. Brain Cooling for Neonatal Encephalopathy: Potential Indications for Use. In: Perlman JM, Polin RA, eds. *Neurology: Neonatology Questions and Controversies*. Philadelphia: Saunders Elsevier; 2008:66-78.
52. Naulaers G, Cossey V, Morren G, Van Huffel S, Casaer P, Devlieger H. Continuous measurement of cerebral blood volume and oxygenation during rewarming of neonates. *Acta Paediatr* 2004;93:1540-2.
53. Motil KJ, Blackburn MG, Pleasure JR. The effects of four different radiant warmer temperature set-points used for rewarming neonates. *J Pediatr* 1974;85:546-50.
54. Kaplan M, Eidelman AI. Improved prognosis in severely hypothermic newborn infants treated by rapid rewarming. *J Pediatr* 1984;105:470-4.
55. Blackburn ST. Thermoregulation. In: Blackburn ST, ed. *Maternal, fetal, & neonatal physiology: A clinical perspective*. 2nd ed. St. Louis: Saunders; 2003:707-30.
56. Thoresen M, Whitelaw A. Cardiovascular changes during mild therapeutic hypothermia and rewarming in infants with hypoxic-ischemic encephalopathy. *Pediatrics* 2000;106:92-9.

## References

- Carlo WA, DiFiore JM. Assessment of Pulmonary Function. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1092-106.
- Smith JB. Initial Evaluation: History and Physical Examination of the Newborn. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012.
- Melton K, Pettett G. Transport of the ventilated infant. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders; 2011:531-41.
- Bhandari V. Nasal intermittent positive pressure ventilation in the newborn: review of literature and evidence-based guidelines. *J Perinatol* 2010;30:505-12.
- Mahmoud RA, Roehr CC, Schmalisch G. Current methods of non-invasive ventilatory support for neonates. *Paediatr Respir Rev* 2011;12:196-205.
- Wiswell TE, Courtney SE. Noninvasive Respiratory Support. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders; 2011:140-62.
- Sreenan C, Lemke RP, Hudson-Mason A, Osiovich H. High-flow nasal cannulae in the management of apnea of prematurity: a comparison with conventional nasal continuous positive airway pressure. *Pediatrics* 2001;107:1081-3.
- Parker TA, Kinsella JP. Respiratory failure in the term newborn. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012.
- Gardner SL, Enzman-Hines M, Dickey LA. Respiratory Diseases. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care*. 7th ed. St. Louis: Mosby Elsevier; 2011:581-677.
- Askin DF. Chest and Lungs Assessment. In: Tappero EP, Honeyfield ME, eds. *Physical Assessment of the Newborn: A Comprehensive Approach to the Art of Physical Examination*. 4th ed. Santa Rosa: NICU Ink; 2009:75-103.
- Sivieri EM, Abbasi S. Evaluation of Pulmonary Function in the Neonate. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:1011-25.
- Friedlich PS, Seri I. Regulation of Acid-Base Balance in the Fetus and Neonate. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:1455-8.
- Kattwinkel J, McGowan JE, Zaichkin J. *Textbook of Neonatal Resuscitation*. 6th ed. Elk Grove Village: American Academy of Pediatrics; 2011.
- Wyllie J, Perlman JM, Kattwinkel J, et al. Part 11: Neonatal resuscitation: 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. *Resuscitation* 2010;81 Suppl 1:e260-87.
- Spitzer AR, Clark RH. Positive-pressure ventilation in the treatment of neonatal lung disease. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders; 2011:163-85.
- Yost GC, Young PC, Buchi KF. Significance of grunting respirations in infants admitted to a well-baby nursery. *Arch Pediatr Adolesc Med* 2001;155:372-5.
- Chameides L. Part 5: Resources for Management of Respiratory Emergencies. In: Chameides L, Samson RA, Schexnayder SM, Hazinski MF, eds. *Pediatric Advanced Life Support Provider Manual*. Dallas: American Heart Association; 2011:61-7.
- Bancalari E, Claure N. Principles of Respiratory Monitoring and Therapy. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders 2012:612-32.
- Levesque BM, Pollack P, Griffin BE, Nielsen HC. Pulse oximetry: what's normal in the newborn nursery? *Pediatr Pulmonol* 2000;30:406-12.
- Durand DJ, Mickas NA. Blood Gases: Technical Aspects and Interpretation. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders 2011:292-305.
- Chock VY, Wong RJ, Hintz SR, Stevenson DK. Biomedical Engineering Aspects of Neonatal Monitoring. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:577-95.
- Fernandes CJ. Neonatal Transport. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:192-202.
- Ravert P, Detwiler TL, Dickinson JK. Mean oxygen saturation in well neonates at altitudes between 4498 and 8150 feet. *Advances in neonatal care : official journal of the National Association of Neonatal Nurses* 2011;11:412-7.
- Bakr AF, Habib HS. Normal values of pulse oximetry in newborns at high altitude. *J Trop Pediatr* 2005;51:170-3.
- Gonzales GF, Salirrosas A. Arterial oxygen saturation in healthy newborns delivered at term in Cerro de Pasco (4340 m) and Lima (150 m). *Reprod Biol Endocrinol* 2005;3:46.
- O'Brien LM, Stebbens VA, Poets CF, Heycock EG, Southall DP. Oxygen saturation during the first 24 hours of life. *Arch Dis Child Fetal Neonatal Ed* 2000;83:F35-8.
- Thangaratnam S, Brown K, Zamora J, Khan KS, Ewer AK. Pulse oximetry screening for critical congenital heart defects in asymptomatic newborn babies: a systematic review and meta-analysis. *Lancet* 2012;379:2459-64.
- Thilo EH, Park-Moore B, Berman ER, Carson BS. Oxygen saturation by pulse oximetry in healthy infants at an altitude of 1610 m (5280 ft). What is normal? *Am J Dis Child* 1991;145:1137-40.
- Kemper AR, Mahle WT, Martin GR, et al. Strategies for implementing screening for critical congenital heart disease. *Pediatrics* 2011;128:e1259-67.
- Karlsen KA, Tani LY. S.T.A.B.L.E. Cardiac Module: Recognition and Stabilization of Neonates with Severe CHD. Salt Lake City: S.T.A.B.L.E., Inc.; 2003.
- Wernovsky G. Transposition of the Great Arteries. In: Allen HD, Gutgesell HP, Clark EB, Driscoll DJ, eds. *Moss and Adams Heart Disease in Infants, Children, and Adolescents*. 6th ed. Philadelphia: Lippincott Williams & Wilkins; 2001:1027-84.
- Park MT. Cyanotic Congenital Heart Defects. In: Park MK, Troxler RG, eds. *Pediatric Cardiology for Practitioners*. 4th ed. St. Louis: Mosby; 2002:174-240.
- Ewer AK, Furnston AT, Middleton LJ, et al. Pulse oximetry as a screening test for congenital heart defects in newborn infants: a test accuracy study with evaluation of acceptability and cost-effectiveness. *Health Technol Assess* 2012;16:v-xiii, 1-184.

34. Smith AE, Vedder TG, Hunter PK, Carr MR, Studer MA. The use of newborn screening pulse oximetry to detect cyanotic congenital heart disease: a survey of current practice at Army, Navy, and Air Force hospitals. *Mil Med* 2011;176:343-6.
35. de-Wahl Granelli A, Wennergren M, Sandberg K, et al. Impact of pulse oximetry screening on the detection of duct dependent congenital heart disease: a Swedish prospective screening study in 39,821 newborns. *BMJ* 2009;338:a3037.
36. Mellander M, Sunnegardh J. Failure to diagnose critical heart malformations in newborns before discharge--an increasing problem? *Acta Paediatr* 2006;95:407-13.
37. Riede FT, Worner C, Dahner I, Mockel A, Kostelka M, Schneider P. Effectiveness of neonatal pulse oximetry screening for detection of critical congenital heart disease in daily clinical routine--results from a prospective multicenter study. *Eur J Pediatr* 2010;169:975-81.
38. Mahle WT, Newburger JW, Matherne GP, et al. Role of pulse oximetry in examining newborns for congenital heart disease: a scientific statement from the American Heart Association and American Academy of Pediatrics. *Circulation* 2009;120:447-58.
39. Brown KL, Ridout DA, Hoskote A, Verhulst L, Ricci M, Bull C. Delayed diagnosis of congenital heart disease worsens preoperative condition and outcome of surgery in neonates. *Heart* 2006;92:1298-302.
40. Meberg A, Brugmann-Pieper S, Due R, Jr., et al. First day of life pulse oximetry screening to detect congenital heart defects. *J Pediatr* 2008;152:761-5.
41. Walsh W. Evaluation of pulse oximetry screening in Middle Tennessee: cases for consideration before universal screening. *J Perinatol* 2011;31:125-9.
42. Hall JE. Respiratory Insufficiency - Pathophysiology, Diagnosis, Oxygen Therapy. In: Hall JE, ed. *Guyton and Hall Textbook of Medical Physiology*. 12th ed. Philadelphia: Saunders Elsevier; 2011:515-23.
43. Johnson L, Cochran WD. Assessment of the Newborn History and Physical Examination of the Newborn. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:91-102.
44. Burns-Wechsler S, Wernovsky G. Cardiac Disorders. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:469-528.
45. O'Reilly D. Polycythemia. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:572-7.
46. Christou HA. Anemia. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:563-71.
47. Korones SB. Complications. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders; 2012:389-425.
48. Phelps DL. Retinopathy of Prematurity. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1764-9.
49. Mintz-Hittner HA. Retinal Development and the Pathophysiology of Retinopathy of Prematurity. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:1875-81.
50. Wright KW, Sami D, Thompson L, Ramanathan R, Joseph R, Farzavandi S. A physiologic reduced oxygen protocol decreases the incidence of threshold retinopathy of prematurity. *Trans Am Ophthalmol Soc* 2006;104:78-84.
51. Carlo WA, Finer NN, Walsh MC, et al. Target ranges of oxygen saturation in extremely preterm infants. *The New England journal of medicine* 2010;362:1959-69.
52. Supplemental Therapeutic Oxygen for Prethreshold Retinopathy Of Prematurity (STOP-ROP), a randomized, controlled trial. I: primary outcomes. *Pediatrics* 2000;105:295-310.
53. Pirianov G, Mehmet H, Taylor DT. Apoptotic Cell Death. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:93-101.
54. Auten RI. Mechanisms of Neonatal Lung Injury. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:1034-9.
55. Vento M, Didrik-Saugstad O. Oxygen Therapy. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. St. Louis: Elsevier Mosby; 2011:468-74.
56. Keszler M, Abubakar MK. Physiologic Principles. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders; 2012:19-46.
57. Chatburn RL, Carlo WA. Assessment of Neonatal Gas Exchange. In: Carlo WA, Chatburn RL, eds. *Neonatal Respiratory Care*. 2nd ed. Chicago: Year Book Medical Publishers, Inc.; 1988:40-60.
58. Hall JE. Transport of Oxygen and Carbon Dioxide in Blood and Tissue Fluids. In: Hall JE, ed. *Guyton and Hall Textbook of Medical Physiology*. 12th ed. Philadelphia: Saunders Elsevier; 2011:495-504.
59. Blackburn ST. Respiratory System. In: Blackburn ST, ed. *Maternal, Fetal & Neonatal Physiology: A Clinical Perspective*. 3rd ed. St. Louis: Saunders Elsevier; 2007:315-74.
60. Hall JE. Metabolism of Carbohydrates, and Formation of Adenosine Triphosphate. In: Hall JE, ed. *Guyton and Hall textbook of medical physiology*. 12th ed. Philadelphia: Saunders Elsevier; 2011:809-18.
61. Wood AM, Jones MD. Acid-base Homeostasis and Oxygenation. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care*. 7th ed. St. Louis: Mosby Elsevier; 2011:153-63.
62. Adams JM. Blood Gas and Pulmonary Function Monitoring. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:393-6.
63. Andersen OS. Blood acid-base alignment nomogram. Scales for pH, pCO2 base excess of whole blood of different hemoglobin concentrations, plasma bicarbonate, and plasma total-CO2. *Scand J Clin Lab Invest* 1963;15:211-7.
64. Donn SM, Sinha SK. Assisted Ventilation and Its Complications. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1116-40.
65. Posencheg MA, Evans JR. Acid-Base, Fluid, and Electrolyte Management. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:367-89.
66. Kirk A. Pulmonology. In: Tschudy MM, Arcara KM, eds. *The Harriet Lane Handbook*. 19th ed. Philadelphia: Elsevier Mosby; 2012:584-605.

67. Ambalavanan N, Schelonka RJ, Carlo WA. Ventilation strategies. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders; 2011:265-76.
68. Goldsmith JP, Karotkin EH. Introduction to assisted ventilation. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders; 2011:1-18.
69. Trevisanuto D, Micaglio M, Ferrarese P, Zanardo V. The laryngeal mask airway: potential applications in neonates. *Arch Dis Child Fetal Neonatal Ed* 2004;89:F485-9.
70. Chameides L. Part 11: Postresuscitation Management. In: Chameides L, Samson RA, Schexnayder SM, Hazinski MF, eds. *Pediatric Advanced Life Support Provider Manual*. Dallas: American Heart Association; 2011:171-97.
71. Valente C. Emergency Management. In: Tschudy MM, Arcara KM, eds. *The Harriet Lane Handbook*. 19th ed. Philadelphia: Elsevier Mosby; 2012:3-18.
72. Karlowicz MG, Karotkin EH, Goldsmith JP. Resuscitation. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders; 2012:71-93.
73. MacKendrick W, Slotarski K, Casserly G, Hawkins HS, Hageman JR. Pulmonary Care. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders; 2012:107-25.
74. Kattwinkel J. Endotracheal Intubation and Laryngeal Mask Airway Insertion. In: Kattwinkel J, McGowan JE, Zaichkin J, eds. *Textbook of Neonatal Resuscitation*. 6th ed. Elk Grove Village: American Academy of Pediatrics; 2011:159-210.
75. Rais-Bahrami K. Endotracheal Intubation. In: MacDonald MG, Ramasethu J, eds. *Atlas of Procedures in Neonatology*. 4th ed. Philadelphia: Lippincott Williams & Wilkins; 2007:241-55.
76. Peterson J, Johnson N, Deakins K, Wilson-Costello D, Jelovsek JE, Chatburn R. Accuracy of the 7-8-9 Rule for endotracheal tube placement in the neonate. *J Perinatol* 2006;26:333-6.
77. Eichenwald EC. Mechanical Ventilation. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:377-92.
78. Bhutani VK, Benitz WE. Pulmonary Function and Graphics. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders; 2012:306-20.
79. Sivit CJ. Diagnostic Imaging. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:685-707.
80. Abu-Shaweesh JM. Respiratory Disorders in Preterm and Term Infants. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1141-70.
81. Kienstra KA. Transient Tachypnea of the Newborn. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:403-5.
82. Yoder BA, Gordon MC, Barth WH, Jr. Late-preterm birth: does the changing obstetric paradigm alter the epidemiology of respiratory complications? *Obstet Gynecol* 2008;111:814-22.
83. Nold JL, Georgieff MK. Infants of diabetic mothers. *Pediatr Clin North Am* 2004;51:619-37, viii.
84. Burriss HH. Meconium Aspiration. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:429-34.
85. Ghidini A, Spong CY. Severe meconium aspiration syndrome is not caused by aspiration of meconium. *Am J Obstet Gynecol* 2001;185:931-8.
86. Thureen PJ, Hall DM, Hoffenberg A, Tyson RW. Fatal meconium aspiration in spite of appropriate perinatal airway management: pulmonary and placental evidence of prenatal disease. *Am J Obstet Gynecol* 1997;176:967-75.
87. Ringer SA, Hansen AR. Surgical Emergencies in the Newborn. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:808-30.
88. Barksdale EM, Chwals WJ, Magnuson DK, Parry RL. Selected Gastrointestinal Anomalies. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff & Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1400-31.
89. Keller RL, Guevara-Gallardo S, Farmer DL. Surgical Disorders of the Chest and Airways. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:672-97.
90. Stork EK. Therapy for Cardiorespiratory Failure. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1192-206.
91. Arensman RM. Surgical Interventions for Respiratory Distress and Airway Management. In: Goldsmith JP, Karotkin EH, Siede BL, eds. *Assisted Ventilation of the Neonate*. 5th ed. St. Louis: Elsevier Saunders; 2012:435-51.
92. Kattwinkel J. Special Considerations. In: Kattwinkel J, McGowan JE, Zaichkin J, eds. *Textbook of Neonatal Resuscitation*. 6th ed. Elk Grove Village: American Academy of Pediatrics; 2011:237-66.
93. Blake KD, Prasad C. CHARGE syndrome. *Orphanet J Rare Dis* 2006;1:34.
94. Steinhorn RH, Abman SH. Persistent pulmonary hypertension. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012.
95. Rabinovitch M. Developmental Biology of the Pulmonary Vasculature. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:757-72.
96. Rais-Bahrami K, MacDonald M, G., Eichelberger MR. Thoracostomy tubes. In: MacDonald M, G., Ramasethu J, eds. *Atlas of Procedures in Neonatology*. 4th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2007:261-84.
97. Anand KJ. Pharmacological approaches to the management of pain in the neonatal intensive care unit. *J Perinatol* 2007;27 Suppl 1:S4-S11.
98. Aranda JV, Carlo W, Hummel P, Thomas R, Lehr VT, Anand KJ. Analgesia and sedation during mechanical ventilation in neonates. *Clin Ther* 2005;27:877-99.
99. Cignacco EL, Sellam G, Stoffel L, et al. Oral sucrose and "facilitated tucking" for repeated pain relief in preterms: a randomized controlled trial. *Pediatrics* 2012;129:299-308.
100. Anand KJ, Johnston CC, Oberlander TF, Taddio A, Lehr VT, Walco GA. Analgesia and local anesthesia during invasive procedures in the neonate. *Clin Ther* 2005;27:844-76.
101. Batton DG, Barrington KJ, Wallman C. Prevention and management of pain in the neonate: an update. *Pediatrics* 2006;118:2231-41.



102. Anand KJ. Consensus statement for the prevention and management of pain in the newborn. *Arch Pediatr Adolesc Med* 2001;155:173-80.
103. Golanu B, Krane E, Seybold J, Almgren C, Anand KJ. Non-pharmacological techniques for pain management in neonates. *Semin Perinatol* 2007;31:318-22.
104. Stevens B, Yamada J, Ohlsson A. Sucrose for analgesia in newborn infants undergoing painful procedures. *Cochrane Database Syst Rev* 2010:CD001069.
105. Cignacco E, Axelin A, Stoffel L, Sellam G, Anand KJ, Engberg S. Facilitated tucking as a non-pharmacological intervention for neonatal pain relief: is it clinically feasible? *Acta Paediatr* 2010.
106. Taketomo CK, Hodding JH, Kraus DM. *Pediatric & Neonatal Dosage Handbook*. 18th ed. Hudson: Lexicomp; 2011.
107. Anand KJ, Hall RW, Desai N, et al. Effects of morphine analgesia in ventilated preterm neonates: primary outcomes from the NEOPAIN randomised trial. *Lancet* 2004;363:1673-82.
108. Johnston CC, Filion F, Snider L, et al. Routine sucrose analgesia during the first week of life in neonates younger than 31 weeks' postconceptional age. *Pediatrics* 2002;110:523-8.
109. Walden M, Gibbins S. *Pain Assessment and Management: Guideline for Practice*. 2nd ed. Glenview: National Association of Neonatal Nurses; 2008.
110. Steinhorn RH. Pulmonary Vascular Development. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1216-22.
111. Zahka KG. Cardiovascular Problems of the Neonate. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1266-77.

## References

1. Corneli HM. Evaluation, treatment, and transport of pediatric patients with shock. *Pediatr Clin North Am* 1993;40:303-19.
2. Seri I, Markovitz B. Cardiovascular Compromise in the Newborn Infant. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:714-31.
3. Agrawal PB. Shock. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:463-8.
4. Noori S, Friedlich PS, Seri I. Pathophysiology of Shock in the Fetus and Neonate. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:853-63.
5. Turner DA, Cheifetz IM. Shock. In: Kliegman RM, Stanton BF, St. Geme JW, Schor NF, Behrman RE, eds. *Nelson Textbook of Pediatrics*. 19th ed. Philadelphia: Elsevier Saunders; 2011:305-14.
6. Dempsey EM, Barrington KJ. Evaluation and treatment of hypotension in the preterm infant. *Clin Perinatol* 2009;36:75-85.
7. Carcillo JA, Kuch BA, Han YY, et al. Mortality and functional morbidity after use of PALS/APLS by community physicians. *Pediatrics* 2009;124:500-8.
8. Ng PC, Lee CH, Bnur FL, et al. A double-blind, randomized, controlled study of a "stress dose" of hydrocortisone for rescue treatment of refractory hypotension in preterm infants. *Pediatrics* 2006;117:367-75.
9. Osborn D, Evans N, Kluckow M. Diagnosis and treatment of low systemic blood flow in preterm infants. *NeoReviews* 2004;5:e109-e21.
10. Dempsey EM, Barrington KJ. Treating hypotension in the preterm infant: when and with what: a critical and systematic review. *J Perinatol* 2007;27:469-78.
11. Kluckow M, Evans N. Low superior vena cava flow and intraventricular haemorrhage in preterm infants. *Arch Dis Child Fetal Neonatal Ed* 2000;82:F188-94.
12. Pellicer A, Valverde E, Elorza MD, et al. Cardiovascular support for low birth weight infants and cerebral hemodynamics: a randomized, blinded, clinical trial. *Pediatrics* 2005;115:1501-12.
13. Cunningham S, Symon AG, Elton RA, Zhu C, McIntosh N. Intra-arterial blood pressure reference ranges, death and morbidity in very low birthweight infants during the first seven days of life. *Early Hum Dev* 1999;56:151-65.
14. Allen HD, Phillips JR, Chan DP. History and Physical Examination. In: Allen HD, Clark EB, Gutgesell HP, Driscoll DJ, eds. *Moss' and Adams' Heart Disease in Infants, Children, and Adolescents*. 6th ed. Philadelphia: Lippincott, Williams & Wilkins; 2001:143-52.
15. Van Hare GF. Neonatal Arrhythmias. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1277-89.
16. Chameides L. Part 6: Recognition of Shock. In: Chameides L, Samson RA, Schexnayder SM, Hazinski MF, eds. *Pediatric Advanced Life Support Provider Manual*. Dallas: American Heart Association; 2011:69-83.
17. Brierley J, Carcillo JA, Choong K, et al. Clinical practice parameters for hemodynamic support of pediatric and neonatal septic shock: 2007 update from the American College of Critical Care Medicine. *Crit Care Med* 2009;37:666-88.
18. Karlson KA, Tani LY. S.T.A.B.L.E. Cardiac Module: Recognition and Stabilization of Neonates with Severe CHD. Salt Lake City: S.T.A.B.L.E., Inc.; 2003.
19. Raju NV, Maisels MJ, Kring E, Schwarz-Warner L. Capillary refill time in the hands and feet of normal newborn infants. *Clin Pediatr (Phila)* 1999;38:139-44.
20. LeFlore JL, Engle WD. Capillary refill time is an unreliable indicator of cardiovascular status in term neonates. *Adv Neonatal Care* 2005;5:147-54.
21. Miletin J, Pichova K, Dempsey EM. Bedside detection of low systemic flow in the very low birth weight infant on day 1 of life. *Eur J Pediatr* 2009;168:809-13.
22. Lobos AT, Lee S, Menon K. Capillary refill time and cardiac output in children undergoing cardiac catheterization. *Pediatr Crit Care Med* 2012;13:136-40.
23. Strozik KS, Pieper CH, Roller J. Capillary refilling time in newborn babies: normal values. *Arch Dis Child Fetal Neonatal Ed* 1997;76:F193-6.
24. Wodey E, Pladys P, Betremieux P, Kerebel C, Ecoffey C. Capillary refilling time and hemodynamics in neonates: a Doppler echocardiographic evaluation. *Crit Care Med* 1998;26:1437-40.
25. Gale C. Question 2. Is capillary refill time a useful marker of haemodynamic status in neonates? *Arch Dis Child* 2010;95:395-7.
26. Chameides L. Part 2: Systematic Approach to the Seriously Ill or Injured Child. In: Chameides L, Samson RA, Schexnayder SM, Hazinski MF, eds. *Pediatric Advanced Life Support Provider Manual*. Dallas: American Heart Association; 2011:7-29.
27. Versmold HT, Kitterman JA, Phibbs RH, Gregory GA, Tooley WH. Aortic blood pressure during the first 12 hours of life in infants with birth weight 610 to 4,220 grams. *Pediatrics* 1981;67:607-13.
28. Kitterman JA, Phibbs RH, Tooley WH. Aortic blood pressure in normal newborn infants during the first 12 hours of life. *Pediatrics* 1969;44:959-68.
29. Chock VY, Wong RJ, Hintz SR, Stevenson DK. Biomedical Engineering Aspects of Neonatal Monitoring. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:577-95.
30. Nuntnarumit P, Yang W, Bada-Ellzey HS. Blood pressure measurements in the newborn. *Clin Perinatol* 1999;26:981-96, x.
31. Arafat M, Mattoo TK. Measurement of blood pressure in children: recommendations and perceptions on cuff selection. *Pediatrics* 1999;104:e30.
32. Pejovic B, Peco-Antic A, Marinkovic-Eric J. Blood pressure in non-critically ill preterm and full-term neonates. *Pediatr Nephrol* 2007;22:249-57.
33. Bernstein D. Acyanotic Congenital Heart Disease: The Left-to-Right Shunt Lesions. In: Kliegman RM, Stanton BF, St. Geme JW, Schor NF, Behrman RE, eds. *Nelson Textbook of Pediatrics*. 19th ed. Philadelphia: Elsevier Saunders; 2011:1551-61.
34. Park MK. Physical Examination. In: Park MK, Troxler RG, eds. *Pediatric Cardiology for Practitioners*. St. Louis: Mosby; 2002:10-33.
35. Johnson WH. Diagnostic Methods. In: Johnson WH, Moller JH, eds. *Pediatr Cardiol*. Philadelphia: Lippincott, Williams, & Wilkins; 2001:1-55.
36. Johnson GL. Clinical Examination. In: Long WA, Tooley WH, McNamara DG, eds. *Fetal and Neonatal Cardiology*. Philadelphia: W.B. Saunders Company; 1990:223-35.
37. Janjua HS, Batisky DL. Renal Vascular Disease in the Newborn. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:1235-44.

38. Cleary-Goldman J, D'Alton ME. Physiologic Effects of Multiple Pregnancy on Mother and Fetus. In: Polin RA, Fox WW, Abman SH, eds. *Fetal and Neonatal Physiology*. 4th ed. Philadelphia: Elsevier Saunders; 2011:197-210.
39. Kattwinkel J. Medications. In: Kattwinkel J, McGowan JE, Zaichkin J, eds. *Textbook of Neonatal Resuscitation*. 6th ed. Elk Grove Village: American Academy of Pediatrics; 2011:211-36.
40. Kalkunte S, Padbury JF, Sharma S. Immunologic Basis of Placental Function and Diseases: The Placenta, Fetal Membranes, and Umbilical Cord. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:37-50.
41. Chameides L. Part 7: Management of Shock. In: Chameides L, Samson RA, Schexnayder SM, Hazinski MF, eds. *Pediatric Advanced Life Support Provider Manual*. Dallas: American Heart Association; 2011:85-108.
42. Han YY, Carcillo JA, Dragotta MA, et al. Early reversal of pediatric-neonatal septic shock by community physicians is associated with improved outcome. *Pediatrics* 2003;112:793-9.
43. Losek JD. Hypoglycemia and the ABC'S (sugar) of pediatric resuscitation. *Ann Emerg Med* 2000;35:43-6.
44. Greenbaum LA. Acid-Base Balance. In: Kliegman RM, Stanton BF, St. Geme JW, Schor NF, Behrman RE, eds. *Nelson Textbook of Pediatrics*. 19th ed. Philadelphia: Elsevier Saunders; 2011:229-42.
45. Kraut JA, Madias NE. Serum anion gap: its uses and limitations in clinical medicine. *Clin J Am Soc Nephrol* 2007;2:162-74.
46. Hines EQ. Fluids and Electrolytes. In: Tschudy MM, Arcara KM, eds. *The Harriet Lane Handbook*. 19th ed. Philadelphia: Elsevier Mosby; 2012:271-92.
47. Doherty EG. Fluid and Electrolyte Management. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of neonatal care*. 7th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2012:269-83.
48. Gomella TL. Body Water, Fluid, and Electrolytes. In: Gomella TL, Cunningham MD, Eyal FG, Tuttle D, eds. *Neonatology Management, Procedures, On-Call Problems, Diseases, and Drugs*. 6th ed. New York: McGraw Hill Medical; 2009:68-76.
49. Posencheg MA, Evans JR. Acid-Base Fluid, and Electrolyte Management. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn* 9th ed. Philadelphia: Elsevier Saunders; 2012:367-89.
50. Dell KM. Acid-Base Management. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:677-84.
51. Feldman M, Soni N, Dickson B. Influence of hypoalbuminemia or hyperalbuminemia on the serum anion gap. *J Lab Clin Med* 2005;146:317-20.
52. Abrams SA. Abnormalities of Serum Calcium and Magnesium. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:297-303.
53. Rigo J, Mohamed MW, De Curtis M. Disorders of Calcium, Phosphorus, and Magnesium Metabolism. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:1523-56.
54. da Graca RL, Hassinger DC, Flynn PA, Sison CP, Nesin M, Auld PA. Longitudinal changes of brain-type natriuretic peptide in preterm neonates. *Pediatrics* 2006;117:2183-9.
55. El-Khuffash A, Molloy EJ. Are B-type natriuretic peptide (BNP) and N-terminal-pro-BNP useful in neonates? *Arch Dis Child Fetal Neonatal Ed* 2007;92:F320-4.
56. Farombi-Oghuvbu I, Matthews T, Mayne PD, Guerin H, Corcoran JD. N-terminal pro-B-type natriuretic peptide: a measure of significant patent ductus arteriosus. *Arch Dis Child Fetal Neonatal Ed* 2008;93:F257-60.
57. Koch A, Singer H. Normal values of B type natriuretic peptide in infants, children, and adolescents. *Heart* 2003;89:875-8.
58. Davlourous PA, Karatza AA, Xanthopoulou I, et al. Diagnostic role of plasma BNP levels in neonates with signs of congenital heart disease. *Int J Cardiol* 2011;147:42-6.
59. Maisel A. B-type natriuretic peptide levels: diagnostic and prognostic in congestive heart failure: what's next? *Circulation* 2002;105:2328-31.
60. Maisel A. Algorithms for using B-type natriuretic peptide levels in the diagnosis and management of congestive heart failure. *Crit Pathw Cardiol* 2002;1:67-73.
61. Cantinotti M, Passino C, Storti S, Ripoli A, Zyw L, Clerico A. Clinical relevance of time course of BNP levels in neonates with congenital heart diseases. *Clin Chim Acta* 2011;412:2300-4.
62. Trevisanuto D, Picco G, Golin R, et al. Cardiac troponin I in asphyxiated neonates. *Biol Neonate* 2006;89:190-3.
63. Galel SA. Therapeutic techniques: Selection of blood components for neonatal transfusion. *NeoReviews* 2005;6:e351-e5.
64. Sloan SR. Blood Products Used in the Newborn. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:529-37.
65. Matthews DC, Glader B. Erythrocyte Disorders in Infancy. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn* 9th ed. Philadelphia: Elsevier Saunders; 2012:1080-107.
66. Roback JD, Grossman BJ, Harris T, Hillyer CD. *Technical Manual*. 17th ed. Bethesda: American Association of Blood Banks; 2011.
67. Manco-Johnson M, Rodden DJ, Hays T. Newborn Hematology. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care*. 7th ed. St. Louis: Mosby Elsevier; 2011:503-30.
68. Axsom KM, Friedman DF, Manno CS. Transfusion Therapy. In: Spitzer AR, ed. *Intensive Care of the Fetus & Neonate*. 2nd ed. Philadelphia: Elsevier Mosby; 2005:1333-49.
69. Aschner JL, Poland RL. Sodium bicarbonate: basically useless therapy. *Pediatrics* 2008;122:831-5.
70. Ammari AN, Schulze KF. Uses and abuses of sodium bicarbonate in the neonatal intensive care unit. *Curr Opin Pediatr* 2002;14:151-6.
71. Lawn CJ, Weir FJ, McGuire W. Base administration or fluid bolus for preventing morbidity and mortality in preterm infants with metabolic acidosis. *Cochrane Database Syst Rev* 2005:CD003215.
72. Thomson Reuters Editorial Staff. *NeoFax*. 24th ed. Montvale: Thomson Reuters; 2011.
73. Goldsmith JP. Chest Compressions, Medications, and Special Problems. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:474-84.
74. Taketomo CK, Hodding JH, Kraus DM. *Pediatric & Neonatal Dosage Handbook*. 18th ed. Hudson: Lexicomp; 2011.
75. Subhani M, Sridhar S, DeCristofaro JD. Phentolamine use in a neonate for the prevention of dermal necrosis caused by dopamine: a case report. *J Perinatol* 2001;21:324-6.
76. Waller SA, Gopalani S, Benedetti tJ. Complicated Deliveries: Overview. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn* 9th ed. Philadelphia: Elsevier Saunders; 2012:146-58.

77. Doumouchtsis SK, Arulkumaran S. Head trauma after instrumental births. *Clin Perinatol* 2008;35:69-83, viii.
78. Mangurten HH, Puppala BL. Birth Injuries. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:501-30.
79. Bonifacio SL, Gonzalez FF, Ferriero DM. Central Nervous System Injury and Neuroprotection. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn* 9th ed. Philadelphia: Elsevier Saunders; 2012:869-91.
80. Uchil D, Arulkumaran S. Neonatal subgaleal hemorrhage and its relationship to delivery by vacuum extraction. *Obstet Gynecol Surv* 2003;58:687-93.
81. McQuivey RW. Vacuum-assisted delivery: a review. *J Matern Fetal Neonatal Med* 2004;16:171-80.
82. Hoyt MR. Anesthetic Options for Labor and Delivery. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby 2011:433-48.
83. Prapas N, Kalogiannidis I, Masoura S, et al. Operative vaginal delivery in singleton term pregnancies: short-term maternal and neonatal outcomes. *Hippokratia* 2009;13:41-5.
84. Hook CD, Damos JR. Vacuum-assisted vaginal delivery. *Am Fam Physician* 2008;78:953-60.
85. Davis DJ. Neonatal subgaleal hemorrhage: diagnosis and management. *Cmaj* 2001;164:1452-3.
86. Ali UA, Norwitz ER. Vacuum-assisted vaginal delivery. *Rev Obstet Gynecol* 2009;2:5-17.
87. Towner D, Castro MA, Eby-Wilkens E, Gilbert WM. Effect of mode of delivery in nulliparous women on neonatal intracranial injury. *N Engl J Med* 1999;341:1709-14.
88. Vacca A. Vacuum-Assisted Delivery. *OBG Management Supplement* 2004:S1-S12.
89. Boo NY, Foong KW, Mahdy ZA, Yong SC, Jaafar R. Risk factors associated with subaponeurotic haemorrhage in full-term infants exposed to vacuum extraction. *Bjog* 2005;112:1516-21.
90. Boo NY, Ng SF, Lim VK. A case-control study of risk factors associated with rectal colonization of extended-spectrum beta-lactamase producing *Klebsiella* sp. in newborn infants. *J Hosp Infect* 2005;61:68-74.
91. Castro MA, Hoey SD, Towner D. Controversies in the use of the vacuum extractor. *Semin Perinatol* 2003;27:46-53.
92. Gardella C, Taylor M, Benedetti T, Hitti J, Critchlow C. The effect of sequential use of vacuum and forceps for assisted vaginal delivery on neonatal and maternal outcomes. *Am J Obstet Gynecol* 2001;185:896-902.

## References

1. Ferrieri P, Wallen LD. Neonatal Bacterial Sepsis. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:538-50.
2. Gerdes JS. Diagnosis and management of bacterial infections in the neonate. *Pediatr Clin North Am* 2004;51:939-59, viii-ix.
3. Koenig JM, Yoder MC. Neonatal neutrophils: the good, the bad, and the ugly. *Clin Perinatol* 2004;31:39-51.
4. Edwards MS. Postnatal Bacterial Infections. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:793-829.
5. Stoll BJ, Hansen N, Fanaroff AA, et al. Changes in pathogens causing early-onset sepsis in very-low-birth-weight infants. *N Engl J Med* 2002;347:240-7.
6. Polin RA. Management of neonates with suspected or proven early-onset bacterial sepsis. *Pediatrics* 2012;129:1006-15.
7. Verani JR, McGee L, Schrag SJ. Prevention of perinatal group B streptococcal disease--revised guidelines from CDC, 2010. *MMWR Recomm Rep* 2010;59:1-36.
8. Tita AT, Andrews WW. Diagnosis and management of clinical chorioamnionitis. *Clin Perinatol* 2010;37:339-54.
9. Venkatesh MP, Adams KM, Weisman LE. Infection in the Neonate. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care*. 7th ed. St. Louis: Mosby Elsevier; 2011:553-80.
10. Burchett SK. Viral Infections. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of Neonatal Care*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:588-623.
11. Puopolo K. Bacterial and Fungal Infections. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. *Manual of neonatal care*. 7th ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2012:624-55.
12. Ottolini MC, Lundgren K, Mirkinson LJ, Cason S, Ottolini MG. Utility of complete blood count and blood culture screening to diagnose neonatal sepsis in the asymptomatic at risk newborn. *Pediatr Infect Dis J* 2003;22:430-4.
13. Hornik CP, Benjamin DK, Becker KC, et al. Use of the Complete Blood Cell Count in Early-onset Neonatal Sepsis. *Pediatr Infect Dis J* 2012;31:799-802.
14. Eichenwald EC. Care of the Extremely Low-Birthweight Infant. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:390-404.
15. Hornik CP, Benjamin DK, Becker KC, et al. Use of the Complete Blood Cell Count in Late-onset Neonatal Sepsis. *Pediatr Infect Dis J* 2012;31:803-7.
16. Engelkirk PG, Duben-Engelkirk J. *Burton's Microbiology for the Health Sciences*. 9th ed. Baltimore: Lippincott Williams & Wilkins, Wolters Kluwer; 2011.
17. Schleiss MR, Patterson JC. Viral Infections of the Fetus and Newborn and Human Immunodeficiency Virus Infection During Pregnancy. In: Gleason CA, Devaskar SU, eds. *Avery's Diseases of the Newborn*. 9th ed. Philadelphia: Elsevier Saunders; 2012:468-512.
18. Anderson BL, Gonik B. Perinatal Infections. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:399-422.
19. Schelonka RL, Chai MK, Yoder BA, Hensley D, Brockett RM, Ascher DP. Volume of blood required to detect common neonatal pathogens. *J Pediatr* 1996;129:275-8.
20. Connell TG, Rele M, Cowley D, Buttery JP, Curtis N. How reliable is a negative blood culture result? Volume of blood submitted for culture in routine practice in a children's hospital. *Pediatrics* 2007;119:891-6.
21. Papoff P. Use of Hematologic Data to Evaluate Infections in Neonates. In: Christensen RD, ed. *Hematologic Problems of the Neonate*. Philadelphia: W.B. Saunders Company; 2000:389-404.
22. Kaapa P, Koistinen E. Maternal and neonatal C-reactive protein after interventions during delivery. *Acta Obstet Gynecol Scand* 1993;72:543-6.
23. Black S, Kushner I, Samols D. C-reactive Protein. *J Biol Chem* 2004;279:48487-90.
24. Weitkamp JH, Aschner JL. Diagnostic use of C-Reactive Protein (CRP) in assessment of neonatal sepsis. *NeoReviews* 2005;6:e508-e15.
25. Christensen RD, Rothstein G, Hill HR, Hall RT. Fatal early onset group B streptococcal sepsis with normal leukocyte counts. *Pediatr Infect Dis* 1985;4:242-5.
26. Schibler K. Leukocyte Development and Disorders During the Neonatal Period. In: Christensen RD, ed. *Hematology of the Neonate*. Philadelphia: W.B. Saunders Company; 2000:311-42.
27. Strauss RG. Blood Banking and Transfusion Issues in Perinatal Medicine. In: Christensen RD, ed. *Hematology of the Neonate*. Philadelphia: W.B. Saunders Company; 2000:405-25.
28. Kapur R, Yoder MC, Polin RA. Developmental Immunology. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:761-93.
29. Christensen RD, Bradley PP, Rothstein G. The leukocyte left shift in clinical and experimental neonatal sepsis. *J Pediatr* 1981;98:101-5.
30. Schmutz N, Henry E, Jopling J, Christensen RD. Expected ranges for blood neutrophil concentrations of neonates: the Manroe and Mouzinho charts revisited. *J Perinatol* 2008;28:275-81.
31. Wiedmeier SE, Henry E, Christensen RD. Hematological abnormalities during the first week of life among neonates with trisomy 18 and trisomy 13: data from a multi-hospital healthcare system. *Am J Med Genet A* 2008;146:312-20.
32. Mouzinho A, Rosenfeld CR, Sanchez PJ, Risser R. Revised reference ranges for circulating neutrophils in very-low-birth-weight neonates. *Pediatrics* 1994;94:76-82.
33. Manroe BL, Weinberg AG, Rosenfeld CR, Browne R. The neonatal blood count in health and disease. I. Reference values for neutrophilic cells. *J Pediatr* 1979;95:89-98.
34. Sola MC. Evaluation and treatment of severe and prolonged thrombocytopenia in neonates. *Clin Perinatol* 2004;31:1-14.
35. McPherson RJ, Juul S. Patterns of thrombocytosis and thrombocytopenia in hospitalized neonates. *J Perinatol* 2005;25:166-72.
36. Saxonhouse MA, Sola-Visner MC. Thrombocytopenia in the Neonatal Intensive Care Unit. *NeoReviews* 2009;10:e435-e45.
37. Wiedmeier SE, Henry E, Sola-Visner MC, Christensen RD. Platelet reference ranges for neonates, defined using data from over 47,000 patients in a multihospital healthcare system. *J Perinatol* 2009;29:130-6.

38. Sola MC, Christensen RD. Developmental Aspects of Platelets and Disorders of Platelets in the Neonatal Period. In: Christensen RD, ed. Hematologic Problems of the Neonate. Philadelphia: W.B. Saunders Co.; 2000:273-309.
39. Puopolo KM. Bacterial and Fungal Infections. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. Manual of Neonatal Care. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:624-55.
40. Taketomo CK, Hodding JH, Kraus DM. Pediatric & Neonatal Dosage Handbook. 18th ed. Hudson: Lexicomp; 2011.
41. Thomson Reuters Editorial Staff. NeoFax. 24th ed. Montvale: Thomson Reuters; 2011.
42. Douma CE, Schonen Gardner J. Common Neonatal Intensive Care Unit (NICU) Medication Guidelines. In: Cloherty JP, Eichenwald EC, Hansen AR, Stark AR, eds. Manual of Neonatal Care. 7th ed. Philadelphia: Lippincott, Williams & Wilkins; 2012:886-931.
43. Sheffield MJ, Lambert DK, Henry E, Christensen RD. Effect of ampicillin on the bleeding time of neonatal intensive care unit patients. *J Perinatol* 2010;30:527-30.
44. Sheffield MJ, Lambert DK, Baer VL, et al. Effect of ampicillin on bleeding time in very low birth-weight neonates during the first week after birth. *J Perinatol* 2011;31:477-80.

## References

1. Siegel R, Gardner SL, Dickey LA. Families in Crisis: Theoretical and Practical Considerations. In: Gardner SL, Carter BS, Enzman-Hines M, Hernandez JA, eds. *Merenstein & Gardner's Handbook of Neonatal Intensive Care*. 7th ed. St. Louis: Mosby Elsevier; 2011:849-97.
2. National Perinatal Association. *Transcultural Aspects of Perinatal Health Care*. Elk Grove Village: American Academy of Pediatrics; 2004.
3. Lynch EW, Hanson MJ. *Developing Cross-Cultural Competence: A Guide for Working with Children and Their Families*. 3rd ed. Baltimore: Paul H. Brookes Publishing Co.; 2004.
4. Davis DL, Stein MT. *Parenting Your Premature Baby and Child: The Emotional Journey*. Golden: Fulcrum 2004.
5. Klaus MH, Kennell JH, Edwards WH. Care of the Mother, Father, and Infant. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant*. 9th ed. St. Louis: Elsevier Mosby; 2011:615-27.
6. Garcia-Prats JA, Hornfischer SS. *What To Do When Your Baby Is Premature*. New York: Three Rivers Press; 2000.
7. Aita M, Snider L. The art of developmental care in the NICU: a concept analysis. *J Adv Nurs* 2003;41:223-32.
8. Als H, Duffy FH, McAnulty GB. Effectiveness of individualized neurodevelopmental care in the newborn intensive care unit (NICU). *Acta Paediatr Suppl* 1996;416:21-30.
9. Als H, Gilkerson L. The role of relationship-based developmentally supportive newborn intensive care in strengthening outcome of preterm infants. *Semin Perinatol* 1997;21:178-89.
10. Als H, Lawhon G, Duffy FH, McAnulty GB, Gibes-Grossman R, Blickman JG. Individualized developmental care for the very low-birth-weight preterm infant. Medical and neurofunctional effects. *Jama* 1994;272:853-8.
11. Byers JF. Components of developmental care and the evidence for their use in the NICU. *MCN Am J Matern Child Nurs* 2003;28:174-80; quiz 81-2.
12. Griffin T, Wishba C, Kavanaugh K. Nursing interventions to reduce stress in parents of hospitalized preterm infants. *J Pediatr Nurs* 1998;13:290-5.
13. Kledzik T. Holding the very low birth weight infant: skin-to-skin techniques. *Neonatal Netw* 2005;24:7-14.
14. Lawhon G. Facilitation of parenting the premature infant within the newborn intensive care unit. *J Perinat Neonatal Nurs* 2002;16:71-82.
15. Maroney DI. Recognizing the potential effect of stress and trauma on premature infants in the NICU: how are outcomes affected? *J Perinatol* 2003;23:679-83.
16. Robison LD. An organizational guide for an effective developmental program in the NICU. *J Obstet Gynecol Neonatal Nurs* 2003;32:379-86.
17. Spatz DL. Ten steps for promoting and protecting breastfeeding for vulnerable infants. *J Perinat Neonatal Nurs* 2004;18:385-96.
18. White RD. Mothers' arms--the past and future locus of neonatal care? *Clin Perinatol* 2004;31:383-7, ix.

## *Bibliography*

- *Oxygen Redux*. Soll, R Peds 138; December 2016
- *Outcomes of Preterm after RA resuscitation*. Rabi, Y. Resuscitation 96, 252-259, 2015.
- *Higher /Lower O2 for resuscitation*. Oei,JI. Peds 139, 2017.
- *Fetal/Neonatal Physiology*. Polin. Sanders Co. 3<sup>rd</sup> edit. 2004
- *Neonatal-Perinatal Medicine*. Fanaroff. Mosby Co. 8<sup>th</sup> 2007
- *Pathophysiology Mgmt. of NB*. Avery. Lippencott Co. 2005.



# Perinatal Outreach

## Maternal Fetal Services • Neonatal Services

**The S.T.A.B.L.E. Program Learner Course- Speaker Evaluation**

**Instructors: Katie Filby, APRN; Angela Becker APRN**

**Date: November 6, 2019**

**Location: St. Catherine Hospital, Garden City, KS**

**We take your feedback very seriously.**

*Please indicate the degree to which you feel each was met.*

*Check-mark the box that most closely corresponds to your opinion.*

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Stongly Disagree
1) Objectives- Stated learning objectives met					
2) Audiovisuals- Contributed to the presentation					
3) Content- Relevant to my practice					
4) Presentation- Speakers qualified and held my interest					
5) Effectiveness- Speakers was organized and effective					
6) Practice- Validated / changed my practice					

7) As a result of today's presentation, I learned the following that I previously did not know:

8) I recommend the instructor do the following to improve their presentation:

# Wesley Medical Center Perinatal Outreach Program

Continuing Education Attendance Roster

## Nursing

### The S.T.A.B.L.E. Program

St. Catherine Hospital

Garden City, KS

November 6, 2019



Approved Provider : Perinatal Outreach Program, Wesley Medical Center						
Contact Person: Kelly Lee, RN, BSN Perinatal Outreach Coordinator (316) 962-8556						
Presenting Agency: Wesley Medical Center, 550 N. Hillside, Wichita, KS, 67214						
Presenters: Katie Filby, APRN; Angela Becker, APRN						
LAST NAME	FIRST NAME	TITLE	FACILITY	LICENSE #	New or Renew	SIGNATURE

Wesley Medical Center Perinatal Outreach Program is approved as a provider of CNE by the KS State Board of Nursing. This offering is approved for eight (8) contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0081-0905.

Wesley Medical Center Respiratory Care Continuing Education Evaluator, on behalf of the Kansas State Board of Healing Arts, has approved this program for eight (8) Continuing Respiratory Care CEU credits. (Provider #KRCS 029)

-330-

# Offering #2

# THE S.T.A.B.L.E.<sup>®</sup> Program

## Pre-transport / Post-resuscitation Stabilization Care of Sick Infants Guidelines for Neonatal Healthcare Providers – 6<sup>th</sup> Edition

Instructor Manual

Kristine A. Karlsen

This educational program provides general guidelines for the assessment and stabilization of sick infants in the post-resuscitation / pre-transport stabilization period. These guidelines are based upon evidence-based recommendations in neonatal texts and published literature whenever possible. When necessary, common neonatal stabilization care practices were evaluated and incorporated into this program. Changes in infant care may impact the recommendations contained in this program; such changes should be assessed on a regular basis. While caring for sick infants, healthcare providers may encounter situations, conditions, and illnesses not described in this manual. It is strongly recommended that additional nursing and medical education materials and consultation with neonatal experts are utilized as necessary. Prior to implementing these program guidelines, the content of this manual should be reviewed and approved for use by appropriate policy committees at your institution or facility.

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Salt Lake City, S.T.A.B.L.E., Inc.  
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S.T.A.B.L.E. is endorsed by the March of Dimes

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05.01.2019

# **Wesley Medical Center**

## ***Assessment and Stabilization of the Sick Newborn and Case Conference Presentation***

**Curt Dorn, M.D.**

**Salina Regional Medical Center  
Conference Center West**

**Thursday November 7, 2019  
12:30pm - 2:30pm**

### **Objectives:**

1. If no chest rise is noted with resuscitation, list what steps should be taken next.
2. Describe the signs and CXR appearance with TTN or wet lung.
3. Describe the causes of pneumothorax, how to make the diagnosis without CXR and list the treatment options.
4. Discuss at least one case study from the standpoint of indications for transport and patient care

12:00 Opening Comments and Introduction

12:05 Case Conferences

12:40 Presentation

*Our schedule is flexible; if you would like presentation first let us know*

**R.S.V.P. to Kathy Pike @ 785-452-7603**

Wesley Medical Center Perinatal Outreach Program is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for *two (2) contact hours applicable for APRN, RN, or LPN relicensure*. Kansas State Board of Nursing provider number: LT0081-0905.

Wesley Medical Center Respiratory Care Continuing Education Evaluator, on behalf of the Kansas State Board of Healing Arts, has approved this program for *two (2) hours of Respiratory Care CEU credits* (Provider #KRCS 029).

The Wesley Medical Center is accredited by the Kansas Medical Society to provide continuing medical education for physicians. The Wesley Medical Center designates this live activity for a maximum of *2 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

*The Perinatal Outreach Program at Wesley Medical Center acknowledges the generous support of this program by the University Of Kansas School Of Medicine - Wichita*

## CURRICULUM VITAE

Curtis C. Dorn, M.D.

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Home Address: 134 S. Ashley Park Ct., Wichita, KS 67209

Citizenship: U.S.A.

Present Position: Attending Neonatologist, Wesley Medical Center, Wichita, KS

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### Education:

Undergraduate Degree: 1975-1979 Central University of Iowa, Pella, Iowa  
B.A., Chemistry, Magna Cum Laude

Medical School: 1979-1983 University of Kansas Medical Center,  
Kansas City, Kansas, (M.D.)

Pediatric Residency: 1983-1986 University of Kansas Medical Center,  
Kansas City, Kansas

Neonatal Fellowship: 1986-1989 University of Cincinnati Medical Center,  
Cincinnati, Ohio

Patient Safety Fellowship: 2002-2003 Virginia Commonwealth University,  
Richmond, Virginia

### Professional Certification:

National Board of Medical Examiners, #276306, May 1, 1984

American Board of Pediatrics, #35749, Certified June 21, 1987

Neonatal-Perinatal Medicine Board Certification (#2000), November 3, 1989

Neonatal-Perinatal Medicine Board Recertification (#2000), May 5, 1995  
Neonatal-Perinatal Medicine Board Recertification (#2000), April 30, 2002  
Neonatal-Perinatal Recertification Exam – Passed -- March , 2013

**Academic Appointments:**

1989-2000 Assistant Professor of Pediatrics and OB/GYN and Family Practice,  
University of Kansas School of Medicine-Wichita, Wichita, Kansas  
(Non-tenure)  
2001-Present Associate Professor of Pediatrics and OB/BN and Family Practice,  
University of Kansas School of Medicine-Wichita, Wichita, Kansas  
(Non-tenure)

**Hospital Appointments:**

1989-Present Attending Neonatologist, Wesley Medical Center, Wichita, Kansas

**Licensure:**

1989-Present Kansas Medical License #04-22621

**Professional Organizations:**

American Academy of Pediatrics – Fellow  
American Medical Association  
Kansas Medical Society  
Sedgwick County Medical Society

**Honors:**

1985 Jay Hawker, M.D., Resident Teaching Award  
1993 Outstanding Teacher Award – Pediatric Residents, UKSM-W  
2004 Distinguished Mentor – Graduating Class of 2004 UKSM-W  
2005 Outstanding Instructor Award – WSU Physician's Assistant Program

**Community Committee Work:**

1993-1999 Board of Directors, Ronald McDonald House Charities

Hospital Committee Appointments:

- 1989-Present Wesley Medical Center, Transfusion Committee
- 1990-Present Wesley Medical Center, Pharmacy and Therapeutics Committee
- 1990-Present Neonatal Resuscitation Program – Regional Coordinator
- 1993-1998 Wesley Medical Center, Pediatric Executive Committee
- 1997-2007 Wesley Pharmacy and Therapeutics Committee – Chair
- 2000-Present Wesley Committee for Safe Medication Practice - Chair

National Committee Appointment:

- 2000-Present Corporate HCA Patient Safety Initiative Rapid Design Team

Publications:

Dorn C, Rice W. and Singleton FM: Regulation of Surfactant phospholipid secretion: Calcium mobilization and response recovery following  $P_2$ -purinoceptor stimulation in freshly isolated alveolar type II cells. Br. J. Pharmacol. 1989, 97:163-170.

Rice WR, Dorn CC, Singleton FM: Relative roles of calcium and protein kinase C in regulation of Surfactant. Phosphatidylcholine secretion from isolated alveolar type II cells. Biochem J. 1990; 266: 407-413.

Abstracts:

Dorn C. and Rice W.: Regulation of Surfactant phospholipid secretion: Calcium mobilization and response recovery following  $P_2$ -purinoceptor stimulation in freshly isolated alveolar type II cells. Pediatr. Res. 1988; 23: 241A.

Dorn C, Singleton FM, and Rice WR: Regulation of Surfactant phospholipid secretion by exogenous ATP: Role of elevated intracellular calcium. Pediatr. Res. 1989; 25: 1827.

Dorn C, Singleton FM, and Rice WR: Regulation of Surfactant phospholipid secretion by exogenous ATP: Role of prostaglandin synthesis. Am. Rev. Resp. Dis. 1990; 141: AG31.

Presentations:



"Respiratory Distress Syndrome & SIDS," WSU Department of Physician Assistant, Wichita, KS, March 1994-Present.

"Neonatal Update," Critical Care Conference, Wesley Family Practice Clinic, Wichita, KS, September 16, 2000.

"Wesley Medical Center Patient Safety Initiative," HCA Patient Safety Rollout, Las Vegas, NV, March 1, 2001.

"Mishaps, Mistakes and Misadventures," Kansas Respiratory Therapist Society Annual Meeting, Wichita, KS, April 6, 2001.

"Care of the Nearly Normal Newborn," Kansas Society of Family Physicians, Wichita, KS, December 7, 2001 – to present.

"Improving Safety of Neonatal Care," Perinatal Update "Jiggs" Conference, Wichita, KS, February 7, 2003.

"Medication Safety – Theory and Practice," Kansas Association of Hospital Pharmacists, Annual Meeting, Wichita, KS, April 12, 2003.

"Death, Taxes and Errors – The Theory and Practice of Patient Safety", Larned State Hospital Safety Conference, Larned, KS, August 19, 2003.

"Improving the Safety of Perinatal Care", Perinatal Update Conference, Savannah, GA, April 21, 2004.

"Oxygen Toxicity – If a Little is Good, Is More Better?", Kansas Perinatal Association Update, September 2005.

"Safe Medication Practices", WSU Department of Physician Assistant, Wichita, KS, November 2006-Present.

"Limits of Viability", Outreach Presentation, Hutchinson, KS, April 13, 2007.

"Stabilization of the Newborn", Outreach Presentation, Arkansas City, KS, March 13, 2008.

"Late Preterm Infant, The Nearly Normal Newborn", Outreach Presentation, Salina, KS, April 24, 2009.

"Total Body Cooling for Hypoxic Ischemic Encephalopathy", Perinatal Update Conference, Wichita, KS, June 11, 2010.

"Improving the Safety of the Care You Provide", Annual Presentation to Incoming Interns to Area Hospitals, University of Kansas School of Medicine, June 2010 - Present.

Curtis C. Dom, M. D.

Updated 10/14/14

*Activity Evaluation Form*



Assessment and Stabilization of the Sick Newborn		November 7, 2019				
Curt Dorn, MD		Salina, KS				
Professional Category: MD DO PA APRN RN LPN RT CNA other:						
Please rate the following: 1=Poor, 2=Fair, 3=Average, 4=Average, 5=Excellent						
1.	If no chest rise is noted with resuscitation, list what steps should be taken next.	1	2	3	4	5
2.	Describe the signs and CXR appearance with TTN or wet lung.	1	2	3	4	5
3.	Describe the causes of pneumothorax, how to make the diagnosis without CXR and list the treatment options.	1	2	3	4	5
4.	Discuss indications for transport and patient care.	1	2	3	4	5
5.	Do you plan to make any practice changes because of participating in this activity?	Yes	No	Undetermined		
6.	Do you plan to research any topics discussed today in further detail?	Yes	No	Undetermined		
Physician's seeking CME please answer the following:						
7.	Addressing my most pressing concerns	1	2	3	4	5
8.	Addressing competencies identified by my specialty	1	2	3	4	5
9.	Providing fair and balanced content	1	2	3	4	5
10.	Providing clear evidence to support content	1	2	3	4	5
11.	Including opportunities to learn interactively from faculty and participants	1	2	3	4	5
12.	Providing me with supporting materials or tools for my office (reminders, patient materials, etc)	1	2	3	4	5
13.	Including opportunities to solve patient cases	1	2	3	4	5
14.	Allowing me to assess what I have learned	1	2	3	4	5
15.	Translating trial data to patients I see in my practice	1	2	3	4	5
16.	Addressing barriers to my optimal practice management	1	2	3	4	5
17.	Comments/Suggestions for future presentations:					
Thank you for participating in this survey!						

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Nashville, Tennessee

# Perinatal Outreach

## Maternal Fetal Services • Neonatal Services

**Wesley Medical Center  
Certifies that  
Erica Van Rossun, LPN**

Attended Assessment and Stabilization of the Sick Newborn at Salina Regional Medical Center in Salina, Kansas on November 7, 2019 and has earned 2 (two) contact hours, license number 23-47673. Wesley Medical Center Perinatal Outreach Program is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 2 (two) contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0081-0905.

*Kelly Lee, RN, BSN*

**Kelly Lee, RN, BSN  
Perinatal Outreach Coordinator**

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# NURSING, RT, OTHER

Continuing Education Attendance Roster



## Assessment and Stabilization of the Sick Newborn

Salina Regional Medical Center, Salina, Kansas

November 7, 2019

Approved Provider : Perinatal Rural Outreach Program, Wesley Medical Center				
Contact Person: Kelly Lee, RN, BSN (316) 962-8556				
Presenting Agency: Wesley Medical Center, 550 N. Hillside, Wichita, KS, 67214				
Presenter: Curt Dorn, MD				
<i>PLEASE PRINT CLEARLY</i>				
NAME (Please Print)	TITLE	LICENSE #	EMAIL ADDRESS	SIGNATURE

Wesley Medical Center Perinatal Outreach Program is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for two (2) contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0081-0905.

Wesley Medical Center Respiratory Care Continuing Education Evaluator, on behalf of the Kansas State Board of Healing Arts, has approved this program for two (2) contact hours of Respiratory Care CEU credit. (Provider #KRCS 029).

-342-

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

**Name of Provider:** Salina Surgical Hospital

**Name of Program Coordinator:** Jolene Glavin

**New Initial Application**       **Renewal (Issue Date \_\_\_)**

**Date Received:** 4/16/2020      **Date Review complete:** 4/22/2020

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

**Approved**       **Not Approved:**

**Approved Pending:** \_\_\_\_\_

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

Information Required	Received	NA
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	Received 4/16/2020	
Renewal Fee		✓
<ul style="list-style-type: none"> <li>If the long term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years as defined in the providers' policy and procedures.</li> </ul>		
The name and address of the organization on the application	Salina Surgical Hospital	
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		✓
The name, education and experience of the program coordinator responsible for CNE	Jolene Glavin, MSN, RN	
<ul style="list-style-type: none"> <li>Be a licensed professional nurse</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have three years of clinical experience</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have one year of experience in developing and implementing nursing education</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	✓	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li><u>Assessing the Need</u> and planning for CNE activities</li> </ul>	✓	

• <u>Fee Assessment</u>	✓	
• <u>Advertisements</u> 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: ”	✓	
• <u>Notice of Change</u> 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	✓	
For long term providers, the policies and procedures for the <u>Offering Approval Process</u> shall include the following:		
• A Summary of the Planning	✓	
• The Behavioral Objectives	✓	
• The Content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The Instructor’s Education and Experience, documenting knowledge and expertise in the content area	✓	
• 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	✓	
• An offering Evaluation that includes each participant’s assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	✓	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	✓	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider’s pilot test results	✓	
• Clinical hours	✓	
<b>Documentation of Attendance</b>		



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:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	✓	
Each provider shall maintain documentation to verify completion of each <u>independent study offering</u> , if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>	✓	
<b>Certificate of Attendance/CE Transcript</b>		
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	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The name and license number of the participant</li> </ul>	✓	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
<ul style="list-style-type: none"> <li>A summary of the planning</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A copy of the offering announcement or brochure</li> </ul>	✓	

• The title and objectives	✓	
• The offering agenda or, for independent study, pilot test results	✓	
• A bibliography	✓	
• A summary of the participants' evaluations	✓	
• Each instructor's education and experiences	✓	
• Documentation to verify completion of the offering	✓	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	✓	
<b>Annual Report</b>		
Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:		
• An evaluation of all the components of the providership based on the total program evaluation plan		
• A statistical summary report; and		
• For each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (60-9-109(h)(1)(A-H))		
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	<b>#1</b>	<b>#2</b>
	Key Topics in Urology	Building Blocks of Regional Anesthesia
• A summary of planning	✓	✓
• A copy of the offering announcement or brochure	✓	✓
• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results	✓	✓
• Each instructor's education and experience	✓	✓
• A current bibliography	✓	✓
• The offering evaluation form	✓	✓

06/2019

Application reviewed 4/22/2020 Carol Moreland, MSN, RN

Reference No.: 24597 Date submitted: Apr 16 07:52 2020

radio ~ Renewal  
Providername ~ Salina Surgical Hospital  
providernum ~ LT 0707-0606  
legalbody ~ ~  
address ~ 401 S. Santa Fe  
address2 ~ Salina, KS 67401  
telephone ~ 785-827-0610  
email ~ jolene.glavin@salinasurgical.com  
coordinator ~ Jolene Glavin  
date ~ 04-16-2020  
planningce ~ POLICY: Assessing the Need and Planning for Continuing Nurse Education Activities

OUTCOME: The assessment of learning needs is the first step in identifying an effective learning experience. The following mechanism to assess the needs and plan for continuing nursing education activities for staff at Salina Surgical Hospital will be used.

PROCEDURE:

1. Any of the following methods may be used to determine the need for an offering:
  - a. Literature analysis to keep current with literature in various areas of nursing to analyze trends.
  - b. Direct observation of work performance to identify target areas that need improvement.
  - c. A needs assessment questionnaire.
  - d. Analysis of data reports such as Risk Management or Performance Improvement activities to help identify learning needs.
  - e. New procedures, advances in health care, or changes in technology will be used to identify the need for an offering.
  - f. Other methods of helping staff find educational opportunities will also be utilized (internet, independent course studies, etc.)
2. The advisory committee from the TEACH Committee will then make recommendations for future offerings.

Documentation: TEACH Committee meeting minutes will be used to document and report needs or results from the above methods.

POLICY: Offering Approval Process

OUTCOME: To select and prepare education offerings that will provide and meet the educational needs of the participants. To select an instructor that has the educational and/or clinical knowledge to provide the participants the best education related to the offering.

Procedure:

1. A summary of planning will be documented in the Education Record Summary report.
2. Behavioral objectives will be prepared for each educational offering and will be listed on the offering.
3. The content will meet the definition of continuing nursing education in K.S.A. 65-1117 and amendments thereto. This definition states "continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered professional and licensed practical nurse for enhancement of practice, education, administration, research or theory development to the end of improving the health of the public."
4. Each instructor's education and experience, especially their knowledge and expertise in the content area will be documented by curriculum vitae or a written summary.
5. A current bibliography will be given to participants that is reflective of the offering content. The bibliography will include books published within the last 10 years, periodicals published within the last 5 years, or both.
6. Each participant will be given and complete an offering evaluation to assess the achievement of each objective and the expertise of each individual presenter for the educational offering.

REFERENCE STATUTES:

KSA 65-1117  
KSA 65-1119

REGULATIONS:

KAR 60-9-105  
KAR 60-9-106  
KAR 609-107

feeassessment ~ POLICY: Advertisements, Offering Announcement and Fee Assessments

OUTCOME: To provide staff members information about upcoming educational offering and have fee assessment guidelines.

PROCEDURE:

1. A brochure or pamphlet will be used to advertise the offering.

- 2. Each offering announcement will include:
  - a. The name of the offering and the presenter/presenters.
  - b. The date, time, and place of the offering.
  - c. The registration fee determined by the cost of the program. A general guideline of \$5.00-\$10.00 per credit hour will be used. The program coordinator has the option of allowing Salina Surgical Hospital employees attend at no cost.
  - d. If the program coordinator is notified within 24 hours that the participant is unable to attend the entire fee will be returned.
  - e. In the case of an insufficient check, the certificate will be with held until the offering is paid for.
  - f. A list of the behavioral objectives.
  - g. Participant's name and license number, and the number of contact hours awarded.

3. This statement must appear on the offering announcement:  
 "The Salina Surgical Hospital 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, LPN, or LMHT relicensure. Kansas State Board of Nursing Approved provider number: LT0207-0606."

4. The approved provider shall identify each independent study course.  
 5. A Certificate of Attendance shall not be awarded for less than one contact hour.

- 6. An approved provider may award any of the following:
  - a. Partial credit or the contact hours for actual time attended to a participant, for one or more contact hours.
  - b. Credit for fraction of hours over 30 minutes or greater or instructor credit, which shall be two contact hours for each hour of first-time preparation and presentation of an approved or accredited offering.

**REFERENCE STATUTES:**

- KSA 65-1117
- KSA 65-1119 REGULATIONS:
- KAR 60-9-105
- KAR 60-9-106
- KAR 60-9-107

**advertisement ~**

**POLICY:** Advertisements, Offering Announcement and Fee Assessments

**OUTCOME:** To provide staff members information about upcoming educational offering and have fee assessment guidelines.

**PROCEDURE:**

- 1. A brochure or pamphlet will be used to advertise the offering.
- 2. Each offering announcement will include:
  - a. The name of the offering and the presenter/presenters.
  - b. The date, time, and place of the offering.
  - c. The registration fee determined by the cost of the program. A general guideline of \$5.00-\$10.00 per credit hour will be used. The program coordinator has the option of allowing Salina Surgical Hospital employees attend at no cost.
  - d. If the program coordinator is notified within 24 hours that the participant is unable to attend the entire fee will be returned.
  - e. In the case of an insufficient check, the certificate will be with held until the offering is paid for.
  - f. A list of the behavioral objectives.
  - g. Participant's name and license number, and the number of contact hours awarded.
- 3. This statement must appear on the offering announcement:  
 "The Salina Surgical Hospital 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, LPN, or LMHT relicensure. Kansas State Board of Nursing Approved provider number: LT0207-0606."
- 4. The approved provider shall identify each independent study course.
- 5. A Certificate of Attendance shall not be awarded for less than one contact hour.
- 6. An approved provider may award any of the following:
  - a. Partial credit or the contact hours for actual time attended to a participant, for one or more contact hours.
  - b. Credit for fraction of hours over 30 minutes or greater or instructor credit, which shall be two contact hours for each hour of first-time preparation and presentation of an approved or accredited offering.

**REFERENCE STATUTES:**

- KSA 65-1117
- KSA 65-1119 REGULATIONS:
- KAR 60-9-105
- KAR 60-9-106
- KAR 60-9-107

\*\*\*Refer to Attachment 2: Announcement Brochure

**approval process ~** POLICY: Offering Approval Process

**OUTCOME:** To select and prepare education offerings that will provide

and meet the educational needs of the participants. To select an instructor that has the educational and/or clinical knowledge to provide the participants the best education related to the offering.

**Procedure:**

1. A summary of planning will be documented in the Education Record Summary report.
2. Behavioral objectives will be prepared for each educational offering and will be listed on the offering.
3. The content will meet the definition of continuing nursing education in K.S.A. 65-1117 and amendments thereto. This definition states "continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered professional and licensed practical nurse for enhancement of practice, education, administration, research or theory development to the end of improving the health of the public."
4. Each instructor's education and experience, especially their knowledge and expertise in the content area will be documented by curriculum vitae or a written summary.
5. A current bibliography will be given to participants that is reflective of the offering content. The bibliography will include books published within the last 10 years, periodicals published within the last 5 years, or both.
6. Each participant will be given and complete an offering evaluation to assess the achievement of each objective and the expertise of each individual presenter for the educational offering.

**REFERENCE STATUTES:**

KSA 65-1117  
KSA 65-1119

**REGULATIONS:**

KAR 60-9-105  
KAR 60-9-106  
KAR 609-107

**contacthours ~ POLICY: Attendance and Partial Credit**

**OUTCOME:** To establish guidelines for awarding continuing nursing education contact hours.

**PROCEDURE:**

1. One contact hour means fifty (50) minutes of participation in a learning experience including time spent in a skills lab.
2. Clinical hours or time spent in a learning experience on a clinical area will be counted at the rate of (three) 3 clinical hours equals (one) 1 contact hour.
3. Time for introduction of speakers, breaks, and evaluations is not calculated into contact hour time.
4. The TEACH Coordinator will determine the number of contact hours to be awarded, based on the proposed agenda, and this number will be listed on the offering announcement and roster.
5. An offering shall consist of a minimum of one (1) contact hour.
6. Fractions of hours over 30 minutes will be computed towards a contact hour. Offerings of less than 30 minutes in length shall not be recognized.
7. Partial Credit of 30 minutes or greater can be awarded and computed toward a contact hour.
8. Participants can be no more than 15 minutes late to a continuing education offering and must attend the entire offering to receive contact hour credit. Exception: Participants must attend all fifty (50) minutes of a one contact hour offering.
9. Only in the case of an emergency may partial credit be granted with the approval of the TEACH Coordinator. Scheduled work time is not considered an emergency.
10. Instructor Credit
  - a. A presenter who prepares and presents a course for an approved offering may be given 2 (two) contact hours for each hour of first time presentation of an approved offering, excluding standardized prepared curriculum (ACLS, PALS, etc.).
  - b. The attendance roster and certificate will clearly reflect instructor credit.
  - c. An instructor may earn credit as a participant for the remaining portion of the program. This will be clearly stated on a separate certificate.
  - d. A maximum of 15 contact hours for the first time preparation and presentation as an instructor of an approved offering to a licensed nurse.
11. Independent Study Credit
  - a. Independent study credit will be based on the time required to complete the offering.
  - b. If the offering is presented in a videotape format, credit will be based on the length of the program using the fifty (50) minute hour as above.
  - c. If the offering is in a different format, contact hour credit will be based on pilot testers representative of the target population. The time it took each pilot tester to complete the offering will be totaled and divided by the number of pilot testers to establish the number of contact hours to be awarded.
12. Acceptable continuing nursing education may include any of the following:
  - a. An offering utilizing a board-approved curriculum developed by the

American Heart Association, Emergency Nurses Association, or Mandt, which may include the following:

- Advanced cardiac life support;
  - Emergency nursing pediatric course;
  - Pediatric advanced life support;
  - Trauma nurse core course;
  - Neonatal resuscitation program; or
  - Mandt program;
- b.Independent study;
- c.Distance learning offerings;
- d.A board-approved refresher course;
- e.Participation as a member of a nursing organization board of directors or the state board of nursing, including participation as a member of a committee reporting to the board. The maximum number of allowable continuing education contact hours shall be six and shall not exceed three contact hours each year. A letter from an officer of this type of continuing nursing education; or
- f.Any college courses in science, psychology, sociology, or statistics that are prerequisites for a nursing degree.

13.Contact hours shall not be recognized by the board for any of the following:

- a.Identical offerings compelling within a renewal period;
- b.Offerings containing the same content as courses that are part of basic preparation at the level of current licensure or certification;
- c.In-service education, on-the-job training; orientation; and institution-specific courses;
- d.An incomplete or failed college course or any college course in literature and composition, public speaking, basic math, algebra, humanities, or other general education requirements unless the course meets the definition of CNE; or
- e.Offerings less than 30 minutes in length shall not be recognized.

REFERENCE STATUTES:

KSA 65-1117  
KSA 65-1119

REGULATIONS:

KAR 60-9-105  
KAR 60-9-106  
KAR 60-9-107

\*\*\*Refer to Attachment 3: Sample Pilot Study for Independent Study Classes

**verifycompletion ~ POLICY: Education Offering Roster**

OUTCOME: To maintain documentation to verify that each participant attended the offering.

PROCEDURE:

- 1.The daily roster shall contain the following information:
  - a.The providers 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.
  - d.The number of contact hours awarded.
- 2.Each participant must sign in on a daily roster. If the offering allows for a lunch break (participants leave the building) the participant will be required to initial by his/her name upon returning.
- 3.Documentation and verification of independent study offerings shall include:
  - a.The provider's name, address, provider number, and coordinator.
  - b.The participant's name and license number.
  - c.The number of contact hours awarded.
  - d.The title of the offering.
  - e.The date on which the offering was completed.
  - f.Either the completion of a posttest or a return demonstration.
  - g.The presenter(s).

REFERENCE STATUTES:

KSA 65-1117  
KSA 65-1119

REGULATIONS:

KAR 60-9-105  
KAR 60-9-106  
KAR 60-9-107

\*\*\* Refer to Attachment 4: Attendance Roster

POLICY: Continuing Nursing Education (CNE) Certificates or CE Transcripts

OUTCOME: To provide documentation and completion of the educational offering, a certificate of attendance shall be awarded to each participant after completion of an offering or a CE transcription (a document that is proof of completion) shall be provided at the time of completion.

PROCEDURE:

- 1.A certificate of attendance shall be awarded to each participant after completion of an offering.
- 2.Each certificate shall be complete before distribution to the participant.
- 3.Each certificate shall contain the following information:
  - a.The provider's name, address, provider number, and coordinator.
  - 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 participant's name and license number.

REFERENCE STATUTES:

KSA 65-1117  
KSA 65-1119

REGULATIONS:

KAR 60-9-105  
KAR 60-9-106  
KAR 60-9-107

**\*\*Refer to Attachment 5: Certificates  
recordkeeping ~ POLICY: TEACH Records**

OUTCOME: To provide a comprehensive, accurate, and confidential system of record keeping for the educational offering offered by TEACH and Salina Surgical Hospital.

PROCEDURE:

- 1.TEACH Committee Coordinator will maintain the records for each of the educational offerings for two years.
- 2.The records will be kept in a filing cabinet in the TEACH Coordinator file at Salina Surgical Hospital, 401 S. Santa Fe, Salina, KS 67401 to ensure confidentiality. Only the TEACH Coordinator or the advisory committee will have access to the records.
- 3.For each offering the following will be retained for two years:
  - a.A summary of the planning process.
  - b.A copy of the offering announcement or brochure.
  - c.The title and objectives of the offering.
  - d.The offering agenda, or for independent study, pilot test results.
  - e.A bibliography.
  - f.A summary of the participant's evaluations.
  - g.Each presenter's education and experience (Curriculum Vitae).
  - h.Documentation to verify completion of the offering, as specified in policy 7.6, "Education Offering Roster".

REFERENCE STATUTES:

KSA 65-1117  
KSA 65-1119

REGULATIONS:

KAR 60-9-105  
KAR 60-9-106  
KAR 60-9-107

Files are kept in a file cabinet in the Quality and Risk Management office.  
**noticeofchange ~ POLICY: Change Notifications**

OUTCOME: To submit changes to the Kansas State Board of Nursing in the appropriate length of time so that they are kept up-to-date on changes with our continuing nursing education and our progress with educational programs.

PROCEDURE: Changes in policies and procedures, educational offerings, T.E.A.C.H. committee members, educational coordinator, or parent organization will be submitted to the Kansas State Board of Nursing within 30 days of the change being made.

REFERENCE STATUTES:

KSA 65-1117  
KSA 65-1119

REGULATIONS:

KAR 60-9-105  
KAR 60-9-106

**programevaluation ~ \*\*\*Attachment 6: Total Program Evaluation 2020 for Salina Surgical Hospital**

**\*\*\*Attachment 7: Offering on The Building Blocks of Regional Anesthesia**

**\*\*\*Attachment 8: Offering on Key Topics in Urology**

**Submission date ~ 04-16-2020 07:52:17  
Form ID ~ 1672730**

Jolene M. Glavin  
706 Post Oak Lane  
Salina, KS 67401

U.S. Citizen  
KS RN License #13-54121-112

### **Education**

- 1999 M.S.N., Fort Hays State University, Hays, KS, Nursing Administration  
Fort Hays State University, Hays, KS
- 1985 B.S.N., Marymount College, Salina, KS

### **Professional Experience**

- 2013-2018 Project Manager for Next Gen (Electronic Health Record)
- 2009-Present Director of Nurses, Salina Surgical Hospital, Salina, KS
- 1999-2009 Inpatient Supervisor, Inpatient Unit, Salina Surgical Hospital,  
Salina, KS
- 1999-May 2001 Pharmacy Supervisor, Salina Surgical Hospital, Salina, KS
- 1995-1999 Clinical Supervisor, 3-Surgical, Salina Regional Health Center, Salina, KS
- 1994-1995 Clinical Coordinator, 2-West, St. John's Hospital (7-3 shift), Salina, KS
- 1992-1995 Charge Nurse, 2-West, St. John's Hospital (7-3 shift), Salina, KS
- 1990-1992 Staff Nurse, 2-West, St. John's Hospital (7-3 shift), Salina, KS
- 1987-1990 Charge Nurse, 2-West, St. John's Hospital, (3-11 shift), Salina, KS
- 1985-1987 Staff Nurse, 2-West, St. John's Hospital (3-11 shift), Salina, KS

### **Awards and Honors**

- 1999 Sigma Theta Tau, International Honor Society for Nursing,  
Inducted into Nu Zeta Chapter
- 1985 Alpha Chi National Honor Scholarship Society

### **Research**

Factors Influencing Rural Nurses' Attitudes Toward and Knowledge About Pain, Master's  
Thesis 1999



### **Institutional Service**

2013-Present Meaningful Use Coordinator for the Electronic Health Record

2009-Present Medical Executive Committee Clinical Representative

2009-Present Clinical/Administration Representative Board of Directors Meeting Salina Surgical Hospital

2009-Present Quality Risk Management Committee Member Salina Surgical Hospital

1999-Present TEACH Program Coordinator, Salina Surgical Hospital, Responsible for developing and implementing nursing education.

1995-1999 Clinical Advancement Program, Salina Regional Health Center

1995-1999 Code Blue Committee, Salina Regional Health Center

1995-1999 Grasp Coordinator (Patient Acuity System), Salina Regional Health Center

1987-1989 Chairman Care-Delivery Models, Salina Regional Health Center

1985-1999 Linen Committee Co-chair, Salina Regional Health Center

### **Professional Membership**

2015 Member of KAHEC, Kansas Healthcare Education Council

2009-Present American Association of Nurse Executives

1999-Present Sigma Theta Tau International Honor Society of Nursing, Nu Zeta Chapter

### **Community Service**

2017-Present Nursing Advisory Committee for Salina Area Technical College

2008 Safe After Prom Chairperson for Salina Central, South and Sacred Heart High Schools

2006-2008 Salina South Booster Club Membership Chairperson

2000-2004 PTO Secretary, Coronado School

1995-2004 Volunteer Coronado School, USD 305

1998-2000 Youth Volleyball Coach, Salina YMCA

1999-2000 Sunday School Teacher, St. Elizabeth Church



## Independent Study Classes

### Sample Pilot Study

Independent study credit will be based on the time required to complete the offering and will be determined by the provider's pilot test results. A pilot test for determining contact hours for independent study classes will be as follows:

1. Two to five testers will be used to conduct the study.
2. Each tester will be given the material in the same format and asked to read the information and complete the test.
3. The time it takes them to complete the material will be documented.
4. The times will be averaged and the contact hours that will be awarded will be determined.

### Example

- a. Student 1: 65 minutes
- b. Student 2: 50 minutes
- c. Student 3: 58 minutes

Total:  $173/3=57.6$  minutes

**\*\*\*1 (one) Continuing Education Credit will be awarded to a participant for completing the independent study class\*\*\***

**Total Program Evaluation 2020**  
**Salina Surgical Hospital**  
**The Education Advisory Committee for Healthcare**  
**Administration**

AREA	RESP. PERSON	FREQUENCY	CRITERIA	DATE EVALUATED	FINDINGS	ACTION TAKEN
Organization & Philosophy	Jolene	Annually	1. Review & update organizational chart & philosophy statement.	April 2020	No changes to the organizational chart or philosophy statement.	None
T.E.A.C.H. Goals & Objectives	Advisory Committee, Jolene	Annually	1. Review T.E.A.C.H. goals & objectives to assure they are being met.	January 2020	Overall program goals & objectives reviewed. No changes.	None
			2. Review T.E.A.C.H. organizational chart	April 2020	Organizational chart: no changes	None
Program Coordinator	Jolene	Annually	1. Review & update job description	April 2020	No changes made.	None
			2. Update vitae	April 2020	Changes made.	Updated in Continuing Education Application Manual.
			3. Review title & license number	April 2020	Current in personnel file	Reviewed.
Advisory Committee	Jolene	Annually	1. Review number of meetings held	February 2020	Meet monthly	Date for meetings will be put on meeting calendar.
			2. Update membership roster	February 2020	TEACH committee members: No changes	
			3. Review minutes in relation to committee functions	February 2020	Meeting minutes reviewed & meetings are addressing committee functions.	No action taken.

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**Total Program Evaluation 2020**  
**Salina Surgical Hospital**  
**The Education Advisory Committee for Healthcare**  
**Management**

AREA	RESP. PERSON	FREQUENCY	CRITERIA	DATE EVALUATED	FINDINGS	ACTION TAKEN
Policy & Procedures	Advisory Committee	Annually	Examine & update T.E.A.C.H. policies & procedures: <u>Required:</u> 1. Advertisement, Offering Announcements & Fee Assessments 2. Assessing the Need and Planning for Continuing Education Activities 3. Attendance & Partial Credit 4. Change Notifications 5. Continuing Nurse Education (CNE) Certificates or CE Transcripts 6. Education Offering Roster 7. Guidelines for Commercial Support of CNE 8. Offering Approval Process 9. TEACH Records <u>Optional:</u> 10. Educational Setting 11. Outside Education Funding	June 2019	Policies were reviewed for appropriateness and completeness. Survey findings from course evaluations were used to plan programs. Policies meet KSBN requirements and organizational and customer needs. Files are complete and stored in the QRM Department (secure).  Budgeted for all employees to be able to request facility funds to attend outside educational offerings.	Policies were reviewed for content & no changes made. Current policies & procedures are in Continuing Education Application Manual.  In 2020 budget for CEU offerings as well as funds for staff.
Assessing the Need & Planning for CNE Activities	Julie	Annually	1. Target population 2. Address Clinical/Technical, Critical Thinking, and Interpersonal. 3. Frequency of programs	February 2020	SSH has a subscription to "Growing Up With Us". They offer one free CEU monthly.  Goal is to have 1 to 2 programs annually.	Staff has taken advantage of the free offering and the topics are pertinent.  November 6, 2019. Key Topics in Urology CEU.

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**Total Program Evaluation 2020**  
**Salina Surgical Hospital**  
**The Education Advisory Committee for Healthcare**

**Management**

AREA	RESP. PERSON	FREQUENCY	CRITERIA	DATE EVALUATED	FINDINGS	ACTION TAKEN
Offerings	Advisory Committee	Annually	1. Compare offerings with course evaluations	November 2019	One class was held in 2019. Evaluations were very positive. A lot of Urology cases are performed at SSH. Content was excellent.	
			2. Analyze offerings for content relevant to education of learners and outcome based.	November 2019		
			3. Review & update goals & objectives	November 2019	No changes.	
Individual Program File	Advisory Committee	Annually	1. Syllabus 2. Objectives 3. Handouts & post tests 4. Instructor's vita 5. Evaluation summary 6. Roster	April 2020	Program files all up-to-date and secured in the education secretary's file cabinet located in the QRM Department (secure area).	Continue to update files and keep them in secured cabinet.

**Total Program Evaluation**

AREA	RESP. PERSON	FREQUENCY	CRITERIA	DATE EVALUATED	FINDINGS	ACTION TAKEN
Total Program Evaluation	Advisory Committee	Annually	1. Administration 2. Program management 3. Utilization of plan 4. Process of plan evaluation 5. Evaluation of plan	February 2020	Discussion on the number of offerings. Staff has access to many resources (Internet, large hospitals, & self-study).	Continue to assist staff with internet & self-study programs if needed. Continue to increase the number of offerings according to staff needs.



T.E.A.C.H. Committee  
Continuing Nursing Education Program  
401 S. Santa Fe  
Salina, Kansas 67401

Name: Lorie Baldwin

License Number: 13-64551

"Key Topics in Urology"  
November 6, 2019  
Salina Surgical Hospital, 401 S. Santa Fe, Salina, Kansas  
Brian Smith, M.D.

Salina Surgical Hospital is approved as a provider of continuing education by the Kansas State Board of Nursing. This course offering is approved for 1 (one) Contact Hour for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0207-0606.

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Jolene Glavin, MSN, RN

This certificate is to be retained by the participant.



T.E.A.C.H. Committee  
Continuing Nursing Education Program  
401 S. Santa Fe  
Salina, Kansas 67401

Name: Audrey Corbett

License Number: 13-64016

"Key Topics in Urology"  
November 6, 2019  
Salina Surgical Hospital, 401 S. Santa Fe, Salina, Kansas  
Brian Smith, M.D.

Salina Surgical Hospital is approved as a provider of continuing education by the Kansas State Board of Nursing. This course offering is approved for 1 (one) Contact Hour for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0207-0606.

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Jolene Glavin, MSN, RN

This certificate is to be retained by the participant.

## Attendance Roster

**Provider:** Salina Surgical Hospital T.E.A.C.H. Committee  
**Address:** 401 S. Santa Fe, Salina, KS 67401  
**Course Title:** "Key Topics in Urology"  
**Date:** November 6, 2019 4:00-5:00pm  
**Location:** Salina Surgical Hospital  
**Presenter:** Brian Smith, M.D.

**Provider Number:** LT0207-0606  
**Signature of Coordinator:**

<u>Participant's Name</u>	<u>Address</u>	<u>License #</u>	<u>Contact Hours</u>

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# Offering #1



## **Education Records for:** ***Key Topics in Urology***

- I. Title: *Key Topics in Urology*
- II. Name of persons administratively responsible for implementing the offering:  
Julie Banninger, MSN, RN, Education Coordinator
- III. Names and title of planning committee:
  - A. Julie Banninger, MSN, RN-Education Coordinator
  - B. Jolene Glavin, MSN, RN
  - C. Lisa Queen, RN

Summary of the Planning: There has been an increase of different urology procedures at Salina Surgical Hospital. Staff has requested more education on the different urologic diseases and procedures. Dr. Brian Smith was approached about the topic and offered to do a class for the staff. The date and time that was chosen for the presentation was chosen based on the presenter's office and surgical schedule.
- IV. Presenter-Dr. Brian Smith, Salina Urology Associates.  
See attached curriculum vitae and bibliography.  
Presented on November 6, 2019. The date and time of the presentation was chosen based on the presenter's schedule and surgery schedule.
- V. The offering was held at Salina Surgical Hospital, 401 S. Santa Fe, Salina, KS 67401.
- VI.
  - A. Objectives-See attached education brochure
  - B. Content-See attached powerpoint presentation
  - C. Time Frame-4:00 p.m. to 5:00 p.m.
  - D. Teaching methods: Lecture, powerpoint presentation, Q & A
  - E. A continuing education program evaluation was used to evaluate the content of the program.
- VII. The target audience was RN's/LPN's and surgical scrub techs at Salina Surgical Hospital.
- VIII. The staff at Salina Surgical Hospital have requested more education about caring for urology surgical patients.
- IX. The attendance roster for the offering is attached.
- X. One CEU was offered for this seminar. 22 RN's attended the offering and 2 Surgical Techs.
- XIII. Summary of the evaluations: The 22 RN participants each completed a 9 question course evaluation. The course was evaluated based on a scale from 1 to 4 where 1 indicates a "Below Average" rating and 4 an "Excellent" rating. All questions were answered with a rating of 4, or "Above Average" therefore all the objectives were met. See attached course evaluations.

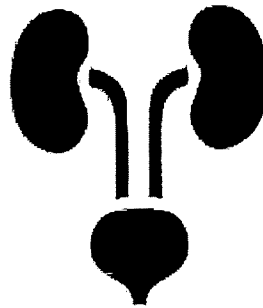
*Attachment 8: Offering*

*Pg 41*  
CNE 361

Salina Surgical Hospital T.E.A.C.H. Committee

Presents:

## Key Topics in Urology



Presenter:

Dr. Brian Smith

Salina Urology Associates

November 6, 2019, 4:00pm

Salina Surgical Hospital Conference Room

**Objectives:** At the end of this program registrants will be able to:

- Discuss a variety of urologic surgical procedures including pediatric hernia/hydrocele and ureteroscopy.
- Describe the most recurrent urologic diseases
- List patient and nurse post-op expectations
- Explain surgical instruments commonly used in urologic surgeries
- Review frequently ordered medications for urology patients and their mechanisms of action.
- Review urologic anatomy

**Registration:** This program is free to all Salina Surgical Hospital staff.

**Nursing Contact Hours:** This nursing course offering is provider-approved by the California Board of Registered Nursing for 1 contact hour applicable for RN or LPN relicensure. Provider No. 11440

Attachment 2: Sample Announcement  
BROKER 362  
Pg 3

**BRIAN G. SMITH, M.D.**

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**EDUCATION:** RESIDENCY – University of Oklahoma, Department of Urology  
June 2003

INTERNSHIP – University of Oklahoma, Department of Surgery  
June 1999

MD, University of Arizona College of Medicine  
May 1998

BS, (Psychology), Arizona State University  
May 1994

**UNDERGRADUATE  
HONORS & AWARDS:**

- Outstanding Transfer Student Award, College of Liberal Arts and Sciences
- Summa Cum Laude Graduate
- Phi Beta Kappa, Phi Kappa Phi
- First prize Dept. of Psychology Research Poster Session 1994

**RESEARCH:**

- Presentation – September 2001 AUA, South Central Section: Congenital Mid-Ureteral Strictures in Children
- Poster Session – September 2001 AUA, South Central Section: Urologic and General Surgical Combined Laparoscopic Procedures: Cholecystectomy and Left Nephrectomy.
- Department of Psychology – Research Assistant, Arizona State University Cognitive Psychology.
- Medical Student Research Program – Surgery University of Arizona College of Medicine.

**MEDICAL  
LICENSE:**

STATE OF KANSAS  
STATE OF OKLAHOMA  
STATE OF ALASKA

Dr. Brian Smith "Key Topics in Urology" Bibliography

Ahmed AF, Al-Sayed AY. Tamsulosin versus alfuzosin in the treatment of patients with distal ureteral stones: prospective, randomized, comparative study. *Korean J Urol*. 2010;51(3):193-197. [PubMed [20414396](#)]

Botox- onabotulinumtoxinA injection, powder, lyophilized, for solution. US Food and Drug Administration (FDA) approved product information. Revised September, 2019. US National Library of Medicine. [www.dailymed.nlm.nih.gov](http://www.dailymed.nlm.nih.gov) (Accessed on June 07, 2019).

Hanno PM, Burks DA, Clemens JQ, et al. AUA guideline for the diagnosis and treatment of interstitial cystitis/bladder pain syndrome. J Urol 2011; 185:2162.

Borofsky MS, Walter D, Shah O, et al. Surgical decompression is associated with decreased mortality in patients with sepsis and ureteral calculi. J Urol 2013; 189:946.



## Continuing Education Program Evaluation

**Program Title:** *Key Topics in Urology*

**Speaker:** Dr. Brian Smith

**Place of Employment:** Salina Urology Associates

**PROGRAM EVALUATION:**

Please evaluate the following questions using the scale below and CIRCLE your answer

**4= Excellent    3= Above Average    2= Average    1= Below Average**

Were the following educational objectives achieved:

A. Discuss a variety of urologic surgical procedures including pediatric hernia/hydrocele and ureteroscopy.	4	3	2	1
B. Describe the most recurrent urologic diseases	4	3	2	1
C. List patient and nurse post-op expectations	4	3	2	1
D. Explain surgical instruments commonly used in urologic surgeries	4	3	2	1
E. Review frequently ordered medications for urology patients and their mechanisms of action	4	3	2	1
F. Review urologic anatomy	4	3	2	1
1. The information was well organized.	4	3	2	1
2. The information contributed to my professional growth and knowledge.	4	3	2	1
3. The time allowed for discussion and questions was adequate.	4	3	2	1

Suggestions for future programs:

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## Offering #2

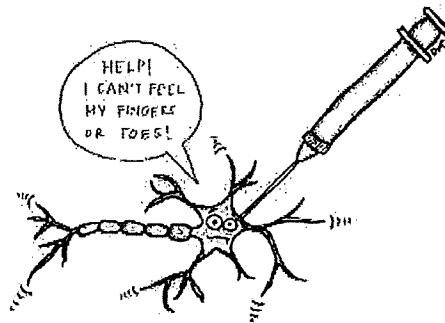
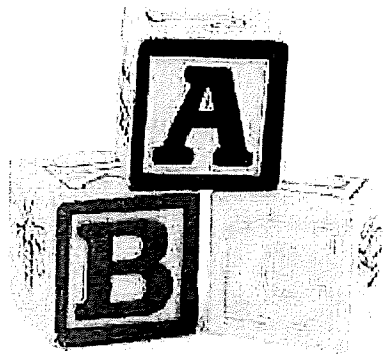
## **Education Records for:** ***The Building Blocks of Regional Anesthesia***

- I. Title: "The Building Blocks of Regional Anesthesia"
- II. Name of persons administratively responsible for implementing the offering:  
Julie Banninger RN, MSN (Teach Program Coordinator)
- III. Names and title of planning committee:
  - A. Jolene Glavin RN, MSN
  - B. Julie Banninger RN, MSN-TEACH Program Coordinator

Summary of the planning: Staff nurses assist and care for patient's with regional blocks on a daily basis and requested more education regarding this topic. Dr. Weiss was approached regarding the topic and volunteered to do the presentation as she had already done a similar presentation on this topic. The date and time of the presentation was chosen based on the presenter's schedule and surgery schedule.
- IV. Presenter-See attached curriculum vitae  
Dr. Denise Weiss, Anesthesia Associates of Central Kansas
- V. Presented on June 20, 2018
- VI. The offering was held at Salina Surgical Hospital, 401 S. Santa Fe, Salina, KS 67401.
- VII.
  - A. Objectives-See attached.
  - B. Content-See attached handouts.
  - C. Time Frame- 4:00-5:00pm
  - D. Teaching methods: lecture and Power Point presentation, question and answer discussion.
  - E. A course evaluation form was used to evaluate the content of the program-see attached.
- VIII. The target audience was staff RN's and LPN's at Salina Surgical Hospital.
- IX. The TEACH Education Committee received staff requests for more knowledge regarding regional blocks and nursing care.
- X. The attendance roster for the offering is attached.
- XI. One CEU was offered for this seminar. 18 RN's from peri-op, quality management, surgery, and administration departments attended the offering.
- XIII. Summary of the evaluations: The 18 RN participants each completed a 4 question course evaluation where they were instructed to circle a number on a scale of 1-4 if the objective was met. All participants circled a "1-Excellent" for all 4 objectives. In addition, the participants commented both written and verbally that this education offering helped them better understand and care for patients that have received regional anesthesia and how to identify a potential Local Anesthesia Systemic Toxicity complication.

*Attachment 7: Offering*

# ***“The Building Blocks of Regional Anesthesia”***



**Speaker: Denise Weiss, D.O.**

**Wednesday, June 20, 2018**

**4-5 p.m.**

***SSH basement conference room***

## **Objectives:**

- **Describe regional anesthesia techniques**
- **Identify risks/benefits associated with regional anesthesia**
- **List the signs and symptoms of local anesthesia toxicity**
- **Discuss the treatment of local anesthesia toxicity**

*Nursing Contact Hours: Salina Surgical Hospital is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course is approved for 1 contact hour applicable for APRN, RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LTO207-0606.*



## GREAT RESOURCES

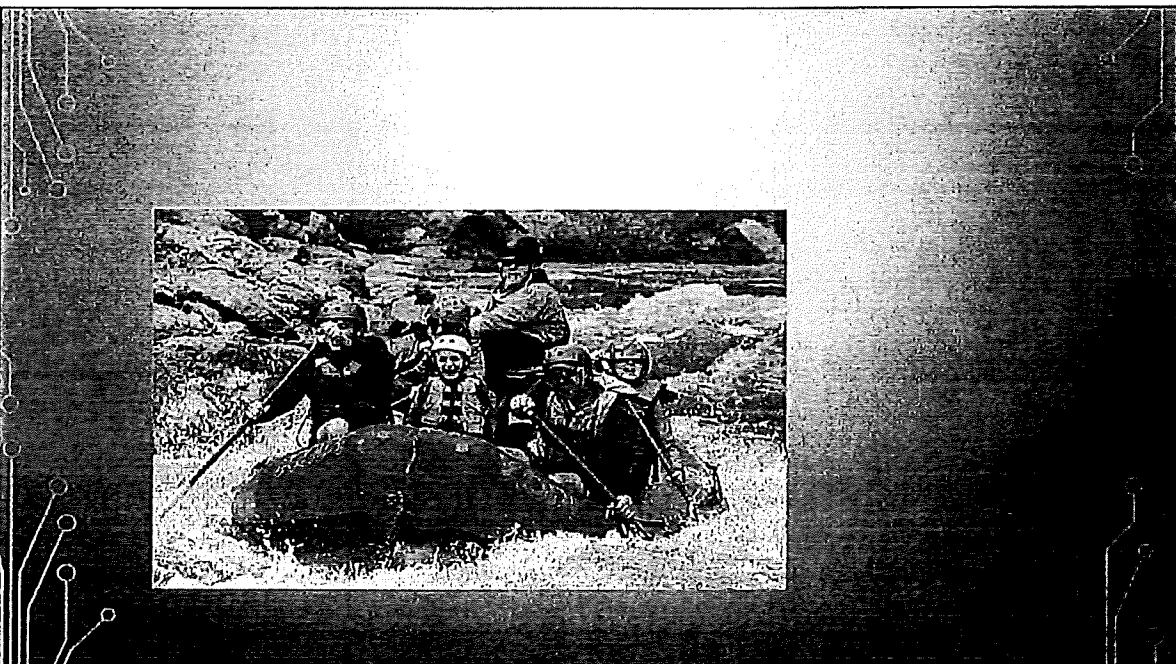
- <https://www.apsf.org>
- [www.lipidrescue.com](http://www.lipidrescue.com)
- Report any event to the Hyatt Regency

## REFERENCES

- Brown, D.J. (2014). *Spinal Anesthesia: A Practical Approach*. 6th edition. Philadelphia, PA: Churchill Livingstone.
- Katz, J. Expert Review of Neurotherapeutics. (2014)
- O'Connor, D. (2014, July). How do joints cause pain. *Orthopedic Surgery*, 2-8.
- Chu, L. and Fuller, A. (2012). *Regional Clinical Anesthesiology*. Philadelphia, PA: Lippincott.
- Stoelting, R. (2008). *Anesthesia and Co-existing Disease* (5<sup>th</sup> ed). Hines, R. and Marschall, K (Eds.). Philadelphia, PA: Churchill Livingstone.
- Mulroy, M. and Hetjmanek, M. (2010, Apr-May). Prevention of Local Anesthetic Toxicity. *Regional Anesthesia and Pain Medicine*.

## REFERENCE

- Rawal N, Wolf H, Moushahid S, et al. (2012) ASRA Pain Management Slides: Ramiel Brown, Editor. Available at: <http://www.slideshare.net/Maxky/postop-pain-mgmt>
- Backlund Medical. (2012) GME Pain Management. Available at: <http://www.backlundmedical.com/objects.html#wisc.edu/GME/PainManagement/index.html>
- American Society of Anesthesiologists
- NYSORA.COM
- Neal JM, Mulroy MF, Weinberg GL. American Society of Regional Anesthesia and Pain Medicine checklist for managing local anesthetic systemic toxicity: 2012 version. *Reg Anesth Pain Med* 2012;37:16-18.
- Neal JM, Hsiung RL, Mulroy MF, Halpern BB, Dragnich AD, Slee AE. ASRA checklist improves trainee performance during a simulated episode of local anesthetic systemic toxicity. *Reg Anesth Pain Med* 2012;37:8-15.





***“The Building Blocks of  
Regional Anesthesia”***

**Denise Weiss, D.O.**

**Evaluation Form**

Please evaluate the following questions by using the scale below and circle the number.

1=Excellent

2=Good

3=Fair

4=Poor

**Were the following program objectives met?**

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Describe regional anesthesia techniques                     | 1 | 2 | 3 | 4 |
| 2. Identify risks/benefits associated with regional anesthesia | 1 | 2 | 3 | 4 |
| 3. List the signs and symptoms of local anesthesia toxicity    | 1 | 2 | 3 | 4 |
| 4. Discuss the treatment of local anesthesia toxicity          | 1 | 2 | 3 | 4 |

***Thank you for your participation and feedback!***

**Denise Weiss DO**  
863 Eastridge Drive  
Salina, Ks 67401  
dweissdo@gmail.com

**Board Certification**

**Board Certified in Anesthesiology**  
**American Board of Anesthesiology**  
October 2012

**Educational Background**

**University of Kansas School of Medicine-Wichita**  
**Anesthesiology Residency**  
Wichita, Kansas, July 2007-June 2011

**Doctor of Osteopathy**  
A.T. Still University-Kirksville College of Osteopathic Medicine  
Graduation Date: June 2007

**Master of Science in Nursing**  
Wichita State University, Wichita, Kansas  
Graduation Date: May 1999  
Emphasis: Family Nurse Practitioner

**Bachelor of Science in Nursing**  
University of Kansas, Lawrence, Kansas  
Graduation Date: May 1996

**Associate Degree in Nursing**  
Kansas Wesleyan University, Salina, Kansas  
Graduation Date: May 1995

**PROFESSIONAL EXPERIENCE**

**Anesthesiologist**  
**Anesthesia Associates of Central Kansas**  
Salina, Kansas, August 2011-Present  
Provide anesthesia services to patients across the lifespan for all surgical specialties including cardiac. Proficient at regional anesthesia. Also provide interventional pain management services at Salina Pain Clinic

**Family Nurse Practitioner**  
**Smoky Hill Family Practice Residency Program**

Salina, Kansas, July 1999--August 2003

I provided primary care services to patients of all ages. Worked at the indigent clinic that the residency supervised in the evenings. I also served as a preceptor to nurse practitioner, physician assistant, and medical students. While at the residency I was also a volunteer faculty member for the University of Kansas School of Medicine.

**Registered Nurse**

**Salina Regional Health Center**

Salina, Kansas, May 1995--May 1996

Worked as a Registered Nurse in the Medical-Surgical Float Pool. This involved working in multiple units of the hospital and providing nursing care to very diverse patient populations.

May 1996--June 1997

Provided nursing services in the Intensive Care Unit. During this time I was also a charge nurse in the Intensive Care Unit. This involved supervision of staff, overall responsibility of the unit for the night shift, and determination of staffing needs for the following shift.

June 1997--May 2002

Worked on an as needed basis as a Registered Nurse in the Emergency Department.

**Registered Nurse/Parent Educator**

**Heartland Healthy Families/Early Head Start**

Salina, Kansas, June 1997--May 1998

Worked with high-risk families with children ages 0-3. Provided education on child development, child safety and health related issues. Home visits were made weekly or monthly to assess the children and families. Weight checks, basic physical exams and immunization assessments were made and then this information was communicated to the physician. Also provided prenatal education and family planning education. Obtained Parents as Teachers, and Denver Developmental Screening certification.

**TEACHING EXPERIENCE**

**Volunteer Faculty for the University of Kansas School of Medicine-Salina Campus**

Salina, Kansas, September 2011-Present

Supervise and teach medical students and family practice residents when they are on Anesthesia rotations. Also lecture to family practice residents during their noon conference didactics.

**Volunteer Faculty for the University of Kansas School of Medicine**

Smoky Hill Family Practice Residency, Salina, Kansas, July 1999-August 2003

While working as a Family Nurse Practitioner at the residency program I assisted with supervision of Family Practice residents and presented didactic topics on wound care at the resident noon conferences.

**Clinical Instructor: Medical-Surgical Nursing, Kansas Wesleyan University**

Salina, Kansas, Spring 1999

Supervised and educated nursing students during their medical-surgical hospital rotations. Reviewed patient care information with the students, assessed each student's preparation for the clinical experience by reviewing their medication list and patient data base. Provided instruction on nursing care plans, and evaluated each student's performance during the medical-surgical rotation.

**PROFESSIONAL ORGANIZATIONS**

**American Society of Anesthesiologists- member**

**American Society of Anesthesiologists Political Action Committee- member**

**American Medical Association- Member**

**Spine Intervention Society- Member**

**Kansas Medical Society- Member**

**Kansas Society of Anesthesiologists-Member**

**Sigma Sigma Phi Honor Society, A.T. Still University**

Kirksville, Missouri, April 2004-June 2007

**American College of Osteopathic Emergency Physicians-Student Chapter, A.T. Still University**

Kirksville, Missouri, October 2003-April 2004

**American College of Osteopathic Family Physicians-Student Chapter, A.T. Still University**

Kirksville, Missouri, November 2003-May 2005

**National Osteopathic Women's Physician Association, A.T. Still University**

Kirksville, Missouri, October 2003-May 2005

**Student Osteopathic Medical Association, A.T. Still University**

Kirksville, Missouri, October 2003-May 2005

**Pediatrics Club, A.T. Still University**  
Kirksville, Missouri, October 2003-May 2005

**Sigma Theta Tau Nursing Honor Society, University of Kansas**  
Lawrence, Kansas, May 1996-2002

### **LEADERSHIP EXPERIENCE**

**President of Anesthesia Associates of Central Kansas**  
01/2018-present

**Resident Delegate to the ASA Annual Meeting**  
San Diego, California October 2010

**American Osteopathic College of Anesthesiologists**  
Served as a moderator at the Winter Conference January 16, 2010

**Resident Delegate to the ASA Legislative Update Meeting**  
Washington D.C. May 2009

**Student Ambassador, A.T. Still University**  
Kirksville, Missouri, April 2004-May 2005

**Complete Doctor Class Liaison, A.T. Still University**  
Kirksville, Missouri, October 2003-July 2005  
Class Liaison  
Served as a liaison between the course instructors and the students of the Class of 2007.

**Student Government Association, A.T. Still University**  
Kirksville, Missouri, April 2004-May 2005  
Treasurer  
Managed the budget for the Student Government of A.T. Still University. Served as Chairperson of the Budget Committee.

**American College of Osteopathic Emergency Physicians-Student Chapter, A.T. Still University**  
Kirksville, Missouri, October 2003-April 2004  
Vice-President  
April 2004-May 2005  
Organized labs for students including an IV/Phlebotomy lab, Airway Lab, and Suture Lab.  
Assisted President in planning club meetings.

American College of Osteopathic Family Physicians-Student Chapter, A.T. Still University  
Kirksville, Missouri, November 2003-May 2005

First Year Class Representative

November 2003-April 2004

Served as a liaison from the first year class to the ACOFP student organization

#### Research

**Does Preoperative Use of Gabapentin Help Decrease the Incidence of Chronic Post-Thoracotomy Pain?** Prospective Randomized Controlled Trial started August 2009. Stopped due to problems with medication supply.

**Intraoperative Ventricular Fibrillation in a Patient with Prolonged QT Syndrome and Hypokalemia.** Case presentation presented at the Midwest Anesthesia Resident Conference March of 2009.

**The Knowledge, Application, and Teaching of the Performance of Sellick's Maneuver among Anesthesiologists, CRNAs, and OR Staff.** Presented at Midwest Anesthesia Resident Conference April 1-3, 2011. Currently in the process of being submitted for publication.

**Airway Management in a Patient with Ludwig's Angina.** Case report presented at the Midwest Anesthesia Resident Conference April 1-3, 2011.

**Cerebral Venous Sinus Thrombosis in a Post Partum Patient Presenting as a Subarachnoid Hemorrhage and Intraparenchymal Hemorrhage.** Case report presented at the Midwest Anesthesia Resident Conference April 1-3, 2011. In the process of being submitted for publication.



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

**Name of Provider:** Case Management Society of America – Kansas City (CMSA-KC)

LT 0206-0606

**Name of Program Coordinator:** Denise Des Marteau

**New Initial Application**       **Renewal (Issue Date   )**

**Date Received:** 4/20/2020 & 5/8/2020      **Date Review complete:** 5/11/2020

**Date to CNE Committee:** June 2020

**Approved**       **Not Approved:**

**Approved Pending:** \_\_\_\_\_

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

Information Required	Received	NA
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	Received 4/20/2020 & 5/8/2020	
Renewal Fee		✓
<ul style="list-style-type: none"> <li>If the long term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years as defined in the providers' policy and procedures.</li> </ul>		
The name and address of the organization on the application	✓	
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		✓
The name, education and experience of the program coordinator responsible for CNE	Denise Des Marteau.	
<ul style="list-style-type: none"> <li>Be a licensed professional nurse</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have three years of clinical experience</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have one year of experience in developing and implementing nursing education</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	✓	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		

<ul style="list-style-type: none"> <li>• <u>Assessing the Need</u> and planning for CNE activities</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• <u>Fee Assessment</u></li> </ul>	✓	
<ul style="list-style-type: none"> <li>• <u>Advertisements</u> 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: _____”</li> </ul>	✓	Included on the “The Knee” flyer
<ul style="list-style-type: none"> <li>• <u>Notice of Change</u> 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</li> </ul>	✓	
For long term providers, the policies and procedures for the <u>Offering Approval Process</u> shall include the following:		
<ul style="list-style-type: none"> <li>• A Summary of the Planning</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• The Behavioral Objectives</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• The Content, which shall meet the definition of CNE in KSA 65-1117</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• The Instructor’s Education and Experience, documenting knowledge and expertise in the content area</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• An offering Evaluation that includes each participant’s assessment of the following: <ul style="list-style-type: none"> <li>▪ The achievement of each objective</li> <li>▪ The expertise of each individual presenter</li> </ul> </li> </ul>		
	✓	
	✓	
An approved provider may award any of the following:		
<ul style="list-style-type: none"> <li>• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Independent study credit that is based on the time required to complete the offering, as documented by the provider’s pilot test results</li> </ul>		✓
<ul style="list-style-type: none"> <li>• Clinical hours</li> </ul>		✓

<b>Documentation of Attendance</b>		
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:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	No presenter on sample roster	
<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	✓	
Each provider shall maintain documentation to verify completion of each <u>independent study offering</u> , if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>		✓
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>		✓
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>		✓
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>		✓
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>		✓
<b>Certificate of Attendance/CE Transcript</b>		
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	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The name and license number of the participant</li> </ul>	✓	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
<ul style="list-style-type: none"> <li>A summary of the planning</li> </ul>	✓	

• A copy of the offering announcement or brochure	✓	
• The title and objectives	✓	
• The offering agenda or, for independent study, pilot test results	✓	
• A bibliography	✓	
• A summary of the participants' evaluations	✓	
• Each instructor's education and experiences	✓	
• Documentation to verify completion of the offering	✓	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	✓	
<b>Annual Report</b>		
Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:		
• An evaluation of all the components of the providership based on the total program evaluation plan		✓
• A statistical summary report; and		✓
• For each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (60-9-109(h)(1)(A-H))		✓
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	<b>#1</b>	<b>#2</b>
•	#1 Brain Injury Association Missouri 13 <sup>th</sup> Annual Conference	#2 Transition Planning for Clients with Spinal Cord Injury
• A summary of planning	✓	✓
• A copy of the offering announcement or brochure	✓	✓
• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results	✓	✓
• Each instructor's education and experience	Brian Keith Day only	✓
• A current bibliography	For above speaker only	✓
• The offering evaluation form	✓	✓

06/2019

Final review completed on 5/11/2020 by Carol Moreland, MSN, RN

**Reference No.:** 24606 **Date submitted:** May 8 13:24 2020

**radio** ~ Renewal

**Providername** ~ Case Management Society of America-KC

**providernum** ~ LT0206-0606

**legalbody** ~ Case Management Society of America-KC Chapter

**address** ~ PO Box 9596

**address2** ~ Kansas City Mo 64133

**telephone** ~ 816-353-6077

**email** ~ denisedmz@gmail.com

**coordinator** ~ Denise Des Marteau

**date** ~ 05-08-2020

**planningce** ~ CMSA-KC has an education committee that reports to the Executive Board of Directors. The Education Committee meets at least quarterly to analyze themes and topics that will appeal to our members. An annual evaluation is conducted in the second half of each year in order to begin planning for the next year's calendar events. Every event has an evaluation requesting comments and we take those into consideration for presentations.

Please see attached Educational Program Planning and Implementation Policy

**feeassessment** ~ A budget is developed for every event including all expenses and it is reviewed annually against actual income and expenditures. Events are free to CMSA-KC members and a nominal fee is charged to non-members. The only exception is the annual conference and fall mini-conference where fees are assessed for all attendees.

Please see CMSA-KC Educational Program Implementation Policy

**advertisement** ~ The President, Medica Committee and Education Committee along with a Chapter designee develops mailing lists, prepares and mails/emails flyers and brochures with registration information. We also post information about educational events on our website (www.cmsa-kc.com) All published information contains statements that CMSA-KC is an approved provider of continuing nursing education by the Kansas Board of Nursing. It also states the course offering is approved for XX contact hours applicable for RN, LPN, or LMHT relicensure with our KANSAS State Board of Nursing PProvider number.

Please see CMSA-KC Educational Program Implementation Policy

**approvalprocess** ~ CMSA-KC follows CNE requirements for Kansas definitions in offering any educational session. We utilize a speaker form which the proposed speaker submits along with CV and bibliography, we review behavioral objectives, content, and ensure the instructors education and experience are documented in the CV/ resume submitted. Upon receipt of these documents to ensure the offering approval process is comprehensive, an Educational Planning Form is completed to ensure all above are met and, if approved, confirm the speaker for presentation. An offering evaluation is developed and given to each participant that includes each participant's assessment of the achievement of each learning objective are met.

Please see CMSA-KC Educational Program Implementation Policy, Educational Planning Form and Speaker Form

**contacthours** ~ Contact hours are determined based on Kansas CNE definitions and allow a contact hour for 50 total minute sof participation in a learning experience and may include partial credit for one or more credit hours. Credit for fractions of hours over 30 minutes are computed towards a contact hour. CMSA-KC may offer instructor credit which shall Best regards, 2 contact hours for each hour of first time presentation of an approved offering excluding standardized prepared curriculum such as ACLS, PALS, etc.

CMSA-KC does not offer independent study contact hours or award contact hours for clinical study.

Please see CMSA-KC Educational Program Implementation Policy

**verifycompletion** ~ The Education Coordinator and/or Chapter designee maintain sign in sheets (rosters) for each offering that meets the specific requirements of the Kansas State Board of Nursing. Each participant is required to sign a roster which contains CMSA-KC's name, address, provider number, coordinator name, date and title of the offering, number of contact hours, the presenter, participant's name, and license number if CMSA-KC does not already have it.

The Education Coordinator will verify each participant attended the offering. The Education Coordinator will review late arrivals and early departures in consideration of awarding partial credit for contact hours.

Please see CMSA-KC Educational Program Implementation Policy  
**recordkeeping** ~ CMSA-KC retains all records for at least 2 years and maintains a record storage system that assures confidentiality and easy retrieval of records.

Please see CMSA-KC Record Retention Policy and Educational Program Planning and Implementation Policy

**noticeofchange** ~ The Education Coordinator and/or Chapter President

will notify the Kansas Board of Nursing in writing of any change in the individual responsible for providership or required policies and procedures within 30 days of the change.  
**programevaluation** ~ CMSA-KC Executive Board and Education Committee reviews and summarizes participant evaluations and feedback in a systematic way to analyze outcomes of the overall continuing education program in order to assist in making subsequent decisions. Recommendations are made for future programs at Board and Executive Board meetings.  
**Submission date** ~ 05-8-2020 13:24:44  
**Form ID** ~ 1672730

Denise Des Marteau  
913-530-1549 • denisedmz@gmail.com

**Education:** BS in Nursing, Avila University 1979  
MA in Health Services Management Webster University, 1993.

**Professional Experience:**

- 2017-current **Nurse Coordinator**, Healthy Solutions, Overland Park, KS  
Provide health promotion activities for contracted employer groups and schools. This includes flu shots and other immunizations, height, weight, BMI and health education classes. This is an ad hoc contract position.
- 3/15/2001 - 4/3/2017 **Manager Clinical Health Services**, Aetna Health Plans, Overland Park, KS  
Supervise team of nurses and social workers that provide daily case management services to Aetna Medicare members. Provide case management for selected clients as appropriate. Attend Medicare open enrollment meetings and health fairs; provide education and support to members. Assist in new program development/enhancements including post facility discharge; chronic care management, end of life and embedded nurse/primary care physician partnerships. Job was eliminated 4/3/17 due to reorganization.
- Manager of Quality**, Aetna Health Plans, Overland Park, KS  
Supervised all staff performing quality duties. Traveled to outlying provider groups to obtain medical records. Educated all Health Services teams on all quality initiatives.
- Vice President of Medicare Health Services**, Coventry Health Care (acquired by Aetna 2013), Overland Park Kansas  
Responsible for planning and managing the Medicare health services clinical operations, including new program development specifically Transitional Care program, supervising staff of over 65 staff in 12 states. Administrative responsibilities: designing programs—budgeting, recruiting, personnel selection, supervising staff, performance evaluations, marketing, designing educational and promotional materials, technical assistance, program evaluation. Attend key employer group meetings and partner with teams on new initiatives. Position eliminated after Aetna acquisition of Coventry.
- Director Health Services**, Coventry Health Care, Kansas City MO  
Plan, organize, and manage a case management team. Supervise and train staff for on-site review of inpatient cases. Administrative responsibilities: assist with designing programs, budgeting, personnel selection, supervising staff, marketing, assist with designing educational and promotional materials, technical assistance, program evaluation. Served as consultant to employer groups on healthy employee work habits. Developed a published guide of community resources. Promoted to Vice President position.
- 1991 – 2/1/2001 **Director Health Services**, HealthNet, Kansas City, MO.  
Plan, organize, and manage a case management team. Provide staff for on-site review of inpatient cases. Administrative responsibilities: assist with designing programs, budgeting, personnel selection, supervising staff, marketing, assist with designing educational and promotional materials, technical assistance, program evaluation. Job was eliminated.

1988 - 1991      **Manager Clinical Services**, Aetna Health Plans Kansas City MO, and San Diego, CA  
Plan, organize, and manage a case management team. Provide staff for on-site review of inpatient cases. Administrative responsibilities: assist with designing programs, budgeting, personnel selection, supervising staff, marketing, assist with designing educational and promotional materials, technical assistance, program evaluation. Clinical duties include managing caseload of members who have case management needs. Left job in San Diego to return to hometown.

1979 - 1988      **VA Medical Center** Kansas City, MO.  
Provided direct nursing care in Medical ICU and Coronary Care Unit. Served on Critical Care education team, BLS/ACLS training and Code Blue team. On weekends 1986-1988, served as House Nursing Supervisor to cover entire hospital including supervision of the ER. Left direct nursing care position for full time day position outside of hospital setting.

1974 - 1979      **Sales Associate**, Jones Store Independence MO  
Part time position serving as sales associate staff. Rotated working in various departments - men's, women's, children's and shoes. Performed inventory, assisted customers with selections and rang up sales. Assisted in credit office-provided credit checks for those applying for credit cards, cashed checks, backed up switchboard operator. Left upon graduation from nursing school.

**Certifications:**      CCM (Certified Case Manager) since 1995

**Affiliations:**      Case Management Society of America member since 1994  
Kansas City Chapter: 1 Year Director 2007  
Education Coordinator 2008-present  
Chapter President 2009, 2018

**References:**      Available on request.





CMSA-Kansas City  
PO Box 9596  
Kansas City, MO 64133  
816-353-6077 fax-816-353-7850  
cmsa-kc.com

**Title: CMSA-KC Expense Reimbursement Policy**

**Policy #:** 1

Revised April 2020

**Policy:** Expenses arising out of Case Management Society of Kansas City (herein after known as CMSA-KC) business may be reimbursed according to the guidelines outlined below.

**Background/Purpose:** To define reimbursable expenses and to outline procedure for authorization and payment.

**Procedure:**

- CMSA-Kansas City may reimburse National Conference attendance fees for individuals in the following roles. President, President-Elect, Past President, Secretary, Treasurer, Director-1 Year, Director-2 Year, Director-3 Year, Education Chairperson, Media Chairperson, Public Policy Chairperson, and Annual Conference Chairperson. Other requests for National Conference reimbursement will be considered on a case-by-case basis.
- When approved for attendance at the CMSA National Conference, CMSA-KC may reimburse for a double occupancy hotel accommodation at the facility where the program is held. CMSA-KC may pay for **up to 5** nights at the National Conference. Board members wishing to have a private/single room will be reimbursed at 50% of the double occupancy room rate only. Airfare, mileage, meals, taxi, other transportation, laundry, additional hotel room days and other ancillary expenses will be the responsibility of the board member.
- Officers may attend other events or special meetings such as state government meetings, nursing boards, trainings or those sponsored by National CMSA such as Public Policy Day, Leadership events, etc. All requests for reimbursement **must** be pre- approved by the Executive Committee. This includes hotel, airfare, meals, transportation, mileage, etc.
- Select officers may request double occupancy local hotel reimbursement the night prior to the annual conference in order to welcome out of area speakers and early set-up the day of the conference. These requests must be pre-approved by the CMSA-KC Executive Board.
- Committee members may be offered reimbursement for attendance fees for National Conference, mini-conference, annual conference or other special events on a case by case basis. These requests must be pre-approved by the CMSA-KC Executive Board.
- Conference committee members may be allowed to purchase select items that are discussed and approved by the Board. These items include giveaways and decorations that are provided to attendees at local events. CMSA-KC Executive Board will set budget amounts annually for these expenditures.
- In the instance an event is postponed or cancelled, CMSA-KC will offer the attendee a refund or a registration for an upcoming like event.
- A Check/Reimbursement Request Form must accompany all requests for reimbursement. Expenses will be reviewed and approved by CMSA-KC President/Treasurer and payment made according to the information provided on the form.



- Expenses anticipated to exceed approved budgeted amounts must be pre-authorized by the Treasurer. Some expenses may need to be authorized by the Executive Committee at the

Treasurer's discretion. Submissions should follow the request for reimbursement guidelines as stated above.

- Check/Reimbursement Request Form must be submitted to the Treasurer, with copies of receipts and explanation attached within 60 days of when the expense is incurred.
- CMSA-KC is the “payer of last resort”. This means that individuals must submit expenses to their employer or other payer source as applicable prior to accessing CMSA-KC funding. Some officers may have their rooms paid fully or in part by National CMSA. Any expense requested to be reimbursed by CMSA-KC must be pre-approved as above.
- The Treasurer and/or President will issue payment based on the information submitted within 60 days of receipt. The Treasurer will keep the original Check/Reimbursement Form and receipts on file for accounting purposes.
- To assist the Executive Board in monitoring expenses based on Budget submitted for the next fiscal year, the Treasurer will provide quarterly reports as follows: Itemized Categories Report and Profit/Loss Statement. These reports will allow the Executive Board to monitor financial soundness of the chapter.

See sample expense request form

Adopted by Board of Directors 7/2011, revised 9/2013, revised 2/2016, revised 2/2018, revised 4/2020



Case Management Society of Kansas City  
PO Box 9596  
Kansas City, MO 64133  
Phone: 816-353-6077 Fax: 816-353-7850  
Email: cmsa-kc.com

**Title: Bad Check or Inadequate Payment Policy**

Policy # 2

Revised April 2020

**Objectives:**

- To require that individuals who present bad checks, stop credit card or check payment, or provide insufficient payment, be obligated to pay the assessed fees along with extra fees charged by banking institutions.
- To reduce the number of individuals/members who register for a program and do not provide adequate payment.

**Procedure:**

- In the event a check or credit card payment is returned for non-payment the following will occur
  1. The Chapter designee will contact the individual advising them of the action and ask for reimbursement to include all expenses to be made within 7 days.
  2. If the person does not make payment, a letter will be sent to the individual stating the same request for payment with a reminder that this non-payment can be reported to local law enforcement agencies for action.
  3. If no payment is received, the Chapter designee will notify the Executive Board. Further determination regarding law enforcement notification will be made by the Board.
  4. Upon failure to remit payment, CMSA-KC may notify the individual that they will no longer be able to register for future CMSA-KC program offerings without prior payment in the form of cash or cashier's check.

*Approved by Board of Directors 7/2011, revised 9/2013, reviewed 2/16, revised 4/2020*



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**Title: Educational Program Planning and Implementation**

Policy # 3

Revised April 2020

**Background/Purpose:** According to the CMSA National Organization Chapter Affiliate Agreement, affiliate chapters are “to provide the means by which persons and firms offering services or products within or to the case management field” may voluntarily coordinate their efforts to advance the practice in all respects and, to this end, CMSA-KC Chapter, among other activities, shall endeavor to:

1. Provide the opportunity for the exchange of experience and opinions through discussion, study and publications;
2. Promote the professionalism, science and recognized scope of the practice of case management;
3. Provide a forum for, and assist in unifying, professionals actively engaged in case management;
4. Educate its members, the health care delivery system, the payor community and the public in the advancement and improvement of quality care, professionalism, costs/benefit effectiveness, and health benefits of case management;
5. Develop and encourage high professional standards of performance and competence, service and conduct of professionals serving as case managers and those in case management;
6. Conduct and cooperate in the conduct of research and courses of studies for the benefit of advancing the practice of case management;
7. Promote the improved public stature and respect accorded the case management practice while meeting the best interests of practitioners and the public.”

CMSA-Kansas City meets the above responsibilities through local educational meetings and other related activities. We plan programs that interest a majority of chapter members, and vary the topics, to appeal to different audiences throughout the year. The Education Committee consists of the Education Chairperson, 1 yr., 2 yr. and 3 yr. Directors and the Chapter President. The Education Chairperson is appointed by the Chapter President and shall be required to have the following credentials: A licensed registered nurse with at least 3 years of clinical experience, having at least one year of developing and implementing nursing education and have a baccalaureate degree in nursing.



**Procedure:**

**1. Process for Assessing Need and planning CNE**

- a. The Education Committee will analyze current themes that will appeal to chapter members. An annual evaluation of CMSA-KC offerings is conducted in the 2<sup>nd</sup> half of each year in order to begin planning for the next calendar year events. All evaluation form comments and surveys along with membership suggestions are taken into consideration.
- b. Identify speakers whose names or topics are familiar to the audience.
- c. Select dates and times that appeal to membership.
- d. Select locations that are easily accessible and have adequate parking. The locations are varied to accommodate the various segments of the chapter membership.

**2. Process for Fee Assessment**

- a. A budget is developed for all events including expenses such as food, room, speaker-related expenses, charges to individuals attending the programs and audio-visual Events are free for CMSA-KC members and a nominal fee is assessed for non-members except for the annual spring conference and fall mini-conference where fees are assessed for all attendees.
- b. The budget is reviewed against actual income and expenditures and is revised annually.

**3. Program Planning and Process for Offering Approval**

- a. Format and length of each program are determined. For example, monthly offerings may be held with the exception of May, June, October and December. The annual conference, which is a full day event, is usually scheduled in spring. The mini-conference, which is a half-day event, is annually scheduled to coincide with National Case Management week which occurs in October. CMSA-KC offers webinars as well as face to face meetings.
- b. CMSA-KC follows the Kansas State Board of Nursing process for offering approval of educational sessions and includes the following:
  1. A summary of the planning;
  2. the behavioral objectives;
  3. the content;
  4. the instructor's education and experience, documenting knowledge and expertise in the content area;



5. a current bibliography that is reflective of the offering content. The bibliography includes books published within the past 5-7 years, periodicals published within the past five years, or both;
  6. an offering evaluation that includes each participant's assessment of the achievement of each objective; and the expertise of each individual presenter.
- c. CMSA-KC uses a speaker form to secure speakers and obtain confirmation to agreed upon arrangements in writing. Speaker biography, title of presentation, bibliography, objectives and goals are obtained. The Education Committee contacts speakers, sets the format for the seminar and develops the program objectives.
  - d. To ensure the offering approval process is comprehensive, CMSA-KC utilizes an Education Planning form to ensure the learning behavioral objectives will be met in the content of the planned presentation.
  - e. The Education Coordinator completes all paperwork including evaluation form, and submission of documents at least 30 days in advance of the planned event for Nursing Contact hours approval as well as works with other entities in order to secure other approvals such as CCM, social work, NH administrator. The Education Coordinator prepares continuing education credit related materials.

#### **4. Process for Advertisements or Announcements**

- a. The President, Media Committee and Education Committee along with a Chapter designee develops mailing lists, prepares and mails flyers and brochures with registration information and posts information about the educational events in appropriate locations including the CMSA-KC website. ([www.cmsa-kc.com](http://www.cmsa-kc.com)).
- b. The published information shall contain that CMSA-KC is an approved provider of continuing nursing education by the Kansas Board of Nursing. This course offering is approved for \_\_ contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number LT-0206-0606.
- c. The President will name individuals, including the Education Committee, that confirms the room or web-based event details, audio-visual and meal-break arrangements as appropriate, finalizes parking/transportation needs, secures volunteers for selected tasks and receives registration forms from attendees.

#### **5. Process for Verifying Participation and Completion of the Offering**

- a. The Education Coordinator and/or Chapter designee maintain sign-in sheets (rosters) for each offering that meet the specific requirements of the Kansas State Board of Nursing. Each participant shall be required to sign a daily



roster which contains the CMSA-KC's name, address, provider number, coordinator name, the date and title of the offering, number of contact hours, the presenters, participant's name, license number if we do not already have it on file, and date of contact hours awarded. For full day events, attendees are expected to sign in for AM and PM sessions.

- b. The Education Coordinator will verify each participant attended the offering. The Education Coordinator will review late arrivals and early departures in consideration of awarding a partial credit for contact hours.

#### **6. Awarding Contact Hours**

- a. Contact hours are determined based on Kansas CNE definitions and allow a contact hour for 50 total minutes of participation in a learning experience and may include partial credit for one or more credit hours.
- b. Credit for fractions of hours over 30 minutes will be computed towards a contact hour.
- c. CMSA-KC may offer Instructor credit, which shall be two contact hours for each hour of first-time presentation of an approved offering excluding standardized prepared curriculum (e.g. ACLS, PALS, TNCC, ENPC, MANDT, etc.).
- d. CMSA-KC does not offer independent study (60-9-105 (1)) contact hours.
- e. CMSA-KC does not award contact hours for clinical study.

#### **7. Awarding Certificates**

- a. A certificate of attendance shall be awarded to each participant after completion of the offering.
- b. Each certificate shall be complete before distribution to the participant. Continuing education credit materials are either distributed at the end of the event or emailed within 2 weeks after the event.
- c. Each certificate shall contain CMSA-KC's provider names, address and provider number, title and date of the offering (date(s) of attendance, the number of contact hours awarded, number of instructor hours awarded, if applicable, signature of the Education Coordinator who is responsible for the providership, name and license number of the participant.



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

CMSA-KC retains all records for at least 2 years and maintains a record storage system that assures confidentiality and easy retrieval of records. Reference CMSA-KC Record Retention Policy.

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

The Education Coordinator and/or Chapter President will notify the Kansas Board of Nursing in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days of change.

## **10. Program Evaluation**

The CMSA-KC Executive Board and Education Committee reviews and summarizes participant evaluations and feedback in a systematic way to analyze outcomes of the overall continuing education program in order to assist in making subsequent decisions. Recommendations are made for future programs at Board and Executive Board meetings.

## **11. Submission to Kansas Board of Nursing-LT Providership**

The Education Coordinator will submit an annual report for the period of July 1 through June 30 of the previous year on or as designated. The annual report shall contain an evaluation of all the components of the providership based on the total program evaluation plan; and a statistical summary report on the offerings.

The Education Coordinator will submit a report to the Kansas Board of Nursing every 5 years for renewal application in order to continue the long term providership. This will include policies, procedures, and sample forms used by CMSA-KC.

*Reviewed and approved by Board of Directors 7/2011, revised 9/2013, revised 4/2016, revised 4/2020*





DATE:

TO:

Email: (cmsa-kc treasurer email address)

*Receipts are required for all expenses*

Check Payable To:

Mailing Address:

Date	Description	Payment Type (CMSA-KC Debit Card, CMSA-KC Check, or Personal Payment)		Total
Column Totals				
Subtotal				
Less cash advanced				
Total owed to you				
Total due				0.00

**Requests for reimbursements must be submitted within 30 days of purchase and accompanied by a receipt. All reimbursement will be within 30 days of receipt**

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

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

Approved \_\_\_\_\_



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



Case Management Society of Kansas City  
PO Box 9596  
Kansas City, MO 64133  
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Email: cmsa-kc.com

**Policy: Record Retention Policy**

Policy # 4

Revised April 2020

**Background/Purpose:**

CMSA-KC follows the National CMSA policy of record retention. Documents are retained only so long as they are:

- (1) Necessary to the conduct of the business;
- (2) Required by statute or government regulation; or
- (3) Relevant to pending or foreseeable investigations or litigation. Retention periods are based primarily on current federal record-keeping requirements and state statutes of limitation.

Currently relevant documents are filed systematically and accessibly. Documents that must be maintained permanently are catalogued and reduced to secure electronic records for storage and easy access, when needed. Documents are filed, catalogued and retrieved or destroyed on pre-established "Pull" dates.

No document, including an electronic document, shall be intentionally altered, covered-up, falsified or destroyed, nor shall any employee or agent of CMSA-KC be directed to do so, to prevent its use in an official proceeding. Upon becoming aware that any document may reasonably be anticipated to be useful in any actual or reasonably predictable official proceeding, the CMSA-KC Executive Board shall override any document retention policy or procedure that might result in the destruction or inability to find any such document and obtain legal advice from counsel.

**Procedure:**

The following schedule provides retention periods for major categories of documents, both paper and electronic for CMSA-KC. For each offering CMSA-KC shall retain for two years: a summary of planning; a copy of offering announcement or brochure; the title and behavioral objectives; the offering agenda, or for any independent study pilot test results; bibliography; a summary of participant evaluations, instructors education and experience; and documentation to confirm completion of the offering as specified in Kansas Board of Nursing regulations. The record storage system shall ensure confidentiality and easy retrieval of records by authorized individuals.

Type of Record	Retention Period (Years)
<b>Accounting</b>	
Auditor reports	Permanent (P)
Budgets	7
Cancelled checks	3
Expense Reports	3
Employee Payroll	3
Invoices, ledgers, inventory lists	7
Petty cash voucher	3
<b>Chapter Management</b>	
Annual Reports	P
Approved Board Minutes and Record of all actions taken by Board	P
Approved Executive Committee minutes and records of all Executive Committee actions taken	P
Articles of incorporation	P
Authorizations for expenditures	7
Bylaws, Policies	P
Contracts	Expiration +7
Membership applications	5
Membership names and addresses	Current
Notes (internal reports, memos)	3
Written correspondence to members	3
<b>Correspondence</b>	
General, routine	3
<b>Insurance</b>	
Accident reports	7
Insurance policies	P
<b>Legal</b>	
Claims and litigation files	P
<b>Nursing/CCM education offerings</b>	
Flyer, brochure, objectives, offering agenda, bibliography, summary of evaluations, sign-in sheets, biography of speakers, instructor education and experience, documents verifying completion of offering (post-test or return demonstration)	5



CMSA designee will maintain educational offering files. These are kept in locked, file cabinets and with many files maintained electronically. The files are kept confidential and secure through use of locks and secure passwords. The Education Coordinator and/or CMSA-KC President maintain a “pull” date for files to be destroyed. The Chapter designee will destroy all files as directed within 1 month of the pull date. The CMSA-KC Education Coordinator and/or President will perform an annual review of all retained records to ensure compliance.

Reviewed and approved by Board of Directors 7/2011, revised 9/2013, revised 2/2016, revised 4/7/2016, revised 4/2020

Area	Frequency	Resp. Person	Criteria	Findings
Administration	Annual	Full Board of Directors	Review job description	The education coordinator position was reviewed by Executive Committee for the 2018 term in January 2019.
<b>Policies:</b> Assess need, planning - written tool - evaluation summaries	Annual	Executive Board of Directors	Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning	The Executive Board and Education Committee met in January 2019 and reviewed prior program offerings and planned ones for 2019. All conference and monthly presentation summaries were tallied and results taken into consideration in planning events for 2019. Education policy was reviewed, February 2019 and finalized by Executive Board April 2019.
<b>Policies:</b> Fee Assessment	Annual	Executive Board of Directors	Policy meets organization and customer needs	Education and bad check policies both reviewed March 2019 and finalized by Executive Board April 2019
<b>Policies:</b> Announcement	Annual	Education Advisory Committee	Review to be certain they reflect necessary information	Education policy reviewed March 2019 and finalized by Executive Board April 2019
<b>Policies:</b> Offering approval process	Annual	Education Advisory Committee	Review policies and compare to KSBN requirements	Education policy reviewed March 2019 and finalized by Executive Board April 2019.
<b>Policies:</b> Awarding contact hours	Annual	Education Advisory Committee	Review rosters and certificates; compare to KSBN requirements	Education policy reviewed March 2019 and finalized by Executive Board April 2019.
<b>Policies:</b> Verifying participation/ completion	Annual	Executive Board of Directors		

<b>Policies:</b> Record Keeping	Annual	Executive Board of Directors	Audit contents of files for compliance with KSBN requirements	Record keeping policy reviewed March 2019 and finalized by Executive Board April 2019
<b>Policies:</b> Notification of changes	Annual	Executive Board of Directors		
<b>Total Program Evaluation effectiveness</b>	Annual	Full Board of Directors		

<b>Actions/</b>
<b>Recommendations</b>
Denise Des Marteau, RN will continue in this role. Accepted and approved.
Decision made to host annual conference at Stoney Creek Independence MO. 3 members of education committee agreed to secure speakers and their needed paperwork. Goal is to ensure we have a variety of topics that appeal to majority of members--RN, SW, LPN, NH Administration, PT, OT, etc. We offered programs in Work Comp Job Analysis, Post Acute Care, Effective Communication, TBI, Stroke, Brain Injury, Hand and Wrist Injuries, Suicide Awareness,, Low Back Pain, Concussion, Workers Comp, Marijuana and Opioid Management, Improving Medical Outcomes and several more pertinent and timely topics. Accepted and approved. Addendum: Will begin searchfor 2020 venue in late summer 2019.
Board of Directors met to review evaluations of past events to get ideas for new topics in order to meet the needs of participants. Also looking to look at venues that are centrally located. Accepted and approved.
Intent of the Executive and Education Committees is to get Announcement/flyers sent out at least 30 days in advance of the event. Accepted and approved
Accepted and approved
Accepted and approved



Accepted and approved



**May 7, 2020**

**12:00 – 1:00 PM central**

**Webinar**

**“Managing Workplace Injuries:  
The Knee” webinar series**

Presented by: James P. Halloran, MD, FRCS(C)

This meeting is sponsored by:  
Dickson-Diveley Orthopaedics

**Learning Objectives**

Participant will be able to:

1. Understand and identify key anatomical structures in the knee.
2. Understand common mechanisms of injury for issues affecting the knee.
3. Understand steps to creating working diagnosis and how that influences plan of care.
4. Understand how telehealth can be used to evaluate and treat non-acute knee conditions.

**TARGET AUDIENCE;**

Targeted audience to: CMSA Members and guests

Cost: Free to CMSA-KC members; \$15.00 for non-members

Register at [CMSA-KC.com](http://CMSA-KC.com) or contact Peggy @pledger816@aol.com

CMSA-KC is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for RN, LPN or LMHT relicensure.

Kansas State Board of Nursing provider number LT0206-0606

**Planning Committee:**

Denise Des Marteau, RN, BSN, MA, CCM

Continuing Education Coordinator

Jeff Nelson, President

Rick Lane, Director

Rita Richter, RN, BSN, CCM Director

Janet Gould, Director

Nancy Rafferty, OTR, CCM, CLCP, Committee Member

This presentation will provide One (1) contact hour for continuing education approval.  
“CEU certificates will be forwarded to attendees within 2 weeks after the event and receipt of attendee evaluation/skill test submission.



This is to certify that

License number \_\_\_\_\_

Attended the following educational session:

"Innovations in the Cost-Effective Treatment on Cancer Pain"

Presented by:  
William Rosenberg, MD FAANS

Location:  
Research Medical Center Board Room

**January 30, 2020**  
**5:00 pm– 6:00 pm**

**1.0 Contact Hour**

Denise Des Marteau, RN, BSN, CCM  
CMSA-KC is an approved  
Provider of continuing nursing education

By the Kansas State Board of

Nursing Provider Number: LT 0206-0606.

A handwritten signature in black ink that reads "Denise Des Marteau, RN, CCM".

Education Consultant CMSA-KC  
PO Box 9596,

Kansas City, MO 64133-0396

Phone: 816-353-6077

CMSA-KC LTC Provider # LT0206-0606  
PO Box 9596 KCMO 64133  
Denise Des Marteau, RN Education Coordinator

Stroke Care-Expand Your Knowledge  
See agenda  
6.5 Contact Hours

February 28, 2020  
**PLEASE PRINT LEGIBLY**

	A	B	C	D	E	F	G
	Last Name	First Name	Phone	Need Nursing CEU? Y/N	Nursing lic #	AM Signature	PM signature
1							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							

Nursing CEU certificates will be emailed within 14 days after event.



Case Management Society of America – Kansas City Chapter  
 Kansas State Board of Nursing LT0206-0606  
 Evaluation Summary

“Innovations in the Cost-Effective Treatment on Cancer Pain ”

January 30, 2020

5:00 PM – 6:00 PM

RN \_\_\_\_\_ LPN \_\_\_\_\_ SW \_\_\_\_\_ Other – please explain

**Part 1 Program Evaluation 1=Strongly Disagree (SD) 2=Disagree (D) 3=Agree (A) 4=Strongly Agree (SA)**

Indicate your level of achievement of the program goal:

1. This educational activity allowed me to obtain current information and tools regarding treatment of cancer pain.
2. The overall quality of the activity was excellent.
3. My personal goals for attending were met.
4. The physical facilities were appropriate and conducive to learning.
5. The registration process was efficient.

SA	A	D	SD
4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1

**Part 2 Session Objectives and Speakers**

Rate your accomplishment of the session objectives: PARTICIPANT WILL:

6. Describe the benefits and cost of intrathecal drug delivery.
7. Describe the benefits and cost of neurostimulation.
8. Describe the benefits and cost of neuroablative techniques.
9. The content was current and relevant to the objectives.
10. The presentation style was effective.

4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1

Satisfaction with presentation

William S. Rosenberg, MD, FAANS

4	3	2	1
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Comments:

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THANK YOU!



We are pleased to inform you the CMSA-KC Chapter would like to consider you as a speaker for an educational program. We are sending this communication electronically for your convenience.

**It is important that the allotted time for your presentation be used in its entirety as we will be providing continuing education credits for the full amount of time, i.e., 60 minutes, 90 minutes, etc. including Q&A.** We will confirm the date, time, and location of the session in which you will participate as soon as the details are completed and will communicate those to you directly.

Included is additional information and a speaker form. Please fill out and return by mail or email with attachments addressed below no later than **MM/DD/YYYY**. If you have any questions or special requirements please let us know.

Attendees will be primarily case managers and those providing services to case managers. Case managers may be nurses, social workers, therapists, other medically prepared or vocationally prepared professionals from numerous settings such as acute care, adult and pediatrics, behavioral health, insurance; i.e. HMO, Workers' Compensation, private and/or governmental agencies to name a few.

We will be announcing the educational event in a printed brochure or program syllabus several weeks prior to the event date. The program syllabus is a wonderful resource for attendees and your materials will make a valuable contribution.

**Please forward along with the completed speaker form, a curriculum vitae (CV) or resume, bibliography, biographical sketch, and any materials / handouts / presentation slides that you will be using.**

We are looking forward to your presentation and thank you for your support! Please contact me directly should you have any questions. We look forward to your prompt response.

Sincerely,

***Denise Des Marteau, RN, CCM***

*Education coordinator, CMSA-Kansas City*

Cell phone: 913-530-1549 Fax - 913-432-0706

[denisedmz@gmail.com](mailto:denisedmz@gmail.com)

CMSA-KC \* PO Box 9596 Kansas City, MO 64133-0396 \* 816 353 6077 \* Fax (816) 353-7850

**CMSA-KC  
Speaker Information Form**

**Name** \_\_\_\_\_ **Credentials** \_\_\_\_\_

**Title** \_\_\_\_\_

**Organization/Company** \_\_\_\_\_

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

**Phone: Work** \_\_\_\_\_ **Home** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email:** \_\_\_\_\_ **SSN/Tax ID\*:** \_\_\_\_\_

**Contact Person & Phone (if different from above)** \_\_\_\_\_

**Sponsor (if applicable)** \_\_\_\_\_

**Personal Bio for brochure:** \_\_\_\_\_

**Title of Presentation** \_\_\_\_\_

**Description for brochure** \_\_\_\_\_

**Learning/Behavior Objectives:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please attach your CV or resume with a current bibliography reflective of offering content. Bibliography shall include books published within past 10 years, periodicals published within last 5 years or both. List citations used to create content-evidence based literatures, peer review, clinical guidelines, expert resources, textbook references or others.

**Audiovisual needs:** \_\_\_\_\_

**Honorarium:** \_\_\_\_\_ **Expected Date of Arrival (if traveling):** \_\_\_\_\_

**Expenses Estimated:** \_\_\_\_\_

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

Speaker signature indicates acceptance of speaking engagement

*We request to have copies of your documents as referenced on the first page of this document by **DD/MM/YYYY** in order for us to ensure proper documentation for nursing and CCM and to have available for conference attendees. Please let us know if you have any questions or concerns.*

Please complete and return this speaker's information form by  
Electronic communication is acceptable.

\*SSN/TIN is required for tax purposes if CMSA-KC is reimbursing for any expenses.



CMSA-Kansas City Educational Planning Form

Instructions: For educational activities with multiple sessions, complete a planning form for each individual session for which contact hours will be awarded. Contact hours cannot be approved for in-service programs, CPR, BCLS, Code Blue, on-the-job training, orientation, or testing out of a course.

Educational Activity Title:

Date:

Individual Session Title: (if different than activity title)

LEARNING OUTCOME(S)

Learning objectives are clear and measurable by use of an action verb that describes a measurable behavior and/or specifies something that can be actively demonstrated as a result of attending the educational program. The learning objectives clearly describe what the learner will know or be able to do as a result of having attended an educational program or activity.

List learning outcome(s) in behavioral terms using a single measurable verb for each. Outcomes are evaluated to determine the impact of educational activities on patient care and professional development of the learner. The learning outcomes should clearly describe what the learner will know or be able to do as a result of having attended educational program. (Use back of form for more than 5 objectives.)

Obj. 1:

Obj. 2:

Obj. 3:

Obj. 4:

Obj. 5:

Examples: Identify, list, define, analyze, assess, describe, locate, discuss, explain, perform, demonstrate, plan, create or compare. Avoid outcomes such as know, understand, learn and appreciate). Learners will describe an increase in knowledge about XYZ. Ex: Participant will be able to identify 3 causes of work related back injuries.





INNOVATIVE • DIVERSE • VISIONARY

CONTENT	TIME FRAME	PRESENTER	LEARNING STRATEGIES
Provide outline of content to be presented related to each learning outcome in sufficient detail to determine if consistent with learning outcome.	List number of minutes for each topic/content area and/or active learner strategies	List presenter for each content area	List engagement strategies used by each presenter for each content area. Check all that apply.
			<input type="checkbox"/> Question/Answer <input type="checkbox"/> Self-check/Self-assessment <input type="checkbox"/> Audience response system <input type="checkbox"/> Return skills demonstration <input type="checkbox"/> Role Play <input type="checkbox"/> Small group discussion <input type="checkbox"/> Assignment testing/practice <input type="checkbox"/> Engaging learners in dialogue <input type="checkbox"/> Analyzing case studies
			<input type="checkbox"/> Question/Answer <input type="checkbox"/> Self check/Self-assessment <input type="checkbox"/> Audience response system <input type="checkbox"/> Return skills demonstration <input type="checkbox"/> Role Play <input type="checkbox"/> Small group discussion <input type="checkbox"/> Assignment testing/practice <input type="checkbox"/> Engaging learners in dialogue <input type="checkbox"/> Analyzing case studies

Total Minutes for this activity/session: \_\_\_\_\_

List citations for evidence-based reference(s) used to develop content:

Information from organization/website: Current evidence within past 5-7 years: may be published or unpublished content. Example- Agency on Healthcare Research and Quality, CDC, CMS, Provide full web page citations for materials referenced—not just CDC.org	
Peer-Reviewed Journal/resource: Evidence should be within past 5-7 years.	
Clinical Guidelines: Published or online (www.guidelines.gov)	
Expert resources: Individual, organization, or educational institution; Books, article, website	
Textbook reference	
Other	

For Education Committee Use only:

Meets Kansas Board of Nursing behavioral objectives regulations Y\_\_\_ N\_\_\_

Approved as educational offering? Y\_\_\_ N\_\_\_

# Offering #1



CMSA-Kansas City Educational Planning Form

Instructions: For educational activities with multiple sessions, complete a planning form for each individual session for which contact hours will be awarded. Contact hours cannot be approved for in-service programs, CPR, BCLS, Code Blue, on-the-job training, orientation, or testing out of a course.

Educational Activity Title:

"Brain Injury Association of Missouri 13th Annual Conference Date: October 5 – 7, 2017

Individual Session Title: (if different than activity title) "Post Traumatic Epilepsy and Seizures from Brain Injury" 10-6-2017

LEARNING OUTCOME(S)

Learning objectives are clear and measurable by use of an action verb that describes a measurable behavior and/or specifies something that can be actively demonstrated as a result of attending the educational program. The learning objectives clearly describe what the learner will know or be able to do as a result of having attended an educational program or activity.

List learning outcome(s) in behavioral terms using a single measurable verb for each. Outcomes are evaluated to determine the impact of educational activities on patient care and professional development of the learner. The learning outcomes should clearly describe what the learner will know or be able to as a result of having attended educational program. (Use back of form for more than 5 objectives.)

Obj. 1: Attendees will understand the current classifications used for early and late post traumatic seizures as well as post traumatic epilepsy.

Obj. 2: Attendees will recognize the risk factors for developing post traumatic seizures/epilepsy.

Obj. 3: Attendees will review the potential treatments for post traumatic seizures/epilepsy.

Obj. 4: \_\_\_\_\_

Obj. 5: \_\_\_\_\_

Examples: Identify, list, define, analyze, assess, describe, locate, discuss, explain, perform, demonstrate, plan, create or compare. Avoid outcomes such as know, understand, learn and appreciate). Learners will describe an increase in knowledge about XYZ. Ex: Participant will be able to identify 3 causes of work related back injuries.



CONTENT	TIME FRAME	PRESENTER	LEARNING STRATEGIES
Provide outline of content to be presented related to each learning outcome in sufficient detail to determine if consistent with learning outcome.	List number of minutes for each topic/content area and/or active learner strategies	List presenter for each content area	List engagement strategies used by each presenter for each content area. Check all that apply.
Classification system for traumatic seizures-early, late and post traumatic	15		<input checked="" type="checkbox"/> Question/Answer <input type="checkbox"/> Self-check/Self-assessment <input checked="" type="checkbox"/> Audience response system <input type="checkbox"/> Return skills demonstration <input type="checkbox"/> Role Play <input type="checkbox"/> Small group discussion <input type="checkbox"/> Assignment testing/practice <input checked="" type="checkbox"/> Engaging learners in dialogue <input type="checkbox"/> Analyzing case studies
Risk factors for developing Post traumatic seizures/epilepsy  Potential treatments for Post traumatic seizures/epilepsy	15  30		<input checked="" type="checkbox"/> Question/Answer <input type="checkbox"/> Self check/Self-assessment <input checked="" type="checkbox"/> Audience response system <input type="checkbox"/> Return skills demonstration <input type="checkbox"/> Role Play <input type="checkbox"/> Small group discussion <input type="checkbox"/> Assignment testing/practice <input checked="" type="checkbox"/> Engaging learners in dialogue <input type="checkbox"/> Analyzing case studies

Total Minutes for this activity/session: 60

List citations for evidence-based reference(s) used to develop content:

Information from organization/website: Current evidence within past 5-7 years: may be published or unpublished content. Example-Agency on Healthcare Research and Quality, CDC, CMS, Provide full web page citations for materials referenced—not just CDC.org	See bibliography
Peer-Reviewed Journal/resource: Evidence should be within past 5-7 years.	
Clinical Guidelines: Published or online (www.guidelines.gov)	
Expert resources: Individual, organization, or educational institution; Books, article, website	
Textbook reference	
Other	

For Education Committee Use only:

Meets Kansas Board of Nursing behavioral objectives regulations Y X N     

Approved as educational offering? Y X N

# CONFERENCE INFORMATION

## Continuing Education Units (pending approval)

Case Managers - CCNI CEU's provided by NeuroRestorative.

Clinical Social Work - The University of Missouri St. Louis, Missouri Institute of Mental Health will be responsible for this program and maintain a record of your continuing education credits earned. The Missouri Institute of Mental Health will award 12.5 clock hours or 15.1 contact hours (1.5 CEUs) for this activity.

Nursing - CMSA-KC is an approved provider of continuing nursing education by the Kansas State Board of Nursing. This course offering has been submitted for approval for contact hours which are applicable for RN, LPN, and LMHT re-licensure. Kansas State Board of Nursing Provider number: LT 0206-0606. NeuroRestorative is sponsoring the nursing CE credits.

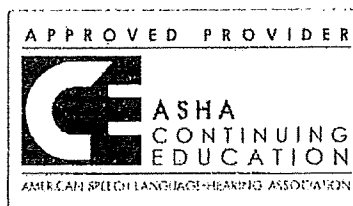
Occupational Therapy - Domain of OT: Performance Skills; Domain of OT: Client Factors; OT

APPROVED PROVIDER Process: Intervention. The assignment of IOTA CEUs does not imply • CONTINUING EDUCATION endorsement of specific course content, products or clinic procedures by AOTA. Approval status does not imply endorsements by the The by The American Association, Occupational Inc, provider, or IOTA of any commercial products displayed in conjunction with this educational event. There has been no commercial support received for this educational program. This education event has been submitted for 12.5 contact hours to AOTA. Credits sponsored by SSM Health Rehabilitation Network.

Psychology - The University of Missouri St. Louis, Missouri Institute of Mental Health will be responsible for this program and maintain a record of your continuing education credits earned. The Missouri Institute of Mental Health will award 12.5 clock hours Of 15.1 contact hours (1.5 CEUs) for this activity.

Rehabilitation Service Providers/Vocational Counselors - CC RC CEU's provided by NeuroRestorative.

Speech Pathologists - This program is offered for 1.2 CEUs (Intermediate level; Professional area). Credits sponsored by the Inpatient Rehabilitation Division of Select Medical - Midwest.



Inpatient Rehabilitation  
@ Division of Select  
Medical —  
Midwest is approved by  
the  
Continuing Education  
Board  
ING of the American

Speech-  
Language-Hearing Association (ASHA) to provide continuing education activities in speechlanguage pathology and audiology, See course information for number of ASHA CEUs, instructional level and content area, ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

### ADA Compliance Statement

In compliance with the American's with Disability Act of 1990, we will make all reasonable efforts to accommodate persons with disabilities. Please call with your requests.

## Grievances

If you have any questions or complaints regarding this program, please contact us at 314-474-1700 ext. 1, providing your complaint and contact information, and we will respond to you within 72 hours.

4 Brain Injury Association of Missouri

# KEYNOTE SPEAKERS



John D. Conigan, PhD

Director, Ohio Valley Center for Brain Injury Prevention & Rehabilitation  
The Ohio State University Wexner Medical Center

John Corrigan is a professor with The Ohio State University Wexner Medical Center and director of the Ohio Valley Center for Brain Injury Prevention and Rehabilitation. Dr. Corrigan also serves as the project director for the Ohio Regional Traumatic Brain Injury Model System, a multi-center, longitudinal research program funded by the National Institute on Disability and Rehabilitation Research. In addition to being a board member of the Brain Injury Association of America, he chairs the Executive Committee of the TBI Model Systems Project Directors and is Editor-in-Chief of the Journal of Head Trauma Rehabilitation.

Dr. Corrigan has received numerous awards for his service and research in brain injury rehabilitation including the Gold Key Award from the American Congress of Rehabilitation Medicine and the 2007 Robert L. Moody Prize. He has published 120 peer-reviewed articles, as well as received almost \$300 million in research and demonstration grants to study long-term patient outcomes from TBI and examine ways to utilize data from TBI patients following medical care.

Dr. Corrigan will present "The Public Health Burden of TBI."



Brian Keith Day, MD, PhD

Department of Neurology  
Washington University and Barnes-Jewish Hospital

Brian Keith Day is a neurologist with BJC HealthCare and the Washington University Physicians Group. He graduated from the University of Kentucky College of Medicine. He then secured his residency and career with Barnes-Jewish Hospital in St. Louis. For nearly five years, Dr. Day has specialized in epilepsy and seizures in adults, two medical conditions that can occur in the lives of survivors of brain injury.

In addition to being a practicing physician, Dr. Day is an assistant professor with the Washington University School of Medicine. He has several published studies in medical journals, focusing on epilepsy, seizures and L-glutamate, which is a neurotransmitter in the central nervous system.

During the Conference, Dr. Day will present "Post Traumatic Epilepsy and Seizures from Brain Injury."

Association

## SURVIVOR KEYNOTE



Carter "Cardinal Cowboy" Rethwisch  
 Motivational Speaker  
 Survivor of Brain Injury and Coma

Carter "Cardinal Cowboy" Rethwisch is a survivor of brain injury, motivational speaker and local St. Louis celebrity. He survived a car crash involving a drunk driver and was later induced into a coma after having a seizure. At the lowest point, Carter was on a ventilator and the doctors gave him less than 50/50 odds of surviving.

Carter had frontal lobe damage from the car accident which affected his executive functioning. He underwent five years of rehabilitation, defying many doctors' prognoses, to return to his pre-injury self.

Carter had previously been a standout baseball player and won the MVP award on his St. Louis Amateur Baseball Association (SL Pre-College Baseball Team in high school. Since the accident, Carter's dream of becoming a professional baseball player has evolved into sharing his story to help, motivate, and inspire others.

Carter has made hundreds of appearances to support St. Louis Area charitable organizations and anchors the Cardinal Cowboy Show on ABC 30 TV. He can often be seen at St. Louis Cardinals games in his signature red cowboy hat. The Cardinal Cowboy now visits schools and fundraisers to deliver his message of perseverance and share his zeal for life.

### REHABILITATION TRACK SPONSOR



Rehabilitation Network

#### Brain Injury Association of Missouri Programs and Services

**Support**

- Support Groups
- Community Referral Services
- Peer Mentoring

**Advocacy**

Access to services for survivors

- Prevention of brain injury
- Independent living opportunities
- Recreation
- Donald Danforth Jr. Wilderness Camp
- Social Activities

13th Annual Statewide Conference

Education e Statewide Professional Conference

- Survivor & Family Regional Seminars
- Sports Concussions: Facts, Fallacies and New Frontiers Seminars

Professional Development Trainings

- School-age "Save Your Brain" Presentation

Brain Injury Resources and Community Education

Adult Services  
 Teri Hogan, MS, CRC, QBISP-S  
 Program Director - Adolescent In/egration  
 NenroRes/ora/ive - Carbondale

Assessment & Treatment of Vision and Perception Deficits after Brain Injury  
 Paige Huber, MOT, OTR/L, CBIS  
 Occupational Therapist  
 SSM Tlea//h Rehabi/i/a/ion 14mpi/a/  
 Rachel McCarthy, MOT, OTR/L, CBIS

# PROFESSIONAL CONFERENCE

Thursday, October 5, 2017

7:30 am - 8:00 am Registration

8:15 am - 8:30 am Welcome

8:30 am - 9:30 am Plenary Session

Missouri Statewide TBI Needs

Assessment

George S. Gotto, PhD

Associate Director

UNIKC-Ins/i/////efor Human Development

9:30 am - 10:00 am Exhibitor Break

10:00 am - 11:30 am

Dr. Tom Martin Legacy

Keynote The Public Health

Burden of TBI

John D. Corrigan, PhD

Professor, Ohio State University

Director, Ohio Brain Injury Program

11:30 am - 12:15 pm Networking

Lunch

12:15 pm - 1:15 pm Breakout Sessions

Pediatric Brain Injury and Transition to

Occupational Therapist  
 SSM Hea//h Rehabilitation Hospi/a/

1:20 pm - 2:20 pm Plenary

Temperature in conference rooms will be set at 70 degrees! Please dress accordingly:

Associa tion

Dealing with Denial

Helping Survivors in Recovery

Dale Haifaker, PhD

Licensed \_Psycho/ogis/

Neuropsychological Associates of Southwest Missouri

2:20 pm - 2:30 pm Exhibitor Break

2:30 pm - 3:30 pm Breakout Sessions

Importance of Screening and Identification

Lana Martin, RN, BSN, CEN, TCRN,

CPEN, CPST-I

Trauma Program Manager

Children Mercy Kansas City

Agriculture and Veterans: Gaining Ground

Karen Funkenbusch, BSE, MA

Project Director/PI, Missouri AgrAbi/ity Project

University of Missouri - Columbia

3:35 pm - 4:35 pm Breakout Sessions



Dual Diagnosis: Special  
Considerations with  
Brain and Spinal Cord Injury  
Caitlin Buening, PT, DPT, ATP  
Inpatient Rehabilitation Physical Therapist  
Mercy Rehabilitation Hospital - Springfield

How to "Problem Solve" Executive  
Function  
Deficits after Brain Injury  
Peggy Barco, OTD, OTR/L  
Assistant Professor of Occupational Therapy and  
Medicine  
Washington University in St. Louis  
Meghan Doherty, OTD, OTR/L  
Occupational Therapist, Neurorehabilitation  
Washington University in St. Louis

5:30 pm - 6:30 pm  
Conference Reception

# PROFESSIONAL CONFERENCE

Friday, October 6, 2017

8:00 am - 8:30 am Registration

8:45 am - 9:00 am Welcome

9:00 am - 10:00 am Keynote  
Post Traumatic Epilepsy and  
Seizures from  
Brain Injury  
Brian Keith Day, MD, PhD  
Adult Epilepsy Section, Department of Neurology  
Washington University in St. Louis  
Barnes-Jewish Hospital

10:00 am - 10:15 am Exhibitor  
Break

10:15 am - 11:15 am Plenary Session  
Behavior Modification for Better Therapy  
Participation  
Tamika Haynes-Robinson, MD  
Neuropsychologist  
Behavior Management Associates

11:15 am - 11:25 am Exhibitor Break

11:25 am - 12:25pm Plenary Session  
Communication and Cognitive Deficits  
Following Brain Injury  
Betsy Johnson, MA, MS, CCC-SLP  
Speech Therapist  
Mercy Rehabilitation Hospital - Springfield

## CEUs Available

Case Managers                      Nursing  
Clinical Social Work Psychology  
Occupational Therapy  
Rehabilitation Service Providers  
Speech Pathologists  
Vocational Counselors

## CEU Sign-in

Sign in upon arrival - each day - at the CEU  
table in the Conference Foyer to receive credit.

12:25pm - 1:00pm Lunch and Raffle

1:00 pm - 2:00 pm Breakout Sessions  
Training Your Staff about Brain Injury:  
Accessing Resources

Jennifer Wilson, MSW, LCSW, CCM  
Regional Director of Case Management  
Select Medical  
Inpatient Rehabilitation Division

Cynthia Drago  
TBI Program Case Manager  
Preferred Family Healthcare - Sprinzzeld

Augmentative and Alternative  
Communication Options for  
Individuals with TBI

Melanie Stinnett, MS, CCC-SLP  
Owner/ Speech Language Pathologist  
TheraCare Outpatient Services, LLC

Allyson Beary, MS, CF-SLP  
Speech Language Pathologist  
TheraCare Outpatient Services, LLC

2:05pm - 3:05pm Plenary Session  
Update on Healthcare Reform  
Ryan Barker, MSW, MPPA  
Vice President of Health Policy  
Missouri Foundation for Health

3:10pm - 4:10pm Keynote Session Cardinal  
Cowboy - Chase Your Dreams  
Carter "Cardinal Cowboy" Rethwisch  
Motivational Speaker  
Survivor of Brain Injury and Coma

CEU Certificat— CF,U Certificates will only be distributed at the conclusion of each day, for that day's sessions.
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13th Annual Statewide Conference

# SURVIVOR & FAMILY SEMINAR

Saturday, October 7, 2017

8:15 am - 9:15 am Registration

8:30 am - 9:00 am

Brain Injury 101

Pre-seminar session for individuals and families  
recently impacted by brain injury or years post-  
injury with unanswered questions.

9:00 am - 9:15 am Welcome

9:15 am - 10:00 am Keynote Session  
Cardinal Cowboy - Chase ) our Dreams  
Carter "Cardinal Cowboy" Rethwisch  
Motivational Speaker  
Survivor of Brain Injury and Coma

10:00 am - 10:15 am Exhibit Break

10:15 am - 11:00 am Breakout Sessions What's  
the Diff?

Vacilitated discussion groups: one for survivors  
and one for family and friends.

11:00 am - 12:00 pm

Meet your Elected Officials  
Opportunity to educate elected officials about  
issues important to survivors, families and the  
brain injury community.

12:00 pm - 1:15 pm Awards Luncheon and  
Annual Meeting

1:15 pm - 2:00 pm Breakout Sessions  
Dealing with Denial

Denial of the impact of brain injury on daily life is  
common. Understanding the underlying reasons  
of denial may influence your reactions to the

changes, enhance relationships, and help in the recovery process.

Come Move with Us

Take a break from lectures with activities and fun.

2:00 pm - 2:15 pm Exhibit Break and Raffle

2:15 pm - 3:15 pm Plenary Session

Adapting to a New Lifestyle

A full life with brain injury is possible! Learn what has worked for other survivors and families through adjustments, changes and attitudes.

Temperature in •conference «rooms Will be set at 70 degrees•, Please dress accordingly.

Attendance is FREE for SURVIVOR AND FAMILY SEMINAR.

RE

Registration requested by September 22, 2017.

Mail: Completed Registration Form on page 15.

Brain injury Association of Missouri  
2265 Schuetz Road, Saint Louis, MO 63146-3409

Fax: 314.4263290 Online: [www.biamo.org](http://www.biamo.org)

Phone: 314.426.4024 or 800.444.6443

For more information, please contact Alyssa at  
[Alyssa@biamo.org](mailto:Alyssa@biamo.org) or 314.426.4024

Association

# CONFERENCE FACULTY

## Peggy Barco, OTD, OTR/L

Assistant Professor of Occupational Therapy and Medicine, Washington University, St. Louis, MO  
Disclosure: Peggy Barco has no relevant financial or nonfinancial relationships to disclose.

## Ryan Barker, MSW, MPPA

Vice President of Health Policy, Missouri  
*ation for* Health, St. Louis, MO  
Disclosure: Ryan Barker has no relevant financial or nonfinancial relationships to disclose.

## Allyson Beary, MS, CF-SLP

Speech Language Pathologist, TheraCare  
Outpatient Services, LLC, Springfield, MO  
Disclosure: Allyson Beary has no relevant financial or nonfinancial relationships to disclose. Caitlin Buening, PT, DPT, ATP  
Inpatient Rehabilitation Physical Therapist,  
Mercy Rehabilitation Hospital, Springfield, MO  
Disclosure: Caitlin Buening has no relevant financial or nonfinancial relationships to disclose.

## John D. Corrigan, PhD

Professor, Ohio State University, Director, Ohio  
Brain Injury Program, Columbus, OH  
Disclosure: Dr. John Corrigan has no relevant financial or nonfinancial relationships to disclose.

## Brian Keith Day, MD, PhD

Adult Epilepsy Section, Department of Neurology,  
Washington University and Barnes-Jewish Hospital,  
St. Louis, MO  
Disclosure: Dr. Keith Day has no relevant financial or nonfinancial relationships to disclose. Meghan  
Doherty, OTD, OTR/L  
Occupational Therapist, Neurorehabilitation,  
Washington University, St. Louis, MO  
Disclosure: Meghan Doherty has no relevant  
financial or nonfinancial relationships to disclose.  
Cynthia Dragoo  
TBI Program Case Manager, Preferred Family  
Healthcare, Springfield, MO

Disclosure: Cynthia Dragoo has no relevant financial or nonfinancial relationships to disclose.

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## Karen Funkenbusch, BSE, MA

Project Director/PI, Missouri AgrAbility Project,  
University of Missouri, Columbia, MO  
Disclosure: Karen Funkenbusch has no relevant financial or nonfinancial relationships to disclose.

## George S. Gotto, PhD

Associate Director, UMKC-Institute for Human  
Development, Kansas City, MO  
Disclosure: George Gotto has no relevant financial or nonfinancial relationships to disclose.

## Dale Haifaker, PhD

Licensed Psychologist,  
Neuropsychologica/Associates of  
Southwest Missouri, Springfield, MO  
Disclosure: Dale Haifaker has no relevant financial or nonfinancial relationships to disclose. Tamika Haynes-  
Robinson, MD  
Neuropsychologist, Behavior Management Associates,  
Joplin, MO  
Disclosure: Tamika Haynes-Robinson has no relevant  
financial or nonfinancial relationships to disclose.

## Teri Hogan, MS, CRC, QBISP-S

Program Director - Adolescent Integration,  
NeuroRestorative, Carbondale, IL  
Disclosure: Teri Hogan has no relevant financial or nonfinancial relationship to disclose.

## Paige Huber, MOT, OTR/L, CBIS

Occupational Therapist, SSM Health Rehabilitation  
Hospital, St. Louis, MO  
Disclosure: Paige Huber has no relevant financial or nonfinancial relationships to disclose.

## Betsy Johnson, MA, MS, CCC-SLP

Speech Therapist, Mercy Rehabilitation Hospital,  
Springfield, MO

F

Disclosure: Betsy Johnson has no relevant financial or nonfinancial relationships to disclose.

Lana Martin, RN, BSN, CEN, TCRN,

OPEN, CPST-I

Trauma Program Manager, Children's Mercy Hmpital, Kansas City, MO

Disclosure: Lana Martin has no relevant financial or nonfinancial relationships to disclose.

FACULTY CONTINUED

Rachel McCarthy, MOT, OTR/L, CBIS

Occupational Therapist, SSM Health Rehabilitation Hospital, St. Duis, MO

Disclosure: Rachel McCarthy has no relevant financial or nonfinancial relationships to disclose.

Carter "Cardinal Cowboy" Rethwisch

Motivational Speaker, Survivor of Brain Injury and Coma, Sf. Louis, MO

Disclosure: Carter Rethwisch has no relevant financial or nonfinancial relationships to disclose.

Melanie Stinnett, MS, CCC-SLP

financial  
Jennifer  
Director  
Inpatient  
financial

Project Support:  
This project was supported, in part by grant number 90TBSG0017-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

VETERANS TRACK SPONSOR

\*AgrAbility

Cultivating Accessible Agriculture

The Missouri AgrAbility Project is support by funds

from the USDA National Institute of Food and Agriculture (NIFA) under Sponsor Project Number 2014-41590-22323.

Owner/Speech Language Pathologist, TheraCare

Outpatient Services, LLC, Springfield, MO

Disclosure: Melanie Stinnett has no relevant or nonfinancial relationships to disclose.

Wilson, MSW, LCSW, CCM Regional of Case Management, Select Medical, Rehabilitation Division, Bridgeton, MO

Disclosure: Jennifer Wilson has no relevant or nonfinancial relationships to disclose.

Brain Injury Association of Missouri  
13th Annual Statewide Conference  
Important Dates:

Today

Registration Open - see page 15

September 15, 2017

Annual Awards Nominations due - see page 5

September 22, 2017

Conference Registration due - see page 15

Survivor and Family Seminar Registration due - see page 15

Hotel Reservation Special Rate Deadline - see page 4

October 5 and 6, 2017

Annual Statewide Professional Conference - see pages 8 and 9

October 7, 2017

Survivor & Family Seminar and Annual Meeting - see page 10

13 13th Annual Statewide Conference

# REGISTRATION

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

Agency/ \_\_\_\_\_

Organization: \_\_\_\_\_

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

City/ \_\_\_\_\_

State/ \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional 2. \_\_\_\_\_ 3. \_\_\_\_\_

Names: 4. \_\_\_\_\_ 5. \_\_\_\_\_

Professional Conference: Thursday, October 5 - Friday, October 6, 2017

Total Amount: \_\_\_\_\_

Non-Member BIA-MO Conference Fee (Thurs-Fri) \$220 x \_\_\_\_\_

BIA-MC) Member Conference Fee \_\_\_\_\_ \$170 x \_\_\_\_\_

Family Member \_\_\_\_\_ \$90 x \_\_\_\_\_

Survivor \_\_\_\_\_ \$65 x \_\_\_\_\_

E

Student \_\_\_\_\_ \$65 x \_\_\_\_\_

<u>Survivor and Family Seminar, Saturday, October 7, 2017</u>	<u># of Attendees</u>
Survivor, Family & Friends _____ FREE x _____	_____
Awards Luncheon and Annual Meeting (Lunch Guest Only) _____ FREE x _____	_____

**Meal Requests and Restrictions**

Vegetarian meal requests and dietary restrictions are required by September 22, 2017. No exceptions will be made at the Conference. I request vegetarian meals.

I have dietary restrictions. Specify: \_\_\_\_\_

BIA-MO Membership Gift \_\_\_\_\_ = \$ \_\_\_\_\_

Additional Donation to support BIA-MO programs \_\_\_\_\_ = \$ \_\_\_\_\_

Total number of attendees = \_\_\_\_\_ TOTAL ENCLOSED = \$ \_\_\_\_\_

**Payment Options**

I have enclosed my check/money order for \$ \_\_\_\_\_

Please invoice me

Please charge my Visa/MasterCard/Discover/American Express

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ V-Code (on back): \_\_\_\_\_

Cardholder billing address (if different than above) Address/ Zip: \_\_\_\_\_

Complete and mail or fax by September 22, 2017 to:

Brain Injury Association of Missouri  
 2265 Schuetz Rd., Saint Louis, MO 63146-3409  
 Phone: 314.426.4024 e Fax: 314.426.3290  
 Online registration available at [www.biamo.org](http://www.biamo.org)

# WELCOME

## The Brain Injury Association of Missouri

The Mission of the Brain Injury Association of Missouri (BIA-MO) is to reduce the incidence of brain injury; to promote acceptance, independence and productivity of persons with brain injury; and to support their families and the community.

This Mission is accomplished through programs of education, support, recreation and advocacy.

Educational programs are offered for professionals, survivors of brain injury and their families as well as the community.

Support is offered through Information and Referral Services, support groups, peer mentoring and more.

Recreational activities include the Donald Danforth Jr. Wilderness Camp, which is a weeklong organized outdoor activity for adults who have survived a brain injury. Additional social activities include holiday celebrations, sporting events, picnics, bonfires and more.

Advocacy efforts focus on the prevention of brain injuries and access to services for persons living with brain injury.

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## 2017 Conference Overview

The Brain Injury Association of Missouri 13th Annual Statewide Conference features national and regional experts sharing current research, cutting-edge therapeutic strategies, and best practice information. This is the only conference in Missouri established to specifically address issues relating to brain injury.

This Conference is the premier educational opportunity for healthcare, rehabilitation, vocational, residential, and community support professionals. They will gain knowledge and further develop skills in providing care for individuals who have sustained a brain injury.

Sessions held on Thursday, October 5 and Friday, October 6 will be of most interest to professionals who work on a regular or periodic basis with survivors of brain injury.

These sessions will focus on professional rehabilitation, medical care, mental health, relationships, personal care, and employment for survivors of brain injury in rural and urban communities. This education for professionals can lead to enhanced opportunities for survivors of mild, moderate or severe brain injuries to live a quality life.

On Saturday, October 7, information will be most applicable to persons with brain injury and their families. This BIA-MO Survivor and Family Seminar offers practical suggestions for life with brain injury and will be free-of-charge for survivors and their families.

Saturday, October 7 will also feature the Awards Luncheon and Annual Meeting.



The Mission the Brain Injury Association of Missouri is to reduce the incidence of brain injury; to Promote acceptance, independence and productivity of Persons with brain injury; and to support their families and the community.

2 Brain Injury Association of Missouri

**Brain Injury Association of Missouri**  
**13<sup>th</sup> Annual Statewide Conference**  
**October 5 – 7, 2017**  
**Chesterfield, MO**

**Friday, October 6 - AM Sessions**

Speaker:	Session Date & Time:	Session Title:	Learning Objectives:
Brian Keith Day	9:00 – 10:00 am	“Post Traumatic Epilepsy and Seizures from Brain Injury”	<ul style="list-style-type: none"> <li>✓ Attendees will understand the current classification system used for early and late post traumatic seizures as well as post traumatic epilepsy.</li> <li>✓ Attendees will recognize the risk factors for developing post traumatic seizures/epilepsy.</li> <li>✓ Attendees will review the potential treatments for post traumatic seizures/epilepsy.</li> </ul>
Tamika HaynesRobinson	10:15 – 11:15 am	“Behavior Modification for Better Therapy Participation”	<ul style="list-style-type: none"> <li>✓ Participants will gain a greater understanding of Behavior Therapy and its application in brain injury.</li> <li>✓ Participants will learn the process involved in the design of Behavior Therapy in rehabilitation settings.</li> <li>✓ Participants will recognize how goal setting and behavior management facilitate improved functioning and generalization in the brain injured patient.</li> </ul>



**Curriculum Vitae**  
**Date: 7/31/2017**  
**Brian Keith Day, M.D., Ph.D.**

**1. Personal Information**

- a. Sex: Male
- b. Date of Birth: 07/19/1975
- c. Place of Birth: Lexington, KY

**2. Citizenship: USA**

**3. Address and Telephone Numbers**

- a. Washington University in St. Louis School of Medicine, Campus Box 8111, 660 South Euclid Avenue, St. Louis, MO 63110
- b. Main Office: 314-362-7845
- c. Direct Office: 314-362-3456
- d. Home: 314-205-1344

**4. Present Position: Assistant Professor, Clinical Track, Department of Neurology, Adult Epilepsy Section**

**5. Education:**

- a. 1993-1997 A.B., Biology, Harvard University, Cambridge, MA
- b. 1999-2007 M.D./Ph.D., University of Kentucky College of Medicine, Department of Anatomy and Neurobiology, The Graduate School University of Kentucky, Lexington, KY
- c. 2007-2008 Internship in Internal Medicine Washington University in St. Louis, St. Louis, MO
- d. 2008-2011 Residency in Adult Neurology Washington University in St. Louis, St. Louis, MO
- e. 2011-2012 Fellowship in Epilepsy/Clinical Neurophysiology, Department of Neurology, Washington University in St. Louis, St. Louis, MO

**6. Academic Positions/Employment:**

- a. 1997-1999 Research Biologist, Investigations of cytokine signaling and neuroprotective drugs in secondary injury models and microwave-based detection of intracranial hemorrhage. Principal Investigator: Lt. Col. Geoffrey S.F. Ling, M.D., Ph.D., USUHS, Division of Critical Care Medicine, Bethesda, MD

**7. University and Hospital Appointments and Committees:** Faculty Representative for the Barnes-Jewish Hospital EEG Technologist School; Washington University Adult Neurology Residency Clinical Competency Committee, Washington University Clinical Neurophysiology Fellowship Clinical Competency Committee

**8. Medical Licensure and Board Certification:**

- a. Missouri Medical License, Valid through 1/31/2018
- b. Diplomate in the Specialty of Neurology, American Board of Psychiatry and Neurology, Certified on 9/22/2011, Valid through 12/31/2021
- c. Diplomate in the Sub-specialty of Epilepsy, American Board of Psychiatry and Neurology, Certified on 10/24/2016

**9. Military Service: None**

**10. Honors and Awards:**

- a. 1993-97 Parker Browne Francis Scholarship, Harvard University; Roy Goodman Scholarship, Harvard University; Harvard College Scholarship; Robert C. Byrd Scholarship, Merit-based award from U.S. Government
- b. 1997 Spirit of the House Award, Kirkland House, Harvard University. Awarded to senior student whose contributions to resident life most embody the spirit of community
- c. 2003-04 Research Challenge Trust Fund Fellowship, University of Kentucky. Merit-based award from State Government
- d. 2002 and 2004 Graduate Student Poster Awards for Outstanding Presentation, SFN, Bluegrass Chapter, Lexington, KY
- e. 2001-03, 2004-05 Morris K. Udall Fellowship, Morris K. Udall Parkinson's Disease Research Center of Excellence
- f. 2000-07 M.D./Ph.D. Scholarship, Merit-based, full tuition
- g. 2007 The Endocrine Society Award, University of Kentucky College of Medicine Senior Awards Brunch
- h. 2007 The Medical Student Research Award, University of Kentucky College of Medicine Senior Awards Brunch
- i. 2007 R. Von Myers II Award, presented from the Department of Pathology and Laboratory Medicine to the senior medical student who exemplifies the commitment to excellence, high academic achievement, compassion, professional behavior, and tolerant understanding that characterized Dr. Myers, University of Kentucky College of Medicine Senior Awards Brunch
- j. 2007 Alpha Omega Alpha

**11. Editorial Responsibilities: None**

**12. Professional Societies and Organizations:**

- a. 2011-2017 Member, American Epilepsy Society, West Hartford, CT
- b. 2009-2017 Member, American Academy of Neurology, St. Paul, MN

**13. Major Invited Professorships and Lectureships: None**

**14. Consulting Relationships and Board Memberships:** Consultant, NeuroQuestions, LLC

**15. Research Support:** Just In Time, Institutional Support for Radiological Research, 12/17/12-6/16/14

**16. Patents:** None

**17. Clinical Title and Responsibilities:** Assistant Professor, Epilepsy Section:

a. Inpatient

1. Elective admissions to the seizure monitoring unit for long term monitoring
2. Long term monitoring of other hospitalized patients (Neurology floor and stepdown unit; Neurological Neurosurgical Intensive Care Unit; other hospital floors and ICU's in collaboration with the Neurology consult service)
3. Interpretation of routine/STAT/extended EEG's for the hospital, evoked potentials, and intraoperative monitoring
4. VNS interrogation and reprogramming
5. Intracranial monitoring and cortical mapping
6. Presentation of patients in Epilepsy surgery conference
7. Intraoperative monitoring

b. Outpatient

1. Managing new and established Epilepsy clinic patients
2. VNS interrogation and reprogramming
3. Interpretation of routine/ambulatory EEG's and evoked potentials
4. On call medical decision making for the Epilepsy section
5. Supervising resident physicians at their clinic

c. Teaching

1. Resident and student rotators learning EEG interpretation
2. Residents and students in epilepsy patient management
3. Annual Epilepsy Lecture for Medical School Second Year Students
4. EEG Workshop for Student Interest Group in Neurology

d. Administration

1. Supervisor for Epilepsy Nurse Practitioner
2. Faculty representative for EEG technologist school
3. Assistant supervisor for Epilepsy clinical operations
4. Assistant supervisor for Epilepsy clinical research trials
5. Clinical competency evaluations of clinical neurophysiology fellows as a committee member
6. Clinical competency evaluations of adult neurology residents as a committee member
7. Faculty evaluator for resident oral boards

**18. Teaching title and responsibilities:** Lecturer – 9/25/15 Department of Neurology Grand Rounds “Applying Electrophysiology and Neurochemistry to the Diagnosis and Treatment of Epilepsy.” Multiple annual lectures have included: 1) epilepsy case discussion as part of the neuroscience curriculum for second year medical students, 2) Video/EEG and epilepsy surgery/neurostimulation lecture for the epilepsy fellowship curriculum, 3) Antiepileptic drugs lecture as part of the clinical neurosciences lecture series for residents in training, and 4) Epilepsy/EEG Summerstock for new neurology PGY-2 residents. Frequent invited lecturer as part of neurology resident lunch and learn curriculum. I have also independently and upon request provided teaching materials regarding epilepsy management to the neurology residents which are included in their ring cards and pocket book. I have opened up my clinic as a teaching opportunity to undergraduates, medical students, internal medicine rotators, neurology residents, and epilepsy fellows.

**19. Bibliography:**

a. Peer reviewed manuscripts

1. Ling, GSF, **Day, BK**, Rhee, P, and Ecklund, JM. In search of technological solutions to battlefield casualty management. Proc Int'l Soc. Optical Engineering: 3712:1-8, 1999.
2. Ling, GSF, Riechers, RG, Pasala, KM, Blanchard, J, Rosner, M, **Day, BK**, Garcia-Pinto, P, Song, K, Yun, C, Rawie, E, Davis, J, Scott, J, Riechers, Jr, R, Loh, Y, Crommett, J, Zeidman, S, Rhee, R, Ecklund, JM, and Lockhart, SH. Diagnosis of subdural and intraparenchymal intracranial hemorrhage using a microwave based detector. Proc Int'l Soc. Optical Engineering 4037: 212-217, 2000.
3. Ling, GSF, Riechers, R, Krishna, MP, Blanchard, J, Rosner, M, Riechers, Jr., R, Yun, C, Garcia-Pinto, P, **Day, BK**, Song, K, Jarell, A, Rhee, P, Ecklund, J, Fitzpatrick, T, and Lockhart, S. Diagnosis of compartment syndrome using a microwave based detector. Proc Int'l Optical Engineering 4744: 118-124, 2002.
4. Burmeister JJ, Pomerleau F, Palmer M, **Day BK**, Huettl P, and Gerhardt GA. Improved ceramic-based multisite microelectrode for rapid measurements of L-glutamate in the CNS. J Neurosci Meth. 119(2):163-171, 2002.
5. Pomerleau F, **Day BK**, Huettl P, Burmeister JJ, and Gerhardt GA. Real time *in vivo* measures of L-glutamate in the rat central nervous system using ceramic-based multisite microelectrode arrays. Ann NY Acad Sci. 1003:454-457, 2003.
6. **Day BK**, Pomerleau F, Burmeister JJ, Huettl P, and Gerhardt GA. Microelectrode array studies of basal and potassium-evoked release of L-glutamate in the anesthetized rat brain. J Neurochem. 96(6):1626-35, 2006.

7. Quintero JE, **Day BK**, Zhang Z, Grondin R, Stephens ML, Huettl P, Pomerleau F, Gash DM, and Gerhardt GA. Rapid amperometric measures of age-related changes in glutamate regulation in cortex of rhesus monkeys. *Exp Neurol* Dec; 208(2):238-246, 2007.
  8. **Day BK**, Maccotta L, McConathy J, and Hogan RE. Prospective florbetapir F 18 PET/CT to evaluate perfusion patterns and amyloid deposition in chronic temporal lobe epilepsy. Accepted abstract and poster presentation. American Epilepsy Society Annual Meeting, Washington, D.C. December 2013.
  9. **Day BK**, Eisenman L, Black J, Maccotta L, and Hogan RE. A Case Study of Voltage-Gated Potassium Channel Antibody-Related Limbic Encephalitis with PET/MRI Findings. *Epilepsy and Behavior Case Reports* (Accepted 2/16/15)
  10. **Day BK**, McConathy J, Owen C, Benzinger T, and Hogan RE. Florbetapir PET/CT Neuroimaging to Evaluate Brain Amyloid Deposition in Chronic Temporal Lobe Epilepsy. Accepted abstract and poster presentation. American Epilepsy Society Annual Meeting, Philadelphia, PA. December 2015.
  11. Maccotta, L, Lopez, M, Adeyemo, B, Ances, B, **Day, BK**, Eisenman, L, Dowling, J, Leuthardt, E, Schlaggar, B, Hogan, RE. Postoperative Seizure Freedom Does Not Normalize Altered Connectivity in Temporal Lobe Epilepsy. Accepted for publication 7/17/2017 in *Epilepsia*
- b. Invited publications
1. Hascup KN, Rutherford EC, Quintero JE, **Day BK**, Nickell JR, Pomerleau F, Huettl P, Burmeister JJ and Gerhardt GA. Second-by-Second Measures of L-Glutamate and Other Neurotransmitters Using Enzyme-Based Microelectrode Arrays, In: Electrochemical Methods for Neuroscience. Adrian Michael, (Ed), Taylor & Francis Group, LLC, 2007.
  2. Stephens ML, Spencer DD, Cavus I, Hsiao MC, Song D, Courellis SH, Deadwyler SA, Hampson RE, Putz D, Quintero JE, Bensalem-Owen MK, Hascup KN, Rutherford EC, **Day BK**, Nickell JR, Pomerleau F, Huettl P, Burmeister JJ, Talauliker PM, Marmarelis VZ, Granacki JJ, Berger T, and Gerhardt GA. Microelectrode-based Epilepsy Therapy: A Hybrid Neural Prosthesis Incorporating Seizure Prediction and Intervention with Biomimetic Maintenance of Normal Hippocampal Function, in: Soltesz and Staley (Eds.), Computational Neuroscience in Epilepsy. Academic Press, CH 33, 2008.



3. **Day BK**, Dodick DW, and Schwedt TJ. Neuroimaging in Migraine-Recent Advances and Perspectives for the Future. *US Neurology*; 6(1):82-6, 2010.
4. **Day BK**, Eisenman LN, and Hogan RE. Neurochemistry of Epilepsy, in: Shorvon et al. (Eds.), Epilepsy and Epileptic Seizures (Oxford Textbooks of Clinical Neurology). December 2012.

# Brain Injury Association of Missouri 13<sup>th</sup> Annual Statewide Conference

## Program Evaluation Form – Friday, October 6, 2017

**Time:** 8:45 am – 4:10 pm

**Speakers:** Ryan Barker, MSW, MPPA; Allyson Beary, MS, CF-SLP; Brian Keith Day, MD, PhD; Cynthia Drago; Tamika Haynes-Robinson, MD; Betsy Johnson, MA, MS, CCC-SLP; Carter "Cardinal Cowboy" Rethwisch; Melanie Stinnett, MS, CCC-SLP; Jennifer Wilson, MSW, LCSW, CCM

**Location:** Marriott St. Louis West - Chesterfield, Missouri

Thank you for taking the time to complete this evaluation. Your responses will help us in planning future programs. Consider each comment carefully and check the appropriate space.

Overall Conference October 6, 2016	A Excellent	B Good	C Fair	D Poor	N/A
Overall quality of the Conference					
Relevance to your job/situation					
Provided practical/pertinent knowledge					
Opportunity to network					
Overall Meeting Facilities and Services	A Excellent	B Good	C Fair	D Poor	N/A
Marriott St. Louis West Guest Rooms					
Marriott St. Louis West Meeting Rooms					
Marriott St. Louis West Meals and Refreshments					
Overall Location of Conference					
9:00 am – 10:00 am: Please evaluate the presenter:	A Excellent	B Good	C Fair	D Poor	N/A
<b>Keynote Session: Brian Keith Day, MD, PhD</b>					
Knowledge of speaker					
Presentation orderly & understandable					
Effective use of teaching tools					
<i>Did speaker make full disclosure? Circle Yes or No</i>	Yes	No			
How well were the following objectives met?	A Excellent	B Good	C Fair	D Poor	N/A
Attendees will be able to discuss the current classification system used for early and late post traumatic seizures as well as post traumatic epilepsy.					
Attendees will be able to identify the risk factors for developing post traumatic seizures/epilepsy.					
Attendees will be able to identify the potential treatments for post traumatic seizures/epilepsy and how can this positively affect functional outcomes.					

<b>10:15 am – 11:15 am: Please evaluate the presenter:</b>	<b>A Excellent</b>	<b>B Good</b>	<b>C Fair</b>	<b>D Poor</b>	<b>N/A</b>
<b>Plenary Session: Tamika Haynes-Robinson, MD</b>					
Knowledge of speaker					
Presentation orderly & understandable					
Effective use of teaching tools					
<i>Did speaker make full disclosure? Circle Yes or No</i>	Yes	No			
<b>How well were the following objectives met?</b>	<b>A Excellent</b>	<b>B Good</b>	<b>C Fair</b>	<b>D Poor</b>	<b>N/A</b>
Participants will be able to describe Behavior Therapy and its application in brain injury.					
Participants will be able to verbalize the process involved in the design of Behavior Therapy in rehabilitation settings.					
Participants will be able to discuss how goal setting and behavior management facilitate improved functioning and generalization in the brain injured patient and their participation in meaningful occupation.					
<b>11:25 am – 12:25 pm: Please evaluate the presenter:</b>	<b>A Excellent</b>	<b>B Good</b>	<b>C Fair</b>	<b>D Poor</b>	<b>N/A</b>
<b>Plenary Session: Betsy Johnson, MA, MS, CCC-SLP</b>					
Knowledge of speaker					
Presentation orderly & understandable					
Effective use of teaching tools					
<i>Did speaker make full disclosure? Circle Yes or No</i>	Yes	No			
<b>How well were the following objectives met?</b>	<b>A Excellent</b>	<b>B Good</b>	<b>C Fair</b>	<b>D Poor</b>	<b>N/A</b>
Participants will be able to identify basic connections between cognition and language and how this can related to a person's quality of life.					
Participants will be able to identify the connection between attention and higher level cognitive function.					
Participants will be able to identify basic aspects of the memory process.					
<b>1:00 pm – 2:00 pm: Please evaluate the presenter:</b>	<b>A Excellent</b>	<b>B Good</b>	<b>C Fair</b>	<b>D Poor</b>	<b>N/A</b>
<b>Breakout Session: Cynthia Dragoo</b>					
Knowledge of speaker					
Presentation orderly & understandable					
Effective use of teaching tools					
<i>Did speaker make full disclosure? Circle Yes or No</i>	Yes	No			
	<b>A Excellent</b>	<b>B Good</b>	<b>C Fair</b>	<b>D Poor</b>	<b>N/A</b>
<b>Breakout Session: Jennifer Wilson, MSW, LCSW, CCM</b>					
Knowledge of speaker					
Presentation orderly & understandable					
Effective use of teaching tools					
<i>Did speaker make full disclosure? Circle Yes or No</i>	Yes	No			

<b>How well were the following objectives met?</b>	<b>A Excellent</b>	<b>B Good</b>	<b>C Fair</b>	<b>D Poor</b>	<b>N/A</b>
Attendees will be able to discuss the importance of resources as it relates to the brain injury population.					
Attendees will be able to verbalize the importance of discussing resource searches and referrals with their staff.					
Attendees will be able to identify the role of the internet as it relates to locating resources.					
<b>1:00 pm – 2:00 pm: Please evaluate the presenters:</b>	<b>A Excellent</b>	<b>B Good</b>	<b>C Fair</b>	<b>D Poor</b>	<b>N/A</b>
<b>Breakout Session: Allyson Beary, MS, CF-SLP</b>					
Knowledge of speaker					
Presentation orderly & understandable					
Effective use of teaching tools					
<i>Did speaker make full disclosure? Circle Yes or No</i>	<i>Yes</i>	<i>No</i>			
	<b>A Excellent</b>	<b>B Good</b>	<b>C Fair</b>	<b>D Poor</b>	<b>N/A</b>
<b>Breakout Session: Melanie Stinnett, MS, CCC-SLP</b>					
Knowledge of speaker					
Presentation orderly & understandable					
Effective use of teaching tools					
<i>Did speaker make full disclosure? Circle Yes or No</i>	<i>Yes</i>	<i>No</i>			
<b>How well were the following objectives met?</b>	<b>A Excellent</b>	<b>B Good</b>	<b>C Fair</b>	<b>D Poor</b>	<b>N/A</b>
Attendees will be able to identify areas of deficit related to TBI that could benefit from the use of augmentative and alternative communication options.					
Attendees will be able to identify augmentative and alternative communication systems for individuals with expressive communication and cognitive-linguistic deficits.					
Attendees will be able to discuss software options for individuals with reading, writing, and literacy deficits and how this can improve their function with meaningful occupation					

Overall comments or suggestions. Please Print.

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List topics of interest for future seminars:

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What are suggestions to improve this conference?

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# Offering #2



CMSA-Kansas City Educational Planning Form

Instructions: For educational activities with multiple sessions, complete a planning form for each individual session for which contact hours will be awarded. Contact hours cannot be approved for in-service programs, CPR, BCLS, Code Blue, on-the-job training, orientation, or testing out of a course.

Educational Activity Title:

Transition Planning for Clients with Spinal Cord Injury Date: 4/28/2020

Individual Session Title: (if different than activity title)

LEARNING OUTCOME(S)

Learning objectives are clear and measurable by use of an action verb that describes a measurable behavior and/or specifies something that can be actively demonstrated as a result of attending the educational program. The learning objectives clearly describe what the learner will know or be able to do as a result of having attended an educational program or activity.

List learning outcome(s) in behavioral terms using a single measurable verb for each. Outcomes are evaluated to determine the impact of educational activities on patient care and professional development of the learner. The learning outcomes should clearly describe what the learner will know or be able to do as a result of having attended educational program. (Use back of form for more than 5 objectives.)

Obj. 1: Demonstrate understanding of key components of transition planning for long term success.

Obj. 2: Identify strategies for promoting self-advocacy among patients newly injured.

Obj. 3: Describe different levels of spinal cord injury and levels affected.

Obj. 4:

Obj. 5:

Examples: Identify, list, define, analyze, assess, describe, locate, discuss, explain, perform, demonstrate, plan, create or compare. Avoid outcomes such as know, understand, learn and appreciate). Learners will describe an increase in knowledge about XYZ.

Ex: Participant will be able to identify 3 causes of work related back injuries.



INNOVATIVE • DIVERSE • VISIONARY

CONTENT	TIME FRAME	PRESENTER	LEARNING STRATEGIES
Provide outline of content to be presented related to each learning outcome in sufficient detail to determine if consistent with learning outcome.	List number of minutes for each topic/content area and/or active learner strategies	List presenter for each content area	List engagement strategies used by each presenter for each content area. Check all that apply.
ISNCSCI Impairment Scale and ASIA Score Related to Function and Treatment Planning	15		<input checked="" type="checkbox"/> Question/Answer <input type="checkbox"/> Self-check/Self-assessment <input checked="" type="checkbox"/> Audience response system <input type="checkbox"/> Return skills demonstration <input type="checkbox"/> Role Play <input type="checkbox"/> Small group discussion <input type="checkbox"/> Assignment testing/practice <input type="checkbox"/> Engaging learners in dialogue <input type="checkbox"/> Analyzing case studies
Transitions Timing for long Term success	30		<input checked="" type="checkbox"/> Question/Answer <input type="checkbox"/> Self check/Self-assessment <input checked="" type="checkbox"/> Audience response system <input type="checkbox"/> Return skills demonstration <input type="checkbox"/> Role Play <input type="checkbox"/> Small group discussion <input type="checkbox"/> Assignment testing/practice <input type="checkbox"/> Engaging learners in dialogue <input type="checkbox"/> Analyzing case studies
Strategies for Self Advocacy	15		<input type="checkbox"/> Question/Answer <input type="checkbox"/> Self check/Self-assessment <input checked="" type="checkbox"/> Audience response system <input type="checkbox"/> Return skills demonstration <input type="checkbox"/> Role Play <input type="checkbox"/> Small group discussion <input type="checkbox"/> Assignment testing/practice <input type="checkbox"/> Engaging learners in dialogue <input type="checkbox"/> Analyzing case studies

Total Minutes for this activity/session: 60

List citations for evidence-based reference(s) used to develop content:

Information from organization/website: Current evidence within past 5-7 years: may be published or unpublished content. Example- Agency on Healthcare Research and Quality, CDC, CMS, Provide full web page citations for materials referenced—not just CDC.org	See bibliography
Peer-Reviewed Journal/resource: Evidence should be within past 5-7 years.	
Clinical Guidelines: Published or online (www.guidelines.gov)	
Expert resources: Individual, organization, or educational institution; Books, article, website	
Textbook reference	
Other	

For Education Committee Use only:

Meets Kansas Board of Nursing behavioral objectives regulations Y X N \_\_\_

Approved as educational offering? Y X N \_\_\_



**Tuesday, April 28, 2020**

**Program 1:00 PM**

**“Transition planning for clients with Spinal Cord Injury”**

**Presented by: Diane M. Ulmer, OT**

**Madonna Rehabilitation Hospital**

*Update on Spinal Cord Injury Rehabilitation and Equipment Options*



*Join us for our Webinar.*



Please register in advance for this webinar:

*Register on line at [WWW.CMSA-KC.com](http://WWW.CMSA-KC.com) or RSVP to Peggy Ledgerwood with your Name, email address and Nursing license Number at [pledger816@aol.com](mailto:pledger816@aol.com)*

After registering, you will receive a confirmation email containing information about joining the webinar.

This presentation will provide One contact hour for continuing education approval pending for one CCM “CEU, and CCM certificates will be forwarded to attendees within 2 weeks after the educational session”

**Learning Objectives**

**Participant will be able to:**

1. Demonstrate an understanding of key components of transition planning for long term success.
2. Identify strategies for promoting self advocacy among patients newly injured.
3. Describe different types of spinal cord injury and levels affected .

CMSA-KC is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for LMHT , RN or LPN relicensure. Kansas State Board of Nursing provider number LT0206-0606

**TARGET AUDIENCE;**

Targeted audience to: CMSA Members and Guests

**Planning Committee:**

**Denise DesMarteau, RN, BSN, MA, CCM**

**Continuing Education Coordinator**

**Jeff Nelson, President**

**Rick Lane, Director**

**Rita Richter, RN, BSN, CCM Director**

**Janet Gould, Director**

**Nancy Rafferty, OTR, CCM, CLCP, Committee Member**



Diane M. Ulmer  
Madonna Rehabilitation Hospital  
5401 South Street  
Lincoln, NE 68506  
(402) 413-3185

### **Education**

**Bachelor of Science** (1998) Bachelor of Science in Occupational Therapy, Summa Cum Laude  
College of Saint Mary, Omaha, NE

### **Professional Clinical Experience**

11/2003-present **Occupational Therapist, Spinal Cord Injury Program Manager**, Madonna Rehabilitation Hospital, Lincoln, Nebraska

10/2000-11/2003 **Senior Occupational Therapist, Spinal Cord Injury Program Director**, HealthSouth Rehabilitation Hospital, Albuquerque, NM

1998-2000 **Occupational Therapist**  
Central Nebraska Rehabilitation Services, Grand Island, NE

### **Clinical Focus**

Program Development for program expansion, quality improvement, outcome management and referral development. Provide direct patient care and clinical leadership for the spinal cord injury program across the continuum of care for both inpatient and outpatient components. Provide education throughout the region on preparing a patient with spinal cord injury for rehabilitation as well as the unique aspects of care for the patient with SCI. Study Coordinator for ASUBIO drug trial study by DP Clinical and past coordinator for Diaphragm Pacer Program. Serve on the ACRM women's health task force.

### **Professional Memberships**

Nebraska Occupational Therapy Association  
National Spinal Cord Injury Association  
Academy of Spinal Cord Injury Professionals  
Nebraska AgrAbility Advisory Committee

### **Professional Presentations**

Ulmer, D. Teamwork makes the Dream Work. Creighton University Health Careers Opportunity Program. Omaha, NE December 7<sup>th</sup>, 2019.

Preparing a patient with spinal cord injury for rehab. Issues in Trauma-Centerpointe Trauma Conference, Independent, MO. November 9, 2019.

Ulmer, D. Special Considerations in the care of a patient with SCI. University of Nebraska Medical Center, Omaha, NE. August 2019.

Ulmer, D., Gulizia, M., Rumery, E. Emergency Preparedness for people with disabilities and Community Collaboration. Lincoln Electrical System. Lincoln, NE. August 2019

Ulmer, D. Preparing a patient with spinal cord injury for rehab. Topics in Trauma, North Kansas City Hospital. July 19, 2019.

Ulmer, D., Murtaugh, B. Rehabilitation Interventions after Catastrophic Injury. Rapid City Regional Medical Center, Rapid City, SD. May 19, 2018

Ulmer, D. Rehabilitation Management of Traumatic Injuries. Work Comp Summit. Madonna Rehab Hospital, Lincoln, NE. April 19, 2018.

Ulmer, D. Spinal Cord Injury. Career Academy, Southeast Community College. February 14-15<sup>th</sup>, 2018.

Ulmer, D. SCI services and community engagement. Sanford Medical Center/Rehabilitation. Sioux Falls, SD. October 24, 2017

Ulmer, D. Understanding post acute care after catastrophic injury. Case Management Seminar, Cedar Rapids, IA. October 20, 2017

Ulmer, D. Special considerations for care of the patient with SCI. St. Joseph's Villa, David City, NE September 12, 2017

Ulmer, D., Murtaugh, B. Understanding Post Acute Care after Catastrophic Injury. Kansas City, KS. August 10, 2017

Ulmer, D. Understanding post acute care after catastrophic major multiple trauma injury. Alaris Webinar, May 25, 2017.

Ulmer, D. Understanding post acute care after spinal cord injury. Alaris Webinar, May 17, 2017.

Ulmer, D. Introduction to care of the patient with SCI, Neurogenic bowel and bladder. Madonna Rehab Hospital, Nurse Residency Course. March 17, 2017

Ulmer, D. Avera Medical Center, Sioux Falls, SD. January 19, 2017

Ulmer, D. Management of the Complex patient with spinal cord injury. BCBS of KS, Topeka, KS, December 1, 2016

Ulmer, D., Murtaugh, B. Understanding post acute care after catastrophic injury. KS work comp and case management conference. Wichita, KS November 11, 2016

Ulmer, D, Special Considerations for patients with SCI. Issues in Trauma, Kansas City Trauma Consortium Conference. Independence, MO, November 9, 2016

Ulmer, D., Murtaugh, B. Preparing for Rehab. Mercy Medical Center, Sioux City, IA. September 7, 2016

Ulmer, D. Preparing a patient with SCI for Rehab. Wesley Medical Center, Wichita, KS, August 30, 2016

Ulmer, D. Stec, J. Preparing the pediatric patient for Rehab. Avera, Sioux Falls, SD April 4, 2016

Ulmer, D., Kossow, C., Tuxhorn, L., Schlueter, T. Bladder and Bowel Management following SCI.

Madonna Rehabilitation Hospital. January 21, 2016

Ulmer, D., Spohr, L. *Projecting Functional Gains in Workers with Catastrophic Injuries*. Work Comp Summit, Madonna Rehabilitation Hospital. April 23, 2015.

Ulmer, D., Tuxhorn, L. *Introduction to the care of the patient with SCI*. Madonna Rehabilitation Hospital. March 23, 2015.

Ulmer, D., Wills, R. *Transport of the Medically Complex Patient*. NE EMS Training Center. Omaha, NE. March 7, 2015

Ulmer, D. *Trauma patients and the continuum of care*. Via Christi Trauma Conference, January 19, 2015. Pittsburg, KS

Ulmer, D. *Special Considerations for the care of the patient with SCI*. MRSH, Bellevue, NE. December 29<sup>th</sup>-30<sup>th</sup>.

Ulmer, D. *Spinal Cord Injury*. Nationwide/Allied Insurance, December 17, 2014. Des Moines, IA

Ulmer, D. *Continuum of Care*. Sanford Medical Center, December 10, 2014. Sioux Falls, SD.

Ulmer, D. *Continuum of Care at MRH*. October 25, 2014. Wesley Medical Center, Wichita, KS.

Ulmer, D., Wills, R. *Transport of Medically Complex Patients*. Salina EMS, Salina, KS. October 21, 2014.

Ulmer, D. *Spinal Cord Injury*. Union College, College of Nursing lecture. October 2, 2014. Lincoln, NE.

Ulmer, D., Ransom, K. *Medical Considerations of SCI for return to work*. NE State Dep't of Voc Rehab., Lincoln, NE September 4, 2014

Ulmer, D. *Interdisciplinary Approach to Ventilator Weaning*. September 3, 2014 Blue Cross Blue Shield of Kansas, Topeka, KS.

Ulmer, D., Terryberry-Spohr, L. Grand Rounds, August 13, 2014. Stormont Vail Medical Center, Topeka, KS

Ulmer, D. *Special Considerations for the care of the patient with SCI*. 7-28-14. Wesley Medical Center, Wichita, KS.

Ulmer, D. *Considerations for early management of the patient with spinal cord injury*. June 20, 2014. Salina Regional Medical Center, Salina, KS.

Ulmer, D. *What's so complicated about a back injury?* Work Comp Summit, May 1, 2014, Madonna Rehabilitation Hospital, Lincoln, NE.

Ulmer, D. *Compensation and Adaptation for bowel and bladder dysfunction*. Nebraska Occupational Therapy Association State Conference. April, 25, 2014. Omaha, NE.

Ulmer, D. *Functional Transfers, skin care, positioning*. 4-24-14. Madonna Rehab Hospital.

Ulmer, D. *Preparing a patient with SCI for rehab.* March 17, 2014. Heartland Regional Medical Center. St. Joseph, MO

Ulmer, D. *Utilizing team approach to enhance patient outcomes.* Rehab Nurse Education Series. February, 2014. Madonna Rehabilitation Hospital, Lincoln, NE.

Ulmer, D. *Special Considerations for treatment of the patient with SCI.* Wesley Medical Center, Wichita, KS. January 28<sup>th</sup>, 2014

Ulmer, D. *Special Considerations for treatment of the patient with SCI.* Stormont-Vail Medical Center, January 16, 2014. Topeka, KS.

Ulmer, D. *Medical Aspects of SCI and Return to Work.* Nebraska Vocational Rehabilitation, 8-25-13. Lincoln, NE.

Ulmer, D. *Managing Costs Across a lifetime for Individuals with SCI.* Regional Webinar, 60 participants. August 13, 2013.

Ulmer, D. *Investing in Technology- Is it worth it?* Work Comp Summit, Madonna Rehab Hospital, August 12, 2013, Lincoln, NE.

Ulmer, D. *Best Practices in SCI Care.* June 24, 2013. Madonna Rehabilitation Hospital, Lincoln, NE.

Ulmer, D. *Complex Patients.* First Comp Adjusters, June, 12, 2013. Omaha, NE.

Ulmer, D., Krabbenhoft, P. M.D., *Treatment and Rehabilitation of Acute Spinal Cord Injuries.* Children's Trauma Conference. June, 7, 2013, Omaha, NE.

Ulmer, D., *Preparing the patient with SCI for rehab.* University of Nebraska Medical Center, November 14, 2012, Omaha, NE.

Ulmer, D., *Special Considerations for the care of a person with SCI.* Life Care Center, November 5, 2012, Andover, KS

Ulmer, D. *Managing Costs across the lifespan for persons with SCI.* Corvel-Continental Western group. October 10, 2012. Lincoln, NE

Ulmer, D. *Special Considerations for the care of a person with SCI.* State Penitentiary, October 16, 2012, Lincoln, NE

Ulmer, D. Wills, R. *The team approach to evaluation and management of the tracheostomized and mechanically ventilated adult.* September 26, 2012. Passy-Muir, Inc. Seminar at Madonna Rehabilitation Hospital.

Ulmer, D. *Best practices in the continuum of care for the ventilator dependent SCI patient.* Iowa Methodist Hospital, August 22, 2012. Des Moines, IA

Ulmer, D. *Managing Costs across the lifespan for persons with SCI.* Promesa Adjuster Group. April 2012.

Ulmer, D. *Think First Primary Injury Prevention.* March 29, 2012. McCook, NE

Ulmer, D. *Managing Costs across the lifespan for persons with SCI*. Allied Insurance. March 12, 2012. Lincoln, NE.

Ulmer, D., Wills, R. *Technological Advances in Ventilatory Management for Patients with SCI*. CMSA, October 12, 2011. Overland Park, KS.

Ulmer, D. *Managing Costs across the Lifespan for Persons with SCI*, October 5, 2011. 37<sup>th</sup> Annual Workers Compensation Seminar, Overland Park, KS.

Ulmer, D. *Special Considerations for the care of a patient with spinal cord injury*, April 14, 2011, CareStaf, Overland Park, KS

Ulmer, D. *Spinal Cord and Pediatric Rehabilitation at Madonna Rehab Hospital*, May 19, 2011, Avera McKennan, Sioux Falls, SD

Ulmer, D. *Madonna Rehabilitation Hospital Services and Programs*, April 19, 2011 Mercy Regional Health Center, Manhattan, KS

Ulmer, D. *Vocational Rehabilitation and Spinal Cord Injury*, April 20, 2011, Lincoln, NE

Ulmer, D. *Introduction to the interdisciplinary care of the patient with SCI*. March 2, 2011.

Ulmer, D., Wills, R. *The Role of Passy Muir valve in the pulmonary management of the patient with Spinal Cord Injury*, National Webinar, October 27, 2010.

Ulmer, D. *Managing Costs across the Lifespan for persons with Spinal Cord Injury*, September 22, 2010, Wellmark, Des Moines, IA

Ulmer, D. Swendener, J, Bullock, M. Connelly, K., Groft, T. *Transdisciplinary approach to rehabilitation*. September 2010. Grand Rounds, Madonna Rehabilitation Hospital.

Ulmer, D., Wills, R. *Technological Advances in Ventilatory Management of Spinal Cord Injured Patients*. Poster Presentation, CMSA 20<sup>th</sup> Annual Conference. June 2010.

Ulmer, D., Wills, R. *Pulmonary Management of the Patient with Tetraplegia*. Presented for clinical staff of Stormont Vail Medical Center, Topeka, KS. October, 2009.

Ulmer, D. *Aging with a Spinal Cord Injury*. Telehealth presentation. October, 2009.

Ulmer, D. *Best Practices in Spinal Cord Injury Rehabilitation*. Presented to case managers of Blue Cross, Blue Shield of Illinois. September 2009.

Ulmer, D., Ulmer, M. *Shoulder Pain following Spinal Cord Injury*. Grand Rounds presentation May, 2009. *Shoulder evaluation and treatment following spinal cord injury*. May, 2009 at MRH.

Ulmer, D. *Vocational Rehabilitation and Spinal Cord Injury*. Presented for new employee orientation at Vocational Rehabilitation, Lincoln, NE. April, 2008, 2009, 2010.

Ulmer, D., *Considerations for Early Management of the SCI patient*. Presented for surgical residents Grand Rounds at Creighton University. April 20, 2009.

Ulmer,D. *Interdisciplinary Respiratory Management of the Tetraplegic Patient*. Presented for Creighton University Grand Rounds. October 28, 2008

Ulmer,D. *Preparing a Patient with SCI for Rehab*. Presented for Iowa Health System, Des Moines, IA December, 2007.

Ulmer, D., Spellman,C. *Solutions for Daily Living: Assistive Technology in Spinal Cord Injury*. Presented for Nebraska Telehealth Rehab Week Education Series. September, 2007

Ulmer,D. *Preparing a patient with Spinal Cord Injury for Rehabilitation*. Presented to Mercy Medical Center, Des Moines, IA. July 2007.

Ulmer, D., Spellman,C. *Splinting and Positioning for the Tetraplegic Patient*. Presented at the Spinal Cord Injury Conference Spinal Cord Injury and the rehab team: from injury to home again. St. Joseph, Missouri, March 30-April 1, 2007.

Ulmer, D., Spellman, C. *Solutions for Daily Living: Assistive Technology in Spinal Cord Injury*. Presented at the Spinal Cord Injury Conference in St. Joseph, Missouri, March 2007.

Ulmer, D., *Medical Aspects of Spinal Cord Injury*. Present at the Vocational Rehabilitation Employee Orientation and Training in Lincoln, NE. April 2006, April 2007

Ulmer, D., Spellman, C. *Splinting and Assistive Technology for the Tetraplegic Patient*. Presented for the Nebraska Occupational Therapy Association, 2006 .

Ulmer, D. *Wheelchair Propulsion Strategies*. Presented for Madonna Rehabilitation, 2005.

Ulmer, D., Britten, K. *Unique Transfer Techniques for the SCI patient*. Presented for Madonna Rehabilitation, 2005.

#### **Continuing Education in SCI**

- ACRM, Sept. 30-October 3, 2018
- Academy of Spinal Cord Injury Professionals, September 3-6, 2017
- Exploring Sexuality and Disability in Teenagers. February 5, 2015
- Clinical Research and Innovation. November 3, 2014.
- Prevention and Treatment of Pressure Ulcers in Patient with SCI, May 14-16, San Antonio, TX
- ASIA 40<sup>th</sup> Annual Scientific Meeting, May 14-17, 2014
- A New look at Neurological Shoulder Pain: A clinical and conceptual workshop by Susan Ryerson, PT, DSc. January 31, Feb. 1-2, 2014.
- Integration of safe patient handling Technology for Evidence Based Practice in Rehab, 3/14/13.
- Treating the weak and Unstable Shoulder Girdle for Tetraplegic SCI, March 22-23,2013
- Academy of Spinal Cord Professionals, Inc. Conference September 4-7,2011
- Computer Access Options for Persons with Minimal Movement April 28, 2009
- Management of the Painful Shoulder Following SCI November 2008
- PNF Workshop June 2008
- Clinical Application in the use of Physical Agent Modalities September 2007
- Focus on Rehabilitation: Advances in Spasticity Management July 2007
- Spinal Cord Injury- Contemporary Forums, Boston, MA March 2007
- Adaptive Driving Training September 2006

- The Shoulder June 2006
- Treatment of Spinal Cord Injury March 2005
  
- Kinesiotaping for Enhanced Clinical Results February 2005
- Advanced Clinical Applications of Neuropulmonary Treatment Ideals October 2005
- Spinal Cord Injury-Contemporary Forums June 2004
- Nothing Else Matters When You Can't Breathe. September 2004
- MRH Spasticity Clinic and Spasticity Treatment Options December 2004
- Quantum 201 Wheelchair seating and mobility seminar May 2003
- Interdisciplinary Approach to Management of Spasticity in Adults November 2002
- Occupational Therapy Management of Tetraplegia-Rehabilitation Institute of Chicago May 2002
- Effective Therapy for Effective Outcomes-Neurodevelopmental treatment conference May 2002
- Facilitation Accessibility and Participation In Faith Communities June 2001

Diane M. Ulmer, OT

Title: Transition planning for clients with Spinal Cord Injury 4/28/2020

For CMSA-KC webinar

Objectives:

- Demonstrate an understanding of key components of transition planning for long term success
- Identify strategies for promoting self-advocacy among patients newly injured
- Describe different types of spinal cord injury and levels affected

### Bibliography/References

- Agtarap, Carl, et al. Vol. 43 No.1 (2020). Caregiver expectations of recovery among persons with spinal cord injury at three and six months post-injury: A brief report. *Jrnl of SC Medicine*
- Ronca, Scheel-Sailer et al. Vo. 43 No. 1 (2020). Satisfaction with access and quality of healthcare services for people with spinal cord injury living in the community. *Jrnl of SC Medicine*
- Silveira, Ledoux et al. Vol. 43. No.1 (2020). Well on wheels intervention: Satisfaction with life and health for adults with spinal cord injuries. *Journal of Spinal cord Medicine*
- Preparing to Transition Home. (2019) Christopher & Dana Reeve Foundation
- Meade, M. et al.: A preliminary study of acute family needs after spinal cord injury: analysis and implications. *Rehabilitation Psychology*, vol 49, No. 2: 150-55, 2004
- Holicky, R.: Caring for the caregivers: The hidden victims of illness and disability. *Rehabilitation Nursing*, 21(5), 247-252, 1996)
- Yes You Can, PVA (2009). Chpt. 3. Transitions pp121-139





Case Management Society of America – Kansas City Chapter  
 Kansas State Board of Nursing LT0206-0606  
 Evaluation Summary

“Transition Planning for Clients with Spinal Cord Injury ”

April 28, 2020

12:00 PM – 1:00 PM

ATTENDEE NAME \_\_\_\_\_  
 RN \_\_\_\_\_ LPN \_\_\_\_\_ SW \_\_\_\_\_ Other – please explain \_\_\_\_\_

**Part 1 Program Evaluation 4=Strongly Agree (SA) 3=Agree (A) 2=Disagree (DA) 1=Strongly Disagree (SD)**

Indicate your level of achievement of the program goal:

1. This educational activity allowed me to obtain current information and tools regarding transition planning for spinal cord injury clients.
2. The overall quality of the activity was excellent.
3. My personal goals for attending were met.
4. The webinar was appropriate and conducive to learning.
5. The registration process was efficient.

SA	A	D	SD
4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1

**Part 2 Session Objectives and Speakers**

Indicate your accomplishment of the session objectives: PARTICIPANT WILL:

6. Describe different types of spinal cord injury and levels affected.
7. Demonstrate understanding of key components of transition planning for long term success.
8. Identify strategies for promoting self advocacy among patients newly injured.
9. The content was current and relevant to the objectives.
10. The presentation style was effective.

4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1

Satisfaction with presentation

Diane M. Ulmer, OT

4	3	2	1
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**Skillset Quiz**

1. TRUE FALSE An individual with a complete spinal cord injury would not expect changes in motor or sensory function.
2. TRUE FALSE Becoming an effective self advocate is a learned skill.
3. (Choose 1) Research shows patients and families newly affected by spinal cord injury prefer”
  - a. To be told they will walk again.
  - b. Honest answers about their medical condition.
  - c. Waiting until rehab to understand the severity of their injury.
4. (Choose all that apply) Successful transition plans for individuals with spinal cord injury include:
  - a. Access to follow up services.
  - b. Identification of a key support person.
  - c. Understanding of plan for equipment and accessibility needs.

THANK YOU!

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

**Name of Provider:** Remedy Health Care Consulting, LLC

**Name of Program Coordinator:** Sheila Richmeier

**New Initial Application**       **Renewal (Issue Date \_\_)**

**Date Received:** 4/28/2020      **Date Review complete:** 5/11/2020

**Date to CNE Committee:** June 2020

**Approved**       **Not Approved:**

**Approved Pending:** \_\_\_\_\_

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

Information Required	Received	NA
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	Received 4/30/2020	
Renewal Fee		✓
<ul style="list-style-type: none"> <li>If the long term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years as defined in the providers' policy and procedures.</li> </ul>		
The name and address of the organization on the application	✓	
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		✓
The name, education and experience of the program coordinator responsible for CNE	Sheila Richmeier	
<ul style="list-style-type: none"> <li>Be a licensed professional nurse</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have three years of clinical experience</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have one year of experience in developing and implementing nursing education</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	✓	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>Assessing the need and planning for CNE activities</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Fee Assessment</li> </ul>	✓	

<ul style="list-style-type: none"> <li>• <u>Advertisements</u> 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: ”</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• <u>Notice of Change</u> 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</li> </ul>	✓	
For long term providers, the policies and procedures for the <u>Offering Approval Process</u> shall include the following:		
<ul style="list-style-type: none"> <li>• A Summary of the Planning</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• The Behavioral Objectives</li> </ul>	Feedback from Sheila: On the CNE Approval form we use to approve CNE, there is a line for learning objectives – I have attached and highlighted it.	
<ul style="list-style-type: none"> <li>• The Content, which shall meet the definition of CNE in KSA 65-1117</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• The Instructor’s Education and Experience, documenting knowledge and expertise in the content area</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• An offering Evaluation that includes each participant’s assessment of the following: <ul style="list-style-type: none"> <li>▪ The achievement of each objective</li> <li>▪ The expertise of each individual presenter</li> </ul> </li> </ul>	✓	
An approved provider may award any of the following:		
<ul style="list-style-type: none"> <li>• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours</li> </ul>	Feedback from Sheila: We calculate the hours awarded by taking the minutes minus breaks divided by 50 to get the contact hours offered. We can add the contact hours to the agenda. We do provide that on the Save the Date flyer and other announcements.	
<ul style="list-style-type: none"> <li>• Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	Feedback from Sheila: The same process is followed as above, we divide time by 50 to come up with fractions of hours.	

<ul style="list-style-type: none"> <li>Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	Feedback from Sheila: We do offer instructor credit for twice the length of the first-time presentation of an approved offering.	
<ul style="list-style-type: none"> <li>Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Clinical hours</li> </ul>		✓
<b>Documentation of Attendance</b>		
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:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	Feedback from Sheila: We have added these to our attendance log for future use – see attached	
<ul style="list-style-type: none"> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	Feedback from Sheila: Same	
<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	Feedback from Sheila: Same	
Each provider shall maintain documentation to verify completion of each <u>independent study offering</u> , if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	Feedback from Sheila: We do the same for the eLearning we provide to nurses. We track each CNE given in a spreadsheet that looks like this – see attached	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	Feedback from Sheila: Same	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	Feedback from Sheila: Same	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	Feedback from Sheila: Same	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>	Feedback from Sheila: same	
<b>Certificate of Attendance/CE Transcript</b>		
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	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	✓	

<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The name and license number of the participant</li> </ul>	✓	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
<ul style="list-style-type: none"> <li>A summary of the planning</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A copy of the offering announcement or brochure</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title and objectives</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The offering agenda or, for independent study, pilot test results</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A bibliography</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A summary of the participants' evaluations</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Each instructor's education and experiences</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Documentation to verify completion of the offering</li> </ul>	✓	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	✓	
<b>Annual Report</b>		
Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:		✓
<ul style="list-style-type: none"> <li>An evaluation of all the components of the providership based on the total program evaluation plan</li> </ul>		✓
<ul style="list-style-type: none"> <li>A statistical summary report; and</li> </ul>		✓
<ul style="list-style-type: none"> <li>For each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (60-9-109(h)(1)(A-H))</li> </ul>		✓
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	<b>#1</b>	<b>#2</b>
	#1 Your Brain on Trauma – Part 1	Rural Mental Health crisis services module
<ul style="list-style-type: none"> <li>A summary of planning</li> </ul>	✓	✓
<ul style="list-style-type: none"> <li>A copy of the offering announcement or brochure</li> </ul>	✓	✓

• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results	✓	✓
• Each instructor's education and experience	✓	✓
• A current bibliography	Not all recent	✓
• The offering evaluation form	Did not evaluate objectives listed on brochure – yes see attached evaluation	Two objectives were on eval however 3 were on brochure

06/2019

5/11/2020 Review completed by Carol Moreland, MSN, RN

**Reference No.:** 24599 **Date submitted:** Apr 28 09:09 2020

**radio** ~ Renewal

**Providername** ~ Remedy HealthCare Consulting LLC

**providernum** ~ LT0293-0615

**legalbody** ~ ~

**address** ~ PO Box 901445

**address2** ~ Kansas City MO 64190-1445

**telephone** ~ 913-634-0466

**email** ~ sheila@remedyhc.com

**coordinator** ~ Sheila Richmeier

**date** ~ 04-28-2020

**planningce** ~ Depending upon the contract that I currently work with, there is usually a group of persons who constitute a leadership team. Together with our team, we discuss learning needs of the persons we are working with - usually nursing staff. From that conversation combined with our other work, our team looks at what we have and currently need to assist in our endeavors and help in educating clinical staff. As we look at different options, we use our created CNE Approval Form to summarize planning and work through the CNE offering. Sometimes our work is with clinical staff improving outcomes for chronic disease or other times, it might be prevention. If we currently don't offer a module in that area, we look at whether eLearning, a webinar or an in-person event would better meet the needs and start planning from there. See Attachment C - CNE planning form

**feeassessment** ~ We evaluate our fees on a regular basis, and at least yearly. Depending upon the funding source, the offering (webinar, learning module or in-person meeting) may be offered for free to participants. The education is usually part of the contract we negotiate. If we are asking for payment, we do research and look at what the market is currently asking and charge in that range. We have several contracts with distributors of our eLearning product and they determine the price to charge using our input. We collect payment up front for all services that are not covered by contract. Refunds are assessed on an individual basis. If we cancel an in-person event, we refund any monies we have collected.

**advertisement** ~ The eLearning is listed on our website and updated when we have new products. We create flyers for all events that are covered under contract and distribute using Survey Monkey to our mailing list with a registration link. We usually send out a Save the Date announcement 6-8 weeks prior to the event and then follow it with a registration email including the flyer and speaker's bio at 4 weeks prior and again at 2 weeks prior. If we have a new eLearning, we often send it out to our mailing list for nurses to register. See Attachment D Advertisement flyer

**approvalprocess** ~ As above, we use the CNE Planning Form to capture all of the above items in one location so we can make a decision on if we will offer CNE and how many hours. This is usually accompanied by discussions, an agenda and possibly the power point for the offering. See Attachment C. For in-person or webinar learning, the Learner's achievement of each objective, expertise of each presenter will be assessed using the 1-5 Likert scale. What the learner liked most and least and any suggestions for future programs will also be asked. For eLearning, the Learner's knowledge is assessed in several ways: 1) Learner's perception of their knowledge base on a scale of 1-10 before pre-testing and same question in the post-testing, 2) Learner's ability to apply the knowledge to a practice situation in the evaluation phase, 3) Learner's evaluation of two questions "Did this course meet the following objectives?" with a list of objectives and "Was this module author knowledgeable and demonstrate expertise about this content area? 4) We also ask if the module was easy to use and then for any comments to improve our performance. See Attachments Offering 1 & 2

**contacthours** ~ Contact hours will be awarded for independent study at the number of hours per module from the past year of work. In order to receive contact hours, the user must complete the pre-exam, course content and evaluation of each module. Result scores will be used to verify completion of each section. We evaluate the times on a yearly basis and adjust CE hours accordingly. For in-person meetings, a CE certificate will be handed out after the completion of the meeting. For those who attend a partial meeting (arrive late or leave early), a notation will be made on the attendance log and a certificate will be mailed to the participant with the partial credit. We have included a pilot study on the new offering - Attachment offering 2

**verifycompletion** ~ Independent study can be confirmed using the report generated by the eLearning system and Smartsheet. The Certificate of completion will be awarded to each participant after completing the offering. A roster of attendees is kept for any in-person meeting that includes their license number. See Attachment F & G

**recordkeeping** ~ Records will be kept electronically for two years and backed up on a regular basis and include: summary of planning, copy of announcement, title and objectives, pilot test results, roster, bibliography, summary of participant's evaluations, each instructor's education and experience, documentation of completion of the offering. These records will be easily accessible for Remedy staff involved in eLearning work.

**noticeofchange** ~ The KSNA program coordinator will notify the board

in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days.

**programevaluation** ~ A program evaluation will be done yearly to determine number of participants, content used, comments from participants along with possible suggestions for improvement. See Attachment H

**Submission date** ~ 04-28-2020 09:16:04

**Form ID** ~ 1672730



Addendum A

**Sheila M. Richmeier, MS, RN, BC, FACMPE**  
12548 McGee, Kansas City MO 64145  
Home 816-941-2787 Mobile 913-634-0466  
Sheila@RemedyHC.com

Education and licensure:

- Masters of Science in Nursing Administration from University of Kansas School of Nursing, graduated December 2002.
- B.S.N. from Fort Hays State University, graduated Magna Cum Laude. Member of Phi Kappa Phi and Nursing Honor Society, graduated December 1989.
- Licensure as a registered nurse by the Kansas and Missouri.

Professional experience:

- Founder and President Feb 2011 - present  
Remedy Healthcare Consulting  
National consulting company working with medical practices including Clinical transformation and efficiencies, practice management, different care models including patient centered medical home, practice re-design, metrics maximization
- Co-owner and content developer Jan 2012 - present  
RemedyRN & Remedy CareTeam e-Solutions  
RemedyRN works with medical practices to optimize the care team. Remedy CareTeam e-Solutions is an online learning management resource for medical practices to optimize staff performance.
- Director of Clinical Transformation March 2010 – Feb 2011  
TransformMED  
Business development, project planning and scope, and resource allocation of new projects. Responsible for design and training of new facilitators, project managers. Oversight of project deliverables. Direct facilitation of practices.
- Practice Enhancement Facilitator Dec. 2008 to March 2010  
TransformMED  
National consulting position assisting primary care practices on Transforming to a patient centered medical home.  
[www.transformMED.com](http://www.transformMED.com)
- Practice Administrator Oct. 2005 to Nov 2008  
The Surgical Group of Kansas City  
5 general surgeons  
Management of all operations, human resource, financial, business office, clinical. Provided extensive improvement in all aspects of practice including physician involvement in practice operations, collections, reporting, and procedure development.
- Patient Care Supervisor, Home Health

Shawnee Mission Medical Center Jan. 2005 – Oct. 2005  
Management of patient care services for home health. Felt a need to explore nursing career one last time. Supervision of all clinical staff – PT, OT, ST, Nursing

- Dual role, Practice Administrator, Consultant April 2001 – Dec. 2004  
Director of Education and Consulting Nov. 2003 – Dec. 2004  
Medical Service Corporation, division of KaMMCO  
Wichita, Kansas City, Topeka offices  
Education for physician offices, physicians, residents. Frequent educational programs given across state. Responsible for coordination and presentations. Presentations included practice management, leadership, clinical and business operations.  
Consulting for physician offices – clinical and operational focus for medical practices throughout Kansas. Provided extensive support for management including teaching and development of leadership abilities.  
Practice administrator - 4 physician and 6 physician family practice. Provided practice management at two different sites. Extensive restructuring and improvement at both sites. Worked extensively on developing mid-level management.
- Nurse Manager Jan 1999 – Mar 2001  
Hutchinson Clinic  
Nursing management in 55 physician practice in various departments including urgent care, oncology, workers compensation, risk management. Provided performance improvement consults to various departments within clinic.
- Director of Clinical Services, Aug 1992 – Jan 1999  
Hospice of Reno County  
Nursing management of both Hospice and HomeCare departments  
Including management of PT, OT, ST, Nursing
- Staff nurse, surgical & outpatient areas Feb 1987 – July 1992  
Hays Medical Center

Professional accomplishments:

- Fellow Medical Practice Executive from the American College of Medical Practice Executives, Medical Group Management Association.
- Board Certified by American Nurses Credentialing Center in Community Health.
- Co-author on a national study involving the nursing shortage – *Analysis of the Nursing Workforce Crisis: A Call to Action*, published in the American Journal of Nursing in May 2003.
- Nursing continuing education provider by the Kansas State Board of Nursing, 2003-2004

- Book published August 2009, MGMA, *Leading the Clinical Team: A Comprehensive Guide to Optimizing Productivity and Quality*.
- Book published March 2010, MGMA, *The New Healthcare Supervisor's Guide: The Secrets to Success*.
- Authored *Fast Facts: Medical Office Nursing* published with Springer Publishing, June 2010.
- Co-author on a series of transformation workbooks – Access, Care Management, Care Coordination, published by TransforMED and MGMA in 2009-2010
- Author of various sections of the American Academy of Family Physicians Residency to Reality Project, 2009-2010.
- Authored Chapter 4 Management of Nursing Services, in *Physician Practice Management – Essential Operational and Financial Knowledge*, published by Jones & Bartlett Learning, May 2012.
- Participant in I-Practise, a collaborative meeting between University of Wisconsin system engineering and PCMH experts throughout the country, April 2013.

Professional associations:

- Member of Greater Kansas City Medical Managers Association. Served on conference and website committees.
- Member of American College of Medical Practice Executives
- Member of Medical Group Management Association, serving on the Quality and Safety Committee, Oct 2011 – Oct 2013.
- Member of Sigma Theta Tau
- Past Treasurer of the Kansas State Nursing Association



## **POSITION SUMMARY: Education Coordinator**

To coordinate company educational offerings and plan for eLearning content.

### **DUTIES AND RESPONSIBILITIES**

- Manage all aspects of program offerings and record keeping.
- Assist in the design and development of education materials.
- Assist with research/surveys regarding geographical and specialty information of participants and evaluations of company programs.
- Update and maintain education materials.
- Develop tracking system for comments made to improve offerings.
- Other duties as assigned.

### **QUALIFICATIONS**

- Excellent organizational and prioritization skills.
- Exceptional oral and interpersonal communication skills.
- Detail oriented.
- Must possess excellent writing and proofreading skills.
- Must be able to work with little supervision.
- 5-7 years administrative experience.
- High school diploma required.
- Preferably college, business school, or appropriate previous experience.

### **WORKING CONDITIONS**

Professional office environment. Contact with medical office staff, physicians, attorneys and the general public. May deal with angry or upset people. Multi-task position requiring strong attention to detail.

## CNE approval form

### Requirement

### How the CNE meets the requirement

Title and explanation

Planning

Learning objectives

How does it meet the current  
need for nursing education

If eLearning -

Content sufficient for 8-10  
questions

If eLearning –

Support evaluation of applied  
learning in the medical office  
setting

Would nurses be interested

Does content meet KSA 65-1117 –  
*continuing nursing education  
means learning experiences  
intended to build upon the  
educational 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*

Instructor's qualifications and  
experience

Up-to-date bibliography (books  
past 10 years, periodicals past 5  
years)

CNE hours

# Collaboration



## NEBRASKA PRIMARY CARE COLLABORATIVE MEETINGS

Using EMRs effectively

**Tuesday, April 25, 2017**

8:30 a.m.- 11 a.m.  
Heartland Event Center  
700 E Stolley Park Rd,  
Grand Island, NE

2 p.m. – 4:30 p.m.  
LMEP  
4600 Valley Rd #225,  
Lincoln, NE

### Learning objectives:

1. Understand how the EMR can optimize chronic disease care
2. Determine action items to improve your EMR use
3. Collaborate with others on EMR usage
4. Develop strategies for role optimization and training

to register, please follow this link (case sensitive):

<http://bit.ly/RemedyApril25GrandIsland>

to register, please follow this link (case sensitive):

<http://bit.ly/RemedyApril25Lincoln>

## NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

This valuable networking event is brought to you with funding from the  
**Nebraska Department of Health and Human Services,  
Chronic Disease Prevention and Control Programs**

Registration is free  
Refreshments will be served



This session has been approved for 3.0 Nursing CNE.

Remedy HealthCare Consulting is approved as a provider of continuing nursing education by the Kansas State Board of Nursing applicable for APRN, RN, LPN, or LMHT re-licensure.

Kansas State Board of Nursing provider number:

LT0293-0615

REMEDY HEALTHCARE CONSULTING, LLC  
[www.RemedyHealthCareConsulting.com](http://www.RemedyHealthCareConsulting.com)

for more information - email us at  
[Sheila@RemedyHC.com](mailto:Sheila@RemedyHC.com)

CNE 462

Remedy HealthCare Consulting, PO Box 484035, Kansas City MO 64145  
Coordinator Sheila Richmeier, KSNA Provider Number LT0293-0615  
CNE Roster for \_\_\_\_\_ (title of offering)  
date of offering \_\_\_\_\_

participant name	license number	number of contact hours awarded	post test completed	Signature

*This is to certify that*

**Michelle Bittner**

*License number: 70037*

*attended a course organized by  
Remedy HealthCare Consulting on*

**Using EMRs Effectively**

*on this date of  
April 25th, 2017*

*worth 3.0 contact hours*



A handwritten signature in cursive script that reads "Sheila Richmeier".

Sheila Richmeier, MS, RN, FACMPE

Remedy HealthCare Consulting LLC  
Kansas City MO 64145, Phone: (913) 634-0466

Remedy HealthCare Consulting is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. CNE is applicable for APRN, RN, LBN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0293-0615.



## Program evaluation for Continuing Nursing Education

The following is a recap of the program for the year \_\_\_\_\_.

### Statistics

Number of users per module and curriculums (licensed clinical staff, healthcare supervisor, care manager)

Pre and post learning statistics – comparison of individual's perception of knowledge before the content was presented and then after the content was presented.

Evaluation scores of learner achievement of each objective and expertise of individual presenters.

### Comments

Summary of comments received

### Improvements needed

In reviewing the comments and scoring, we will then identify improvements needed.

### Administration / policies

Review of all policies related to CNE

- Review job description and future needs
- Surveys for appropriateness
- Fee assessment
- Announcements and marketing
- Approval process for new offerings
- Verifying participation/completion and test results format by auditing files
- Notification of any changes reported to KSBN
- Program evaluation effectiveness

### Summary

Provide list of next steps to complete to improve program.

## Content Activity

Apr 20, 2020 - Apr 27, 2020

Viewers: 2

Date	Content Title	User	Groups	Status	Score (Passing)	Viewed	Duration
Apr 22, 2020	Rural Mental Health Crisis	tester 1		Passed	100% / (75%)	100% (47/47)	00:32:39
Apr 25, 2020	Rural Mental Health Crisis	tester 2		Passed	100% / (75%)	100% (47/47)	00:00:01
Apr 27, 2020	Rural Mental Health Crisis	tester 3		Failed	73.75% / (75%)	100% (47/47)	00:53:18

# Offering #1

**Minnesota Mental Health Crisis Provider Training**  
**Trauma Takes a Toll – Your Brain on Trauma (Part 1)**  
*April 30<sup>th</sup> 2020*

5
4
3
2
1  


---

 Excellent      Very good      Good      Satisfactory      Unsatisfactory

1. Overall, I felt the <i>Meeting</i> was:	5	4	3	2	1
2. After completing the course, my knowledge of the subject is high	5	4	3	2	1
3. The module author was knowledgeable about the content area	5	4	3	2	1
4. The content was easy for me to understand	5	4	3	2	1
5. Did the course meet the following objective: <b>Identify unique challenges and barriers of rural mental health and crisis services</b>	Yes		No		
6. Did the course meet the following objective: <b>Develop strategies to engage community partners in developing and adapting crisis response to rural needs</b>	Yes		No		

What did you like best about this forum?

What did you like least about this forum?

Suggestions for future events?

Thank You!



# Mental Health Crisis Provider Webinar Series Trauma Takes a Toll

**Thursday, April 30, 2020**

*Your Brain on Trauma—Part 1*

8:00 am—10:00 am

**Thursday, May 14, 2020**

*Focusing on working with individual's with a trauma history—Part 2*

11:30 am—1:30 pm

### Learning objectives/Overview:

1. Review of the nervous system and structures associated with trauma
2. To understand how the brain processes trauma
3. To gain an understanding of how trauma may impact an individuals' behavioral presentation
4. To understand the importance of environmental control during high stress incidents
5. To gain an understanding of the effects repeated stress has on the healthcare provider's brain

Please register for both sessions by following this link (case sensitive):

<https://bit.ly/RemedyWebinarSeries>

The first session has been approved for 2.40 Nursing CNE.

Remedy HealthCare Consulting is approved as a provider of continuing nursing education by the Kansas State Board of Nursing applicable for APRN, RN, LPN, or LMHT re-licensure.

Kansas State Board of Nursing provider number:

LT0293-0615

**FOR MORE INFORMATION**  
**MINNESOTA DEPARTMENT OF HUMAN SERVICES**  
Crisis Team | Behavioral Health Division  
Niambi Shakir MA, LGSW |  
[niambi.shakir@state.mn.us](mailto:niambi.shakir@state.mn.us)  
**REMEDY HEALTHCARE CONSULTING, LLC**

remedy  
HealthCare Consulting



**DEPARTMENT OF  
HUMAN SERVICES**

CNE 469

## CNE approval form

Requirement	How the CNE meets the requirement
Title and explanation	<p>Thursday, April 30, 2020  <b>Your Brain on Trauma - Part 1</b>            8:00am - 10:00am</p> <p><b>Thursday, May 14, 2020</b>  <b>Focusing on Working with Individuals with a Trauma History - Part 2</b>            11:30am - 1:30pm</p>
Planning	<p>The Minnesota Mental Health Division of DHHS wanted to have a trauma informed care seminar for crisis workers. We started looking for a speaker who could address these issues and found Janet Larson.</p> <p>We had several calls with her to plan the presentation and work through logistics of a webinar due to COVID-19 versus an in-person meeting. We broke the offering into 2 meetings for which we will offer CE for the first one. The first webinar will be didactic and the second one will be more interactive.</p>
Learning objectives	<p>Review of the nervous system and structures associated with trauma</p> <p>To understand how the brain processes trauma</p> <p>To gain an understanding of how trauma may impact an individuals' behavioral presentation</p> <p>To understand the importance of environmental control during high stress incidents</p> <p>To gain an understanding of the effects repeated stress has on the healthcare providers brain</p>
<p>How does it meet the current need for nursing education</p> <p>If eLearning - Content sufficient for 8-10 questions</p> <p>If eLearning - Support evaluation of applied learning in the medical office setting</p> <p>Would nurses be interested</p>	<p>Yes</p> <p>Yes, especially those working in mental health area</p>

Does content meet KSA 65-1117 – continuing nursing education means learning experiences intended to build upon the educational 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

Yes

Instructor's qualifications and experience

Janet Larson has 20 + years experience as an advanced practice nurse in rural Minnesota. Certified as a Family Nurse Practitioner & Psychiatric Mental Health Nurse Practitioner , Janet was fundamental in developing a mental health practice within a primary care setting. Today this integrative model is being used throughout many primary care clinics. Today, Janet is developing a behavioral health program within a primary care model.

Education Includes:

BA in Nursing-The College of St. Scholastica Duluth, MN

MS in Nursing-The College of St.Scholastica Duluth, MN

Certification: ANCC Family Nurse Practitioner

ANCC Psychiatric & Mental Health Nurse Practitioner

PhD- The University of North Dakota Grand Forks, ND

Research- The Psychiatric Residual Effects from

Methamphetamine use

Up-to-date bibliography (books past 10 years, periodicals past 5 years)

- Bernstein, B., Stamatoyannopoulos, J., Costello, J. *et al.* The NIH Roadmap Epigenomics Mapping Consortium. *Nat Biotechnol* **28**, 1045–1048 (2010). <https://doi.org/10.1038/nbt1010-1045>
- Bick, J., Nelson, C. Early Adverse Experiences and the Developing Brain. *Neuropsychopharmacol* **41**, 177–196 (2016). <https://doi.org/10.1038/npp.2015.252>
- Cacioppo, J. T., Hawkey, L. C., & Berntson, G. G. (2003). The Anatomy of Loneliness. *Current Directions in Psychological Science*, *12*(3), 71–74. <https://doi.org/10.1111/1467-8721.01232>
- De Bellis, M. D., & Zisk, A. (2014). The biological effects of childhood trauma. *Child and adolescent psychiatric clinics of North America*, *23*(2), 185–vii. <https://doi.org/10.1016/j.chc.2014.01.002>

- Ganzel, B. L., Morris, P. A., & Wethington, E. (2010). Allostasis and the human brain: Integrating models of stress from the social and life sciences. *Psychological review*, *117*(1), 134–174. <https://doi.org/10.1037/a0017773>
- Herzog, J. I., & Schmahl, C. (2018). Adverse Childhood Experiences and the Consequences on Neurobiological, Psychosocial, and Somatic Conditions Across the Lifespan. *Frontiers in psychiatry*, *9*, 420. <https://doi.org/10.3389/fpsy.2018.00420>
- McEwen, B. Allostasis and Allostatic Load: Implications for Neuropsychopharmacology. *Neuropsychopharmacol* **22**, 108–124 (2000). [https://doi.org/10.1016/S0893-133X\(99\)00129-3](https://doi.org/10.1016/S0893-133X(99)00129-3)
- Oklahoma Department of Mental Health and Substance Abuse Services. (2014). Categories of Trauma. Video Transcript for SHARE.
- Sigos C, Kyrou I, Kassi E, et al. Stress, Endocrine Physiology and Pathophysiology. [Updated 2016 Mar 10]. In: Feingold KR, Anawalt B, Boyce A, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK278995/>
- Spoons O. (2013). Structure and function of complex brain networks. *Dialogues in clinical neuroscience*, *15*(3), 247–262.
- Yaribeygi, H., Panahi, Y., Sahraei, H., Johnston, T. P., & Sahebkar, A. (2017). The impact of stress on body function: A review. *EXCLI journal*, *16*, 1057–1072. <https://doi.org/10.17179/excli2017-480>

CNE hours

2.4 CE hours



Agenda: Your Brain on Trauma – Part 1

- 10 a.m.           Types of trauma
- 10:15 a.m.       Trauma and how the brain works
- The beginning – early brain and child development
  - The developing brain
- 11:00 a.m.       Impact from trauma
- 11:15 a.m.       Stress response
- 11:30 a.m.       Traumatic stress experiences

# Trauma Takes a Toll - Your Brain on Trauma (Part 1)

Microsoft Mental Health Crisis Provider Training  
April 30th 2013

Please answer the following questions on a scale of 1 - 5

5 - Excellent, 4 - Very Good, 3 - Good, 2 - Satisfactory, 1 - Unsatisfactory

**Overall, I felt the Meeting was**

5      4      3      2      1

**After completing the course, my knowledge of the subject is high**

5      4      3      2      1

**The presenter was knowledgeable about the content area**

5      4      3      2      1

**The content was easy for me to understand**

5      4      3      2      1

**Did the course meet the following objective:**

Identify unique challenges and barriers of rural mental health and crisis services

Yes      No

**Did the course meet the following objective:**

Develop strategies to engage community partners in developing and adapting crisis response to rural needs

Yes      No

**What did you like best about this forum?**

**What did you like least about this forum?**

# Offering #2

## CNE approval form

Requirement	How the CNE meets the requirement
Title and explanation	Rural mental health crisis Services module
Planning	<p>We had a 5 hour learning session that explored the role of mental health crisis services in rural areas. From that collaborative meeting, we had interest expressed by those who could not attend to do a module that they could look at and learn from, to include nurses.</p> <p>We worked with the author to use her content to develop a module.</p>
Learning objectives	<ul style="list-style-type: none"> <li>• Identify unique challenges and barriers of rural mental health and crisis services</li> <li>• Develop strategies to engage community partners in developing and adapting crisis response to rural needs.</li> </ul>
How does it meet the current need for nursing education	Yes
If eLearning - Content sufficient for 8-10 questions	Yes
If eLearning – Support evaluation of applied learning in the medical office setting	Yes, it could assist medical office nurses in understanding how to work with mental health in a rural area.
Would nurses be interested	Yes
Does content meet KSA 65-1117 – <i>continuing nursing education means learning experiences intended to build upon the educational 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</i>	Yes
Instructor’s qualifications and experience	Saprina Matheny, MSW, LICSW, is the Director of Youth and Family Services at the Human Development Center in Duluth, Minnesota. She also provides training, organizational consulting, and expert testimony around issues

of traumatic stress. Formerly, she was the Clinical Program Manager at the Ambit Network at the University of Minnesota. Ambit is a National Child Traumatic Stress Network (NCTSN) Community Treatment and Service Center funded through the Substance Abuse & Mental Health Services Administration (SAMHSA). In addition to psychotherapy for traumatized children and their families, Saprina has a particular expertise in sexual abuse and pediatric sexual behavior. She has provided training on trauma to diverse audiences throughout Minnesota and Wisconsin. She oversaw the implementation of mobile crisis services in rural areas and has provided training on crisis interventions, assessment, and Psychological First Aid. Her passion is working at the intersections of various child-serving agencies to create system change, emphasizing the role of evidence-based practices.

Up-to-date bibliography (books past 10 years, periodicals past 5 years)

Rural versus urban mental health, <http://mn2020.org/issues-that-matter/health-care/rural-mental-health-in-crisis>

Substance Abuse and Mental Health Services Administration (SAMHSA), Rural populations and mental health, <https://www.samhsa.gov/dbhis-collections/rural-populations>, accessed 2020.

NIH National Institute of Mental health, Mental health and rural America, <https://www.nimh.nih.gov/news/media/2018/mental-health-and-rural-america-challenges-and-opportunities.shtml>, accessed 2020.

Rural health information hub, <https://www.ruralhealthinfo.org/toolkits/mental-health/1/definition>, accessed 2020

CNE hours

We did a quick pilot study with 3 persons and we had inconclusive data so we will start with 1.0 CNE and adjust after monitoring activity.



# Mental Health Crisis Provider Training

## Cultural Responsiveness & Privilege

# Now in Module Form!

### Learning objectives:

1. Explore and establish a working cultural framework that will assist crisis responders when working with diverse communities including Somali Americans.
2. Explore the relationship between culture and the mental health in the Somali community in the context of mental health crisis work.
3. Explore interventions, resources, and insight that informs the Crisis services model and practice when engaging with clients from the Somali community.

Register through the METRCCS website today!

### FOR MORE INFORMATION

#### MINNESOTA DEPARTMENT OF HUMAN SERVICES

Crisis Team | Behavioral Health Division Niambi Shakir MA, LGSW | [niambi.shakir@state.mn.us](mailto:niambi.shakir@state.mn.us)

REMEDY HEALTHCARE CONSULTING, LLC  
[www.RemedyHealthCareConsulting.com](http://www.RemedyHealthCareConsulting.com)

Kezie Utsler | [kezie@remedyhc.com](mailto:kezie@remedyhc.com)

This session has been approved for

1.0 Social Work CE.

Remedy HealthCare Consulting is approved as a provider of continuing education by the Minnesota Board of Social Work.

Continuing Education Provider # 1097

The first session has been approved for 1.0 Nursing CE.

Remedy HealthCare Consulting is approved as a provider of continuing education by the Kansas State Board of Nursing applicable for APRN, RN, LPN, or LMHT re-licensure.

Kansas State Board of Nursing Provider # LT0293-0615



DEPARTMENT OF  
HUMAN SERVICES

CNE 478

# Rural Mental Health Crisis - Pre-survey

Minnesota Department of Human Services

On a scale of 1-10, please click on your agreement with the following statement:

(1 - strongly disagree, 10 - strongly agree)

**My knowledge of the subject is high**

1  2  3  4  5  6  7  8  9  10

Send me a copy of my responses

Submit

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# Rural Mental Health Crisis - Objectives

Minnesota Department of Human Services

Did the course meet the following objectives?

**Identify unique challenges and barriers of rural mental health and crisis services.**

Yes  No

**Develop strategies to engage community partners in developing and adapting crisis response to rural needs.**

Yes  No

Send me a copy of my responses

Submit

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# Rural Mental Health Crisis - Post-survey

Minnesota Department of Human Services

On a scale of 1-10, please click on your agreement with the following statements:

(1 - strongly disagree, 10 - strongly agree)

**After completing the course, my knowledge of the subject is high \***

1  2  3  4  5  6  7  8  9  10

**The module author was knowledgeable about the content area \***

1  2  3  4  5  6  7  8  9  10

**The content was easy for me to understand \***

1  2  3  4  5  6  7  8  9  10

**Please give us your input!**

Remedy eLearning was written from the ground up with direct input from experienced members of health care teams working in real practices across the country. We'd love to hear your comments!

Send me a copy of my responses

Submit

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

**Name of Provider:** Interim Healthcare Initial

**Name of Program Coordinator:** Joan Hudson, BSN, RN-BC, LNHA

**Date to CNE Committee:** March 24, 2020

Information Required	Received	NA
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	1/21/2020	
The name and address of the organization on the application	✓	
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		✓
The name, education and experience of the program coordinator responsible for CNE	Joan Hudson, BSN, RN-BC, LNHA	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	✓	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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: ”</li> </ul>	Need to include “nursing” ✓	
<ul style="list-style-type: none"> <li>• Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the</li> </ul>	✓	

board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days		
For long term providers, the policies and procedures for the offering approval process shall include the following:		
• A summary of the planning	✓	
• The behavioral objectives	✓	
• The content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The instructor's education and experience, documenting knowledge and expertise in the content area	✓	
• 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	✓	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	✓	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum		Not mentioned
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results		Not mentioned
• Clinical hours		Not mentioned
<b>Documentation of Attendance</b>		
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:		
• The provider's name, address, provider number, and coordinator	✓	
• The date and title of the offering, and the presenter or presenters	✓	

<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	✓	
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:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>		Not mentioned
<b>Certificate of Attendance/CE Transcript</b>		
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	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The name and license number of the participant</li> </ul>	✓	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
<ul style="list-style-type: none"> <li>A summary of the planning</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A copy of the offering announcement or brochure</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title and objectives</li> </ul>	✓	

• The offering agenda or, for independent study, pilot test results	✓	
• A bibliography	✓	
• A summary of the participants' evaluations	✓	
• Each instructor's education and experiences	✓	
• Documentation to verify completion of the offering	✓	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	✓	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:		
	#1: Infection Control	#2: End Stage Dementia: Care & Considerations
• A summary of planning	✓	✓
• A copy of the offering announcement or brochure	✓	✓
• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results	No times on the agenda	✓
• Each instructor's education and experience	✓	✓
• A current bibliography	✓	✓
• The offering evaluation form	✓	✓

12/2018

Reviewed by Carol Moreland, MSN, RN 1/24/2020

## Moreland, Carol [KSBN]

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**From:** Joan Hudson <joanhudson@interimhealthcare.com>  
**Sent:** Wednesday, January 29, 2020 4:45 PM  
**To:** Moreland, Carol [KSBN]  
**Cc:** Stephenson, Chelsey [KSBN]  
**Subject:** Re: Follow-up on application for CNE providership

*EXTERNAL:* This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Carol,

Thank you for checking in. I don't see the place that we indicated we would award CNE credit for independent study, unless it was in reference to the statute regarding awarding CNEs. Can you help direct me to where that is in our application/policies and we can edit that out.

We do not intend to award CNE for independent study.

Thank you for your help on this.

Joan

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**From:** "Moreland, Carol [KSBN]" <Carol.Moreland@ks.gov>  
**To:** joanhudson@interimhealthcare.com  
**Cc:** "Stephenson, Chelsey [KSBN]" <Chelsey.Stephenson@ks.gov>  
**Sent:** Friday, January 24, 2020 10:41:38 AM  
**Subject:** Follow-up on application for CNE providership

Joan,

I have reviewed your application to become a long term CNE provider with the Kansas Board of Nursing and need some clarification. You did not mention anything about awarding independent study CNE credit, however you addressed how documentation would be maintained to verify completion of each independent study offering. Except you did not address either the completion of a posttest or a return demonstration.

Can you please clarify for me if you will be awarding CNE credit for independent study offerings? If so, how you will maintain documentation to verify completion of each independent study offering? I am wanting to ensure your application is complete before the Committee and Board reviews in March. **I will need your feedback no later than February 12, 2020.** You can email it to me and I will add it to your application.

**Reference No.:** 24539 **Date submitted:** Jan 21 15:52 2020

**radio** ~ Initial Application

**Providername** ~ Interim Healthcare

**providernum** ~ ~

**legalbody** ~ ~

**address** ~ 1251 SW Arrowhead Rd. Suite 103

**adress2** ~ Topeka, KS 66604

**telephone** ~ 785-272-1616

**email** ~ joanhudson@interimhealthcare.com

**coordinator** ~ Joan Hudson

**date** ~ 01-21-2020

**planningce** ~ 1.0.1 The program coordinator will convene a committee of employees from Interim Healthcare. The committee will include the Manager of Business Development, HR Director, Director of Hospice, Home Health and PCSS Director and at-large members.

1.0.2 The committee will meet monthly to determine upcoming CNE (Continuing Nursing Education) offerings and evaluate recently completed CNE offerings.

1.0.3 The needs assessment process will be both formal and informal. Committee members will solicit ideas for CNE from their nursing peers and co-workers in the industry and from instructors at local schools of nursing. These ideas will be brought to the committee for discussion. Formally, evaluations forms from CNE offered will contain questions about future offering needs. In addition, committee members may bring ideas from national or regional seminars, conferences/conventions or industry journals and newsletters and informally polling nurses at these functions.

1.0.4 The committee will solicit speakers for program offerings. Each speaker will provide a Vita or resume, program behavioral objectives and goals, bibliography that is reflective of course offering and course outline or PowerPoint. The bibliography will include books published within the past 10 years and periodicals published within the past 5 years.

1.0.5 The Education Committee will review the submitted materials and if they met the guidelines set forth in KSA 65-1117 and KSA 60-9-105(d), the speaker will be contacted to discuss scheduling. Date, location, time, any agreed upon honorarium and travel expenses, any audio/visual

needs or handouts reproduction will be discussed, and details agreed upon and confirmed.

See Interim P&P appendix 3, page 1.

**feassessment** ~ Fees for educational offerings may be assessed but will be kept as reasonable as possible to assure affordability while covering costs associated with the program.

## PROCEDURES

1.1.1 Fees charged for programs will vary based upon the cost of the instructor, facility, handouts, cost of any refreshments or meals provided.

1.1.2 If a program is canceled by Interim due to weather, speaker's ability to attend or low pre-registration, a full refund of all registration fees will be given.

1.1.3 If a participant is unable to attend, a 75% refund of the fee will be given if the participant notifies Interim prior to 24 hours of the program. A participant whose check has been returned for insufficient funds will be charged a fee of \$20.00 per returned check in addition to the amount of the original check.

See Interim P&P, p.2 Appendix 3

**advertisement** ~ The Education Committee will be responsible for the creation of announcements, flyers and other medium to generate interest and attract attendees.

## PROCEDURES

1.2.1 Published information will include the title of the program, the presenter, date and time of presentation, and information on how to register. If a fee is charged, this will be noted along with the types of payments accepted. Fees will be due at time of registration.



1.2.2 Published information will contain the statement: Interim Healthcare is approved as a provider of continuing education by the Kansas State Board of Nursing. This course offering is approved for \_\_\_ contact hours applicable for RN, LPN, LMHT relicensure. Kansas State Board of Nursing Provider Number:

---

1.2.3 Print as well as electronic media will be used to publicize events. Advertisement of the program should begin at least 4-6 weeks prior to the event to allow ample time to pre-register.

See P&P, p.3 Appendix 3. For sample announcement See Appendix 1&2 for the Proposed Offerings

**approval process** ~ The Education Committee and the Program Coordinator will approve all CNE offerings, based upon the guidelines set for by Kansas State Board of Nursing.

## PROCEDURES

1.3.1 The Education Committee will meet monthly and determine the CNEs to be offered based upon their ongoing needs assessment. They will identify qualified instructors both internal to Interim and externally in the community and solicit proposals for identified CNE.

1.3.2 The Program Coordinator will review each proposed CNE and make sure that content meets the definition as set forth in KSA 65-1117a.

1.3.3 The Program Coordinator will request and file the following from each speaker:  
a Vita or resume, program behavioral objectives and goals, bibliography that is reflective of course offering and course outline and PowerPoint if applicable. The

bibliography will include books published within the past 10 years and periodicals published within the past 5 years.

1.3.4 The Program Coordinator will make sure the instructor has established appropriate behavioral objectives for their presentation based upon content.

1.3.5 The Program Coordinator will create an evaluation form that includes assessment of the learner's achievement of each objective and the expertise of the individual presenter. The evaluation will also include questions about what CNE the participant would like to see offered in the future. The evaluation will be completed by the learner and collected at the end of each CNE for review by the Education Committee.

1.3.6 Summaries of evaluations will be compiled and reviewed by the Education Committee at monthly meetings as part of the ongoing needs assessment and program assessment process.

See P&P, P. 4 Appendix 3

**contact hours** ~ Attendees of programs will be given credit for the contact hours, as defined in 60-9-105(j), that they attend. Partial credit will be given for one or more contact hours.

## PROCEDURES

1.4.1 The contact hours for a single presentation will be noted on the flyer for the event and on the certificate of attendance.

1.4.2 The contact hours for multiple presentations in a single day will be listed separately by presentation. Total contact hours for the presentations attended will be noted on the certificate of attendance.

1.4.3 Contact hours will be documented for each learner on a sign-in attendance sheet at each presentation.

1.4.4 Partial credit will be given to attendee who arrive late or leave early. Credit will be given on actual .5-hour increments completed. If an attendee has not completed at least 25 minutes of a one-hour presentation, no credit will be given.

See P&P, p.5 Appendix 3

**verify completion** ~ All CNE attendance will be documented on the attendance roster for the corresponding CNE offering.

## PROCEDURES

1.5.1 Upon arrival at a CNE offering, the participant will sign in on the attendance roster.

1.5.2 The roster will include the following: provider's name, address, provider number and coordinator's name; the date and title of the offering and the presenter(s); the participant's name, license number, email address, phone number, and the number of contact hours awarded. Late arrivals or early departures will be noted.

1.5.3 At the conclusion of the presentation, a certificate of attendance will be awarded to the participant.

1.5.4 The completed certificate will include the provider's name, address, provider number, title of the offering, date(s) of attendance, number of contact hours awarded and the signature of the individual responsible for the providership; the name and license number of the participant.

See P&P, p.6 Appendix 3

## Sample Roster Appendix 4

**recordkeeping** ~ The Education Committee will retain records of all CNE offerings for 5 years.

### PROCEDURES

1.6.1 Files will be kept in a locked file cabinet in the Interim Healthcare office, in the Utility Room.

1.6.2 Presentations will be filed by year, date and title.

1.6.3 Each file will contain a summary of the planning, copy of announcement/brochure, title and objectives, offering agenda/PowerPoint, presenter bio/vita or resume and bibliography, summary of participant evaluations, attendance roster and sample certificate.

1.6.4 Files will be maintained by the Program Coordinator.

1.6.5 Education meeting minutes and annual evaluations will be kept in a binder at the front of the file drawer.

See P&P, p.7 Appendix 3

**noticeofchange** ~ Interim Healthcare governing body will appoint a Program Coordinator to lead the Education Committee. The Program Coordinator will be responsible for the CNE program, making sure it complies with all Kansas State Board of Nursing requirements.

### PROCEDURES

1.7.1 The Program Coordinator will be an appointee of the agency.

1.7.2 The Program Coordinator must be a registered nurse with three

CNE 492

years or more of clinical experience, baccalaureate degree and at least one year of experience developing and implementing educational offerings.

1.7.3 The Program Coordinator will notify the Kansas State Board of Nursing in writing of any changes in individual responsibility for the providership or any changes in required policy and procedures within 30 days.

See P&P, P. 8

**programevaluation** ~ The Education Committee will conduct an annual Total Program Evaluation.

## PROCEDURES

1.8.1 The Education Committee will utilize the program evaluation tool to systematically review all program elements in light of policies and procedures.

1.8.2 Policies and procedures will also come under review to ensure adherence to Kansas State Board of Nursing regulations.

1.8.3 The Education Committee will discuss the results of the annual evaluation and make any recommendations for change to the Program Coordinator who will be responsible for amending the program.

See P&P, p. 9 Appendix 3  
Sample evaluation Appendix 6  
**Submission date** ~ 01-21-2020 15:52:46  
**Form ID** ~ 1672730

# INTERIM HEALTHCARE TOTAL PROGRAM EVALUATION FOR KSBN PROVIDER NUMBER

Areas	Date of Review/Frequency	Reviewed by	Meets Standard (YES or NO)	Action Required
Administration 1. Job Description/reporting structure 2. Notification of changes to KSBN	Annually in January and ongoing for any changes in policy or Program Coordinator	Education Committee and Program Coordinator		
Program Planning and Assessment 1. Review surveys 2. Review meeting minutes of Committee 3. Review evaluation summaries	Monthly at committee meetings and ongoing.	Education Committee		
Fee Assessment 1. Review policy and appropriateness to meet organization and customer needs	Annually and ongoing throughout the year	Education Committee Program Coordinator GM of Interim		
Advertisement of CNE Offerings 1. Review required elements	Monthly at committee meeting as needed	Education Committee		
CNE Approval Process 1. Qualified Instructor 2. Complete instructor file 3. Behavioral Objectives 4. Meets KSA 65-1117a.	Monthly at committee meeting as needed	Education Committee Program Coordinator		
Awarding Contact Hours/Attendance 1. Review policy 2. Review attendance sheets 3. Review certificates for required elements	Ongoing for each offering	Education Committee Program Coordinator		
Record Keeping 1. Audit content of files for KSBN compliance	Ongoing review for each offering	Program Coordinator		
Total Program Evaluation 1. Review using tool annually	Annually in January	Education Committee Program Coordinator		

-494-

2. Review all policies and procedures	P&P reviewed annually and ongoing throughout year			
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# Certificate of Attendance

This is to certify that

**Name and License #**

has attended

TITLE OF PROGRAM

(on date)

Presented by

FOR X CNEs

signature of person responsible

Provider #

Interim Healthcare  
1251 SW Arrowhead Rd., Suite 103  
Topeka, KS 66604



Policy No: ED 1.0	Page 1 of 1
Subject: Assessment and Planning of CNE	Effective:
Signature:	Revised:

POLICY

The Education Committee will be responsible for assessing the educational needs in the community related to nursing care in home health and hospice and palliative care settings. The Education Committee will be responsible for planning subsequent CNE for nurses based upon these assessments.

PROCEDURES

- 1.0.1 The program coordinator will convene a committee of employees from Interim Healthcare. The committee will include the Manager of Business Development, HR Director, Director of Hospice, Home Health and PCSS Director and at-large members.
- 1.0.2 The committee will meet monthly to determine upcoming CNE (Continuing Nursing Education) offerings and evaluate recently completed CNE offerings.
- 1.0.3 The needs assessment process will be both formal and informal. Committee members will solicit ideas for CNE from their nursing peers and co-workers in the industry and from instructors at local schools of nursing. These ideas will be brought to the committee for discussion. Formally, evaluations forms from CNE offered will contain questions about future offering needs. In addition, committee members may bring ideas from national or regional seminars, conferences/conventions or industry journals and newsletters and informally polling nurses at these functions.
- 1.0.4 The committee will solicit speakers for program offerings. Each speaker will provide a Vita or resume, program behavioral objectives and goals, bibliography that is reflective of course offering and course outline or PowerPoint. The bibliography will include books published within the past 10 years and periodicals published within the past 5 years.
- 1.0.5 The Education Committee will review the submitted materials and if they met the guidelines set forth in KSA 65-1117 and KSA 60-9-105(d), the speaker will be contacted to discuss scheduling. Date, location, time, any agreed upon honorarium and travel expenses, any audio/visual needs or handouts reproduction will be discussed, and details agreed upon and confirmed.
- 1.0.6 The Education Committee will also perform the annual program review.

Policy No: ED 1.1	Page 1 of 1
Subject: Fee Assessment	Effective:
Signature:	Revised:

POLICY

Fees for educational offerings may be assessed but will be kept as reasonable as possible to assure affordability while covering costs associated with the program.

PROCEDURES

- 1.1.1 Fees charged for programs will vary based upon the cost of the instructor, facility, handouts, cost of any refreshments or meals provided.
- 1.1.2 If a program is canceled by Interim due to weather, speaker's ability to attend or low pre-registration, a full refund of all registration fees will be given.
- 1.1.3 If a participant is unable to attend, a 75% refund of the fee will be given if the participant notifies Interim prior to 24 hours of the program. A participant whose check has been returned for insufficient funds will be charged a fee of \$20.00 per returned check in addition to the amount of the original check.

Policy No: ED 1.2	Page 1 of 1
Subject: Advertisement of CNE	Effective:
Signature:	Revised:

POLICY

The Education Committee will be responsible for the creation of announcements, flyers and other medium to generate interest and attract attendees.

PROCEDURES

- 1.2.1 Published information will include the title of the program, the presenter, date and time of presentation, and information on how to register. If a fee is charged, this will be noted along with the types of payments accepted. Fees will be due at time of registration.
- 1.2.2 Published information will contain the statement: Interim Healthcare is approved as a provider of continuing education by the Kansas State Board of Nursing. This course offering is approved for \_\_\_contact hours applicable for RN, LPN, LMHT relicensure. Kansas State Board of Nursing Provider Number: \_\_\_\_\_
- 1.2.3 Print as well as electronic media will be used to publicize events. Advertisement of the program should begin at least 4-6 weeks prior to the event to allow ample time to pre-register.

Policy No: ED 1.3	Page 1 of 1
Subject: Approval of CNE Offerings	Effective:
Signature:	Revised:

POLICY

The Education Committee and the Program Coordinator will approve all CNE offerings, based upon the guidelines set for by Kansas State Board of Nursing.

PROCEDURES

- 1.3.1 The Education Committee will meet monthly and determine the CNEs to be offered based upon their ongoing needs assessment. They will identify qualified instructors both internal to Interim and externally in the community and solicit proposals for identified CNE.
- 1.3.2 The Program Coordinator will review each proposed CNE and make sure that content meets the definition as set forth in KSA 65-1117a.
- 1.3.3 The Program Coordinator will request and file the following from each speaker: a Vita or resume, program behavioral objectives and goals, bibliography that is reflective of course offering and course outline and PowerPoint if applicable. The bibliography will include books published within the past 10 years and periodicals published within the past 5 years.
- 1.3.4 The Program Coordinator will make sure the instructor has established appropriate behavioral objectives for their presentation based upon content.
- 1.3.5 The Program Coordinator will create an evaluation form that includes assessment of the learner’s achievement of each objective and the expertise of the individual presenter. The evaluation will also include questions about what CNE the participant would like to see offered in the future. The evaluation will be completed by the learner and collected at the end of each CNE for review by the Education Committee.
- 1.3.6 Summaries of evaluations will be compiled and reviewed by the Education Committee at monthly meetings as part of the ongoing needs assessment and program assessment process.

Policy No: ED 1.4	Page 1 of 1
Subject: Awarding Contact Hours	Effective:
Signature:	Revised:

POLICY

Attendees of programs will be given credit for the contact hours, as defined in 60-9-105(j), that they attend. Partial credit will be given for one or more contact hours.

PROCEDURES

- 1.4.1 The contact hours for a single presentation will be noted on the flyer for the event and on the certificate of attendance.
- 1.4.2 The contact hours for multiple presentations in a single day will be listed separately by presentation. Total contact hours for the presentations attended will be noted on the certificate of attendance.
- 1.4.3 Contact hours will be documented for each learner on a sign-in attendance sheet at each presentation.
- 1.4.4 Partial credit will be given to attendee who arrive late or leave early. Credit will be given on actual .5-hour increments completed. If an attendee has not completed at least 25 minutes of a one-hour presentation, no credit will be given.

Policy No: ED 1.5	Page 1 of 1
Subject: Verifying CNE Participation	Effective:
Signature:	Revised:

POLICY

All CNE attendance will be documented on the attendance roster for the corresponding CNE offering.

PROCEDURES

- 1.5.1 Upon arrival at a CNE offering, the participant will sign in on the attendance roster.
- 1.5.2 The roster will include the following: provider's name, address, provider number and coordinator's name; the date and title of the offering and the presenter(s); the participant's name, license number, email address, phone number, and the number of contact hours awarded. Late arrivals or early departures will be noted.
- 1.5.3 At the conclusion of the presentation, a certificate of attendance will be awarded to the participant.
- 1.5.4 The completed certificate will include the provider's name, address, provider number, title of the offering, date(s) of attendance, number of contact hours awarded and the signature of the individual responsible for the providership; the name and license number of the participant.

Interim Healthcare P&P Appendix 3

Policy No: ED 1.6	Page 1 of 1
Subject: Record Keeping and Storage	Effective:
Signature:	Revised:

POLICY

The Education Committee will retain records of all CNE offerings for 5 years.

PROCEDURES

- 1.6.1 Files will be kept in a locked file cabinet in the Interim Healthcare office, in the Utility Room.
- 1.6.2 Presentations will be filed by year, date and title.
- 1.6.3 Each file will contain a summary of the planning, copy of announcement/brochure, title and objectives, offering agenda/PowerPoint, presenter bio/vita or resume and bibliography, summary of participant evaluations, attendance roster and sample certificate.
- 1.6.4 Files will be maintained by the Program Coordinator.
- 1.6.5 Education meeting minutes and annual evaluations will be kept in a binder at the front of the file drawer.

Policy No: ED 1.7	Page 1 of 1
Subject: Program Coordinator	Effective:
Signature:	Revised:

POLICY

Interim Healthcare governing body will appoint a Program Coordinator to lead the Education Committee. The Program Coordinator will be responsible for the CNE program, making sure it complies with all Kansas State Board of Nursing requirements.

PROCEDURES

- 1.7.1 The Program Coordinator will be an appointee of the agency.
- 1.7.2 The Program Coordinator must be a registered nurse with three years or more of clinical experience, baccalaureate degree and at least one year of experience developing and implementing educational offerings.
- 1.7.3 The Program Coordinator will notify the Kansas State Board of Nursing in writing of any changes in individual responsibility for the providership or any changes in required policy and procedures within 30 days.



Policy No: ED 1.8	Page 1 of 1
Subject: Total Program Evaluation	Effective:
Signature:	Revised:

POLICY

The Education Committee will conduct an annual Total Program Evaluation.

PROCEDURES

- 1.8.1 The Education Committee will utilize the program evaluation tool to systematically review all program elements in light of policies and procedures.
- 1.8.2 Policies and procedures will also come under review to ensure adherence to Kansas State Board of Nursing regulations.
- 1.8.3 The Education Committee will discuss the results of the annual evaluation and make any recommendations for change to the Program Coordinator who will be responsible for amending the program.

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-506-

	A	B	C	D	E
31					
32	Sample				

# Offering #1

## Appendix 2 Interim Healthcare Course Offering 1

### Proposed Course Offering:

#### Infection Control for the Direct Caregiver

The education committee met on January 9<sup>th</sup>, 2020 to discuss proposed course offerings for KSBN application. Infection Control was identified by members of the committee as an important topic for nurses in the field and in skilled nursing facilities. Nurses and direct caregivers benefit from ongoing review. Joan Hudson, RN, our program coordinator has spoke on this topic prior and is willing to do so for Interim.

**Title:** Infection Control the Direct Caregiver

**Presenter:** Joan Hudson, BSN, RN-BC, LNHA

#### **Behavioral Objectives:**

-Participants will be able to explain the difference between standard, contact, droplet and airborne precautions.

-Participants will be able to describe and perform proper hand hygiene to avoid transmission.

-Participants will be able to explain the difference between direct and indirect transmission of pathogens.

-Participants will be able to use this information to prompt discussion among other direct care staff about infection control best practices.

**Joan Hudson's Bio:** Joan Hudson is a Board Certified Registered Nurse and Licensed Nursing Home Administrator with roots in Long Term Care and Assisted Living, she enjoys sharing her gained knowledge and experience to help others grow. Joan's first experience in Long Term Care was growing up in the local nursing home her mother worked at as an LPN. Joan would walk to the nursing home after school and visit with residents until her mom finished her shift, this is where Joan's love for elders emerged. Joan would go on to work at this same nursing home for one of her first jobs as a housekeeper, quickly moving through the frontline positions to dietary aide until finally becoming a homemaker for the dementia neighborhood. Joan was able to watch cultural change start to develop at this community as it was growing in the long term care industry. She transitioned to the hospital setting while in nursing school and went on to graduate from Emporia State University with her BSN in 2010. Over the next few years, Joan would carry several positions at once including Hospice case management, NICU, and Community Health Nurse, and an ADON for a rehab unit. Joan became Director of Nursing for an Americare community in 2012 she grew in the same community to become the Administrator in 2015. During her tenure, Joan was able to earn a Baldrige Bronze National Quality Award, achieve CMS 4 star rating, and achieved a 4 deficiency survey with no care tags. In 2016, Joan became the Compliance Nurse for Atria Senior Living and had oversight for state regulatory and company policy compliance for the 150 assisted living bed campus. Most recently, Joan became the Home Health and Hospice Administrator for Interim in Topeka. Joan has been teaching courses for KHCA/KCAL since 2013 in both nursing and operational subject matter and enjoys sharing her gained knowledge and experiences with others through in person educational speaking engagements and online webinar education.



# Infection Control for Direct Caregivers

## Date and Time

Presented by Joan Hudson, BSN, RN-BC, LNHA

- Participants will be able to explain the difference between standard, contact, droplet and airborne precautions.
- Participants will be able to describe and perform proper hand hygiene to avoid transmission.
- Participants will be able to explain the difference between direct and indirect transmission of pathogens.
- Participants will be able to use this information to prompt discussion among other direct care staff about infection control best practices.

To register call Interim Healthcare at **785-272-1616**. Please provide your name and your license number at the time of registration. Program provided at no cost. Refreshments served. **Program to be held at Interim Healthcare, 1251 Arrowhead Rd., Suite 103, Topeka, KS 66604.**

\*\*Interim Healthcare is approved as a provider of continuing education by the Kansas Board of Nursing. This course offering is approved for 1 contact hour applicable for RN, LPN, LMHT relicensure. Kansas Board of Nursing Provider Number:

# AGENDA INFECTION CONTROL FOR DIRECT CAREGIVERS

Date and Time

Presenter: Joan Hudson, BSN, RN-BC, LNHA

- I. Welcome and Introductions
- II. Presentation
- III. Q & A
- IV. Closing Remarks/Evaluations/Certificates

Bibliography:

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Pittet D, *Infection Control Hosp Epidemiol* 2000; 21: 381-386



Appendix 2 Interim Healthcare Course Offering 1

Evaluation  
 Infection Control for the Direct Caregiver  
 Date and Time  
 Presenter: Joan Hudson, BSN, RN-BC, LNHA

Please take some time to give us your feedback. It is vital to our program.

**Behavioral Objectives:** Circle the rating which reflects your ability now to: Low  
 High

1. Explain the differences between standard, contact, droplet and airborne precautions.	1 5	2	3	4
2. Describe and perform proper hand hygiene to avoid transmission.	1 5	2	3	4
3. Explain the difference between direct and indirect transmission of pathogens.	1 5	2	3	4
4. Use this information to prompt discussion among other direct care staff about infection control best practices.	1 5	2	3	4

**Speaker Evaluation**

My overall reaction to the speaker (circle)	Excellent Poor	Good	Fair
---	-------------------	------	------

Items that ask you to circle a rating from 1-5 are as follows:

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

The speaker had a thorough knowledge of the subject.	1 5	2	3	4
Ideas and concepts were communicated clearly.	1 5	2	3	4
The speaker had an understanding of our profession and culture.	1 5	2	3	4
The speaker encouraged questions and attendee participation	1 5	2	3	4

**Session Evaluation**

My overall rating of this session (circle)	Excellent	Good	Fair
	Poor		

Items that ask you to circle a rating from 1-5 are as follows:

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

The material presented was at a level appropriate for my learning.	1 5	2	3	4
I will use what I learned today in my practice and professional role.	1 5	2	3	4
The physical facility was appropriate.	1 5	2	3	4

<p><b>How could a similar program be more useful?</b></p>
<p><b>What other topics would you like to see presented in the future?</b></p>
<p><b>COMMENTS (continue on back of paper if needed)</b></p>

## Offering #2

Proposed Course Offering:

End Stage Dementia: Care and Considerations

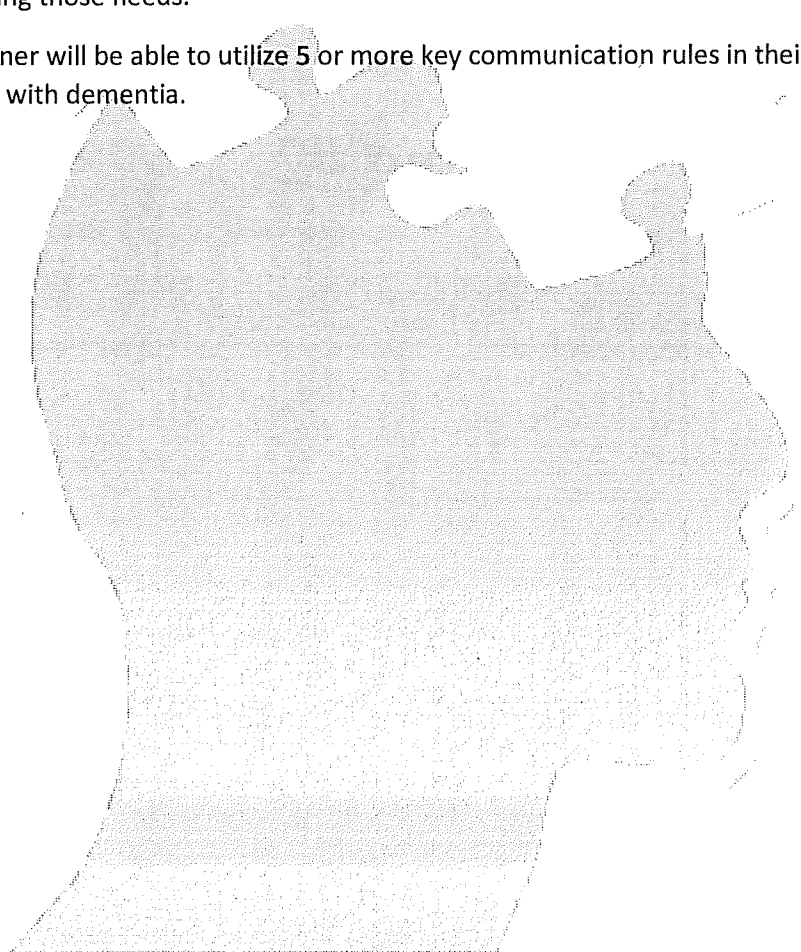
The education committee met on January 9<sup>th</sup>, 2020 to discuss proposed course offerings for KSBN application. Care of patients with end stage dementia was identified by members of the committee as an important topic for nurses both in the field and in skilled nursing facilities. The number of patients we serve with Alzheimer's and other dementias continues to grow. It is one of the top three principal diagnoses in hospice for Medicare beneficiaries. Joan Hudson, RN, our program coordinator has spoken on this topic prior and has been a provider of services to those with dementia.

**Title: End Stage Dementia: Care and Considerations**

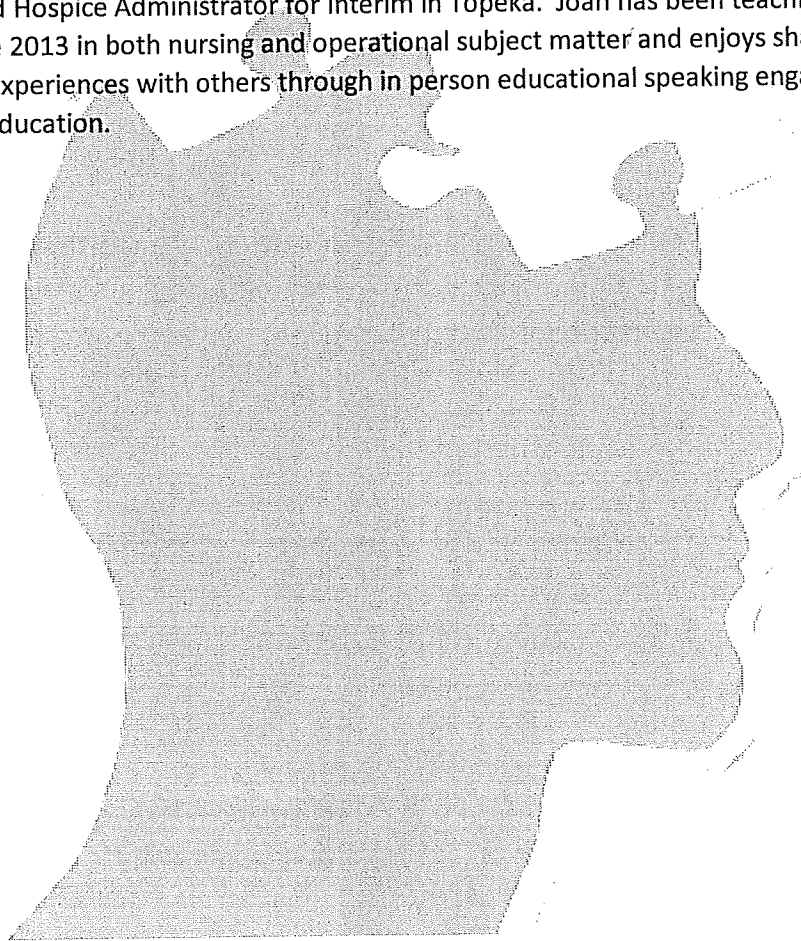
**Presenter: Joan Hudson, BSN, RN-BC, LNHA**

**Behavioral Objectives:**

- The learner will be able to describe using the FAST SCALE, the level of functioning considered late stage dementia.
- The learner will be able to explain the 6 needs of people with dementia and provide an example of meeting those needs.
- The learner will be able to utilize 5 or more key communication rules in their practice with patients with dementia.



**Joan Hudson's Bio:** Joan Hudson is a Board Certified Registered Nurse and Licensed Nursing Home Administrator with roots in Long Term Care and Assisted Living, she enjoys sharing her gained knowledge and experience to help others grow. Joan's first experience in Long Term Care was growing up in the local nursing home her mother worked at as an LPN. Joan would walk to the nursing home after school and visit with residents until her mom finished her shift, this is where Joan's love for elders emerged. Joan would go on to work at this same nursing home for one of her first jobs as a housekeeper, quickly moving through the frontline positions to dietary aide until finally becoming a homemaker for the dementia neighborhood. Joan was able to watch cultural change start to develop at this community as it was growing in the long term care industry. She transitioned to the hospital setting while in nursing school and went on to graduate from Emporia State University with her BSN in 2010. Over the next few years, Joan would carry several positions at once including Hospice case management, NICU, and Community Health Nurse, and an ADON for a rehab unit. Joan became Director of Nursing for an Americare community in 2012 she grew in the same community to become the Administrator in 2015. During her tenure, Joan was able to earn a Baldrige Bronze National Quality Award, achieve CMS 4 star rating, and achieved a 4 deficiency survey with no care tags. In 2016, Joan became the Compliance Nurse for Atria Senior Living and had oversight for state regulatory and company policy compliance for the 150 assisted living bed campus. Most recently, Joan became the Home Health and Hospice Administrator for Interim in Topeka. Joan has been teaching courses for KHCA/KCAL since 2013 in both nursing and operational subject matter and enjoys sharing her gained knowledge and experiences with others through in person educational speaking engagements and online webinar education.





# End Stage Dementia: Care and Considerations

Date and Time

Presented by Joan Hudson, BSN, RN-BC, LNHA

How is end stage dementia defined?  
What are the 6 needs of those experiencing end stage dementia?  
What should our clinical focus at this time consist of?  
What are some key communication techniques?

To register call Interim Healthcare at **785-272-1616**. Please provide your name and your license number at the time of registration. Program provided at no cost. Refreshments served. **Program to be held at Interim Healthcare, 1251 Arrowhead Rd., Suite 103, Topeka, KS 66604.**

\*\*Interim Healthcare is approved as a provider of continuing education by the Kansas Board of Nursing. This course offering is approved for 1 contact hour applicable for RN, LPN, LMHT relicensure. Kansas Board of Nursing Provider Number

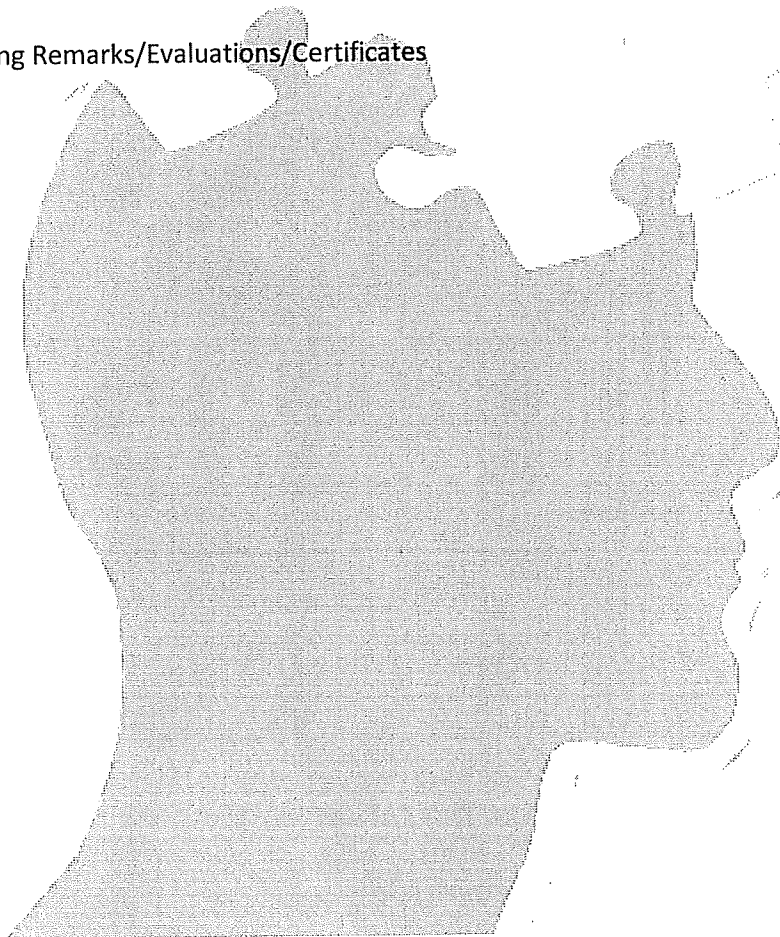
## AGENDA

### Late Stage Dementia: Care and Considerations

Date and Time

Presenter: Joan Hudson, BSN, RN-BC, LNHA

- I. Welcome and Introductions
- II. Presentation
- III. Q & A
- IV. Closing Remarks/Evaluations/Certificates



### **Bibliography:**

<https://www.dementiacarecentral.com/aboutdementia/facts/stages/> Updated 9/01/2018.

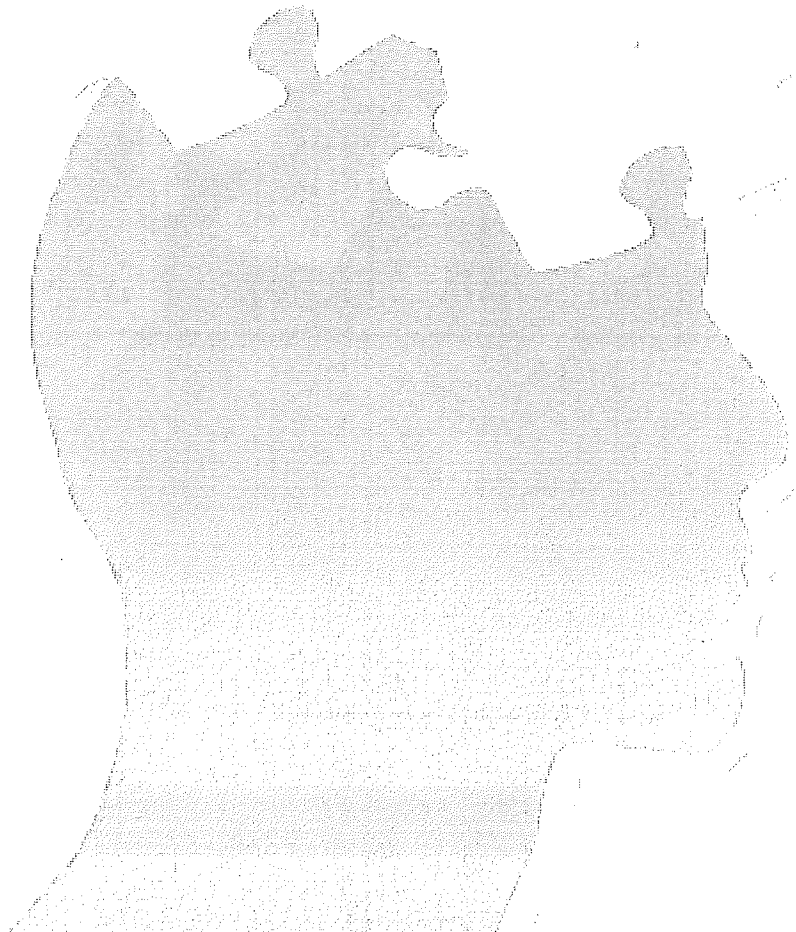
<https://www.alz.org/help-support/caregiving/stages-behaviors/late-stage>

<https://www.nia.nih.gov/health/end-of-life-care-people-dementia>.

Hall S, Petkova H, Tsouros AD, Costantini M, Higginson IJ, editors. **Palliative care for older people: better practices.** Copenhagen, Den: World Health Organization Regional Office for Europe; 2011.

Available from: [www.euro.who.int/data/assets/pdf\\_file/0017/143153/e95052.pdf](http://www.euro.who.int/data/assets/pdf_file/0017/143153/e95052.pdf).  
Accessed 2015 Feb 23

Sekerak R, Stewart, J. Caring for the Patient with End-Stage Dementia. *Annals of Long-Term Care: Clinical Care and Aging.* Volume 22 - Issue 12 - December 2014 - ALTC 2014;22(12):36-43.





**Evaluation**  
**End Stage Dementia: Care and Considerations**  
**Date and Time**  
**Presenter: Joan Hudson, BSN, RN-BC, LNHA**

Please take some time to give us your feedback. It is vital to our program.

**Behavioral Objectives:** Circle the rating which reflects your ability now to:

	Low				High
1. Describe using the FAST SCALE, the level of functioning considered late stage dementia.	1	2	3	4	5
2. Explain the 6 needs of people with dementia and provide an example of meeting those needs.	1	2	3	4	5
3. Utilize 5 or more key communication rules in their practice with patients with dementia.	1	2	3	4	5

**Speaker Evaluation**

My overall reaction to the speaker (circle)	Excellent	Good	Fair
	Poor		

Items that ask you to circle a rating from 1-5 are as follows:

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

The speaker had a thorough knowledge of the subject.	1	2	3	4
	5			
Ideas and concepts were communicated clearly.	1	2	3	4
	5			
The speaker had an understanding of our profession and culture.	1	2	3	4
	5			
The speaker encouraged questions and attendee participation	1	2	3	4
	5			

**Session Evaluation**

My overall rating of this session (circle)	Excellent	Good	Fair
	Poor		

Items that ask you to circle a rating from 1-5 are as follows:

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

The material presented was at a level appropriate for my learning.	1 5	2	3	4
I will use what I learned today in my practice and professional role.	1 5	2	3	4
The physical facility was appropriate.	1 5	2	3	4

<b>How could a similar program be more useful?</b>
<b>What other topics would you like to see presented in the future?</b>
<b>COMMENTS (continue on back of paper if needed)</b>

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

**Name of Provider:** The Nursing Connection    Initial Application

**Name of Program Coordinator:** Jessica Franz, MSN, RN

**Date to CNE Committee:** March 24, 2020

Information Required	Received	NA
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	1/22/2020	
The name and address of the organization on the application	✓	
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		✓
The name, education and experience of the program coordinator responsible for CNE	Jessica Franz, MSN, MA, RN	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	✓	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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: "</li> </ul>	✓	
<ul style="list-style-type: none"> <li>• 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</li> </ul>	✓	

For long term providers, the policies and procedures for the offering approval process shall include the following:		
• A summary of the planning	✓	
• The behavioral objectives	✓	
• The content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The instructor's education and experience, documenting knowledge and expertise in the content area	✓	
• 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	✓	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	✓	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	✓	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results	✓	
• Clinical hours		✓
<b>Documentation of Attendance</b>		
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:		
• The provider's name, address, provider number, and coordinator	✓	
• The date and title of the offering, and the presenter or presenters	✓	
• The participant's name and license number and the number of contact hours awarded	✓	
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:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>	✓	
<b>Certificate of Attendance/CE Transcript</b>		
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	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The name and license number of the participant</li> </ul>	✓	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
<ul style="list-style-type: none"> <li>A summary of the planning</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A copy of the offering announcement or brochure</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title and objectives</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The offering agenda or, for independent study, pilot test results</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A bibliography</li> </ul>	✓	
<ul style="list-style-type: none"> <li>A summary of the participants' evaluations</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Each instructor's education and experiences</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Documentation to verify completion of the offering</li> </ul>	✓	

The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	✓	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:		
•	#1: From Distress to De-Stress: Stress Management Skills for Nurses	#2: Assertive Communication Skills for Nurses
• A summary of planning	✓	✓
• A copy of the offering announcement or brochure	✓	✓
• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results	Outline	Outline
• Each instructor's education and experience	✓	✓
• A current bibliography	✓	✓
• The offering evaluation form	✓	✓

12/2018

Reviewed by Carol Moreland, MSN, RN on 1/24/2020

**Reference No.:** 24541 **Date submitted:** Jan 22 12:52 2020

**radio** ~ Initial Application

**Providername** ~ The Nursing Connection

**providernum** ~ ~

**legalbody** ~ ~

**address** ~ 1834 Raccoon Road

**adress2** ~ Robinson, Kansas 66532

**telephone** ~ 8162051539

**email** ~ sanderson.teresa@gmail.com

**coordinator** ~ Jessica L Franz, MSN, MA, RN

**date** ~ 01-22-2020

**planningce** ~ Assessing Need and Planning CNE

RECEIVED  
#13  
KSBH

#### Need Assessment

1.The Nursing Connection will assess need for CNE using informal and/or formal methods including:

- a. Identifying healthcare facility business needs through formal or informal survey;
- b. Performing gap analysis through individual interviews, focus groups, surveys, and self-assessments

#### Assessment of Training Options

1.A list of training options and needs will be generated after the gap analysis has been completed.

2.All options will be carefully evaluated to determine which are:

- a. Urgent
- b. Important
- c. Not important

3.The Nursing Connection will consider these factors when determining CEU offerings:

- a. Does the offering provide a solution to a problem?
- b. What is the cost of the training to those participating in the offering?
- c. What is the expected return on investment those participating in the offering can expect?
- d. Does the training assist with meeting legal compliance for individual participants or organizations?
- e. After all training options have been assessed, The Nursing Connection will have a list of educational priorities suitable for individuals,

departments and organizations.

### Planning of CNE Offerings

- 1.The CNE Program Coordinator will then evaluate the list of educational priorities and plan CNE offerings for the upcoming year.
- 2.CNE offerings will be planned and scheduled with consideration given to:
  - a.Where will the offering will be conducted?
  - b.How will offering be delivered?
  - c.Is the offering suitable to be provided online?
  - d.If the offering already exists, should it continue to be offered?

### **feassessment** ~ Fee Assessment

- 1.The Nursing Connection will designate a fee for each CNE offering and publish the fee and refund policy at the time the offering is formally announced.
- 2.The fee for each offering will vary depending on cost of speaker(s), venue, advertising, etc...
- 3.The fee for the offering will be collected at the time of registration and will be payable electronically or with check via mail.
- 4.Payment of the fee secures registration for the offering.

### Refunds

- 1.If a participant is unable to attend the offering as scheduled, refunds will be issued as follows:
  - a.Notice received up to 7 days prior to scheduled event: 100% refund
  - b.Notice received less 7 days prior to scheduled event: 0% refund
- 2.Refunds will be made within 14 days of receipt of notice.

### Insufficient Funds

- 1.A \$35 fee will be assessed for any payment received that is returned to the organization for insufficient funds in addition to the fee for the offering.
- 2.A participant may not attend an offering until fees have been paid in full.

### **advertisement** ~ Advertisements or Announcements

- 1.The Nursing Connection will advertise CNE offerings in a variety of



ways, including:

- a. On the internet via website, social media and email
- b. Radio
- c. Television
- d. Print advertising
- e. Mail

2. Published information shall contain the following statement:

a. The Nursing Connection 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 RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number:

\_\_\_\_\_

A sample offering announcement is attached to this application.

### **approvalprocess** ~ Approval of Offering

1. Each CNE offering submitted to the CNE Program Coordinator must include:

- a. Summary of planning
- b. Behavioral Objectives
- c. Content shall meet the definition of CNE in KSA 65-1117(a) which states: Continuing nursing education means learning experiences intended to build upon the educational 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.
- d. Instructor's education and experience documenting knowledge/expertise
- e. Current bibliography (books 10 years, periodicals 5 years)
- f. Offering evaluation that includes assessment of learner achievement of each objective, expertise of individual presenters

The Offering Evaluation Tool utilized by The Nursing Connection is attached to this application.

### **contacthours** ~ Awarding Contact Hours

1. Participants completing an entire program offering will be awarded one contact hour based on 50 minutes of participation in a learning experience.
2. Credit for fractions of hours will be awarded to those completing an entire program offering as follows:
  - a. 15 minutes – 0.25 contact hour

b.30 minutes – 0.50 contact hour

c.45 minutes – 0.75 contact hour

Instructor credit will be awarded as follows:

d.2.0 contact hours for each hour of first time presentation of an approved offering, excluding standardized prepared curriculum (e.g. ACLS, PALS, TNCC, ENPC, MANDT, etc)

3.Independent study credit will be awarded based on time required to complete the offering as documented by The Nursing Connection's pilot time test results

a.Pilot test time results will be measured as follows:

i.A small group of pilot testers representative of the target audience will document time needed by each to complete the offering;

ii.The CEU Program Coordinator will discard the highest and lowest times, total all remaining times and divide by remaining number of testers to determine the average time needed;

iii.Contact hour credit will be awarded as per this policy.

4.Contact hours for clinical hours will not be awarded.

#### Partial Credit

1.Partial credit will be awarded as follows for late arrival or early departure:

a.Participants arriving late or leaving early will note and initial either time of late arrival or early departure;

b.Time for breaks will be subtracted from total hours participant was present at the offering.

c.Total number of minutes attended will be divided by 50 to calculate number of contact hours to be awarded to participant.

#### **verifycompletion** ~ Verifying Participation and Completion – Online Offerings

1.Participants will register for course offerings electronically.

2.Online course settings will not allow participants to advance to post-test and program evaluation without first viewing course content in its entirety.

3.Participants will be required to take a post-test and score 70% or greater to be awarded a Certificate of Continuing Nursing Education.

#### Verifying Participation and Completion – In Person Events

1.Participants will register for course offerings electronically.

2. Participants will sign in upon arrival for event and again after lunch and/or each subsequent day to verify attendance.
3. Participants will complete a program evaluation at the end of the offering.

The attendance roster used by The Nursing Connection for in person events is attached to this application.

### **recordkeeping** ~ Record Keeping And Storage

1. The Nursing Connection will retain the following records for each offering for a period of two years:
  - a. Summary of planning
  - b. Copy of announcement/brochure
  - c. Title and objectives
  - d. Offering agenda
  - e. Pilot time test results if independent study
  - f. Bibliography
  - g. Summary of participant evaluations
  - h. Each instructor's education and experience
  - i. Documentation to verify completion of the offering
  - j. Records will be stored electronically on a secure site with password protected access to be retrieved easily as needed by authorized personnel.

### **noticeofchange** ~ Process for Notifying Kansas State Board of Nursing of Changes

1. The CNE Program Coordinator will notify Kansas State Board of Nursing of any change to CEU Program Coordinator or required policies and procedures within 30 days.
2. Written notification will be mailed to:
  - a. Kansas State Board of Nursing  
Landon State Office Building  
Attn: Department of Continuing Nursing Education  
900 SW Jackson, Suite 1051  
Topeka, Kansas 66612

### **programevaluation** ~ Process for Total Program Evaluation

1. The CNE Program Coordinator will complete a total program evaluation at least annually and submit findings in the annual report to Kansas

State Board of Nursing.

2.The total program evaluation will include:

a."a systematic process by which an approved provider analyzes outcomes of the overall continuing nursing education program in order to make subsequent decisions"(60-9-105 (s))

3.The total program evaluation will include evaluation of:

a.Program administration, including program coordinator's responsibilities

b.Program management, including policies and procedures

c.Total program evaluation, including the ability of the plan to measure the overall effectiveness of the providership.

4.At least annually The Nursing Connection will complete a total program evaluation.

5.The CNE Program Coordinator will include the total program evaluation findings will be included with the annual report submitted to Kansas State Board of Nursing.

The total program evaluation tool used by The Nursing Connection is attached to this application.

**Submission date** ~ 01-22-2020 12:52:02

**Form ID** ~ 1672730

# Jessica L. Franz, MSN, MA, RN

14809 W 149<sup>th</sup> Ct | Olathe, KS 66062 | 913-945-0494, jessicaleighfranz@gmail.com

## EDUCATION

**MidAmerica Nazarene University, Olathe, KS**  
Master of Science in Nursing Education: December 2019

**MidAmerica Nazarene University, Olathe, KS**  
Bachelor of Science in Nursing: July 2014

**Kansas City Kansas Community College, Kansas City, KS**  
Associate Degree in Nursing: May 2013  
Summa Cum Laude

**Nazarene Theological Seminary, Kansas City, MO**  
Master of Arts in Christian Education, Diploma in Youth Ministry: July 2006

**Mount Vernon Nazarene University, Mount Vernon, OH**  
Bachelor of Arts in Music, Christian Education Minor: May 2003

## LICENSURES AND CERTIFICATIONS

**Registered Nurse, Kansas**, received May 2013  
**National Institutes of Health Stroke Scale**, expires November 2021  
**Advanced Cardiac Life Support, AHA**, expires February 2020  
**Basic Life Support for Healthcare Providers, AHA**, expires September 2021  
**Clinical Faculty Academy**, completed August 2016  
**Preconception Peer Educator**, Office of Minority Health, received September 2012

## PROFESSIONAL EXPERIENCE

**Resource Nurse, Olathe Medical Center, Olathe, KS: December 2019 – Present**

- Float to all units of the hospital including: Cardiac, Med-Surg, PCU, ICU, ER, and Neuro

**Nursing Supervisor, PRN, Olathe Medical Center, Olathe, KS: July 2019 – Present**

- Coordinate and manage house-wide staffing for a 300-bed hospital
- Assist with all rapid responses and code blues in the hospital
- Support and educate all staff working

**Adjunct Professor, MidAmerica Nazarene University, Olathe, KS: August 2016 – Present**

- OB, Med-Surg, Community Health, and Capstone Clinical Instructor for traditional and accelerated BSN students
- Completely revamped and continue to teach online Biblical Perspectives course for the RN-BSN program

**Cardiac Registered Nurse, Olathe Medical Center, Olathe, KS: September 2015 – December 2019**

- Work on the main telemetry floor for the hospital caring for patients with varying admitting diagnoses
- Drip titration, A fib management, post heart catheterization monitoring, sheath pull certified, CHF management and education, MI monitoring and management, post-surgical care including drains, head-to-toe and focused assessments
- Nurse Preceptor
- Charge Nurse
- Nurse leader providing education, support, and mentoring to co-workers

**Professional Birth Nurse**, New Birth Company, Overland Park, KS: June 2013 – September 2015

- Support natural childbirth, fetal heart tone monitoring, newborn assessments and interventions, post-partum care and assessments, discharge teaching
- Provide newborn, breastfeeding, and post-partum education
- Conduct assessments at 24 hr. home visits, newborn clinic visits, and administer post-partum depression screens
- Triage phone calls and assist in clinic

**Student**, Kansas City Kansas Community College, Kansas City, KS: August 2010 – May 2013

**Direct Support Coordinator**, Mosaic, Kansas City, KS: July 2008 – March 2010

- Member of the Senior Leadership Team
- Oversee all Day and Residential programs for agency serving adults with disabilities
- Supervise hiring and management of 50+ employees
- Direct supervision of 3 managers for the various programs
- Provide classroom training to all new staff
- Case Management

**Special Education Paraprofessional**, Midland Trail Elementary, Kansas City, KS: October 2007 – July 2008

- Support the academic and behavioral needs of students through the creation of academic programs

**Assistant Manager/Residential Care Specialist**, KidsTLC, Olathe, KS: August 2003 – October 2007

- Teach youth in a Psychiatric Residential Treatment Facility
- Medication Administration
- Pre-screen, interview, and hire staff
- Staff education, support, and scheduling
- Case management

Position Description: Continuing Nursing Education (CNE) Program Coordinator

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

Reviewed: \_\_\_\_\_

### **Position Summary**

The Continuing Nursing Education (CNE) Program Coordinator will develop, implement and oversee continuing nursing education activities within The Nursing Connection; maintains the approved provider unit (APU) program and structure; supports overall growth of continuing nursing education activities.

### **Key Responsibilities:**

1. Assessing needs and planning CNE offerings
2. Ensuring all CNE offerings meet criteria for awarding contact hours
3. Monitoring participation and completion of offerings by participants
4. Ensuring records are maintained confidentially for the appropriate period of time and with a system for easy retrieval by authorized personnel
5. Notifying Kansas State Board of Nursing in writing of any change in CNE Program Coordinator or required policies and procedures
6. Annual Total Program Evaluation
7. Annual report to Kansas State Board of Nursing

### **Minimum Qualifications:**

1. Three years clinical experience as a Registered Nurse
2. Baccalaureate degree
3. One year of experience developing and implementing educational offerings

## Policy #100: Process of Assessing Need And Planning CNE

The Nursing Connection will follow a systematic process for assessing need and planning CNE offerings.

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

Reviewed: \_\_\_\_\_

### Need Assessment

1. The Nursing Connection will assess need for CNE using informal and/or formal methods including:
  - a. Identifying healthcare facility business needs through formal or informal survey;
  - b. Performing gap analysis through individual interviews, focus groups, surveys, and self-assessments

### Assessment of Training Options

1. A list of training options and needs will be generated after the gap analysis has been completed.
2. All options will be carefully evaluated to determine which are:
  - a. Urgent
  - b. Important
  - c. Not important
3. The Nursing Connection will consider these factors when determining CEU offerings:
  - a. Does the offering provide a solution to a problem?
  - b. What is the cost of the training to those participating in the offering?
  - c. What is the expected return on investment those participating in the offering can expect?
  - d. Does the training assist with meeting legal compliance for individual participants or organizations?
  - e. After all training options have been assessed, The Nursing Connection will have a list of educational priorities suitable for individuals, departments and organizations.

### Planning of CNE Offerings

1. The CNE Program Coordinator will then evaluate the list of educational priorities and plan CNE offerings for the upcoming year.
2. CNE offerings will be planned and scheduled with consideration given to:
  - a. Where will the offering will be conducted?
  - b. How will offering be delivered?
  - c. Is the offering suitable to be provided online?
  - d. If the offering already exists, should it continue to be offered?



## Policy #101: Process For Fee Assessment

Participants will be aware of the cost of any CNE offering and the process for refunds at the time each offering is announced.

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

Reviewed: \_\_\_\_\_

### Fee Assessment

1. The Nursing Connection will designate a fee for each CNE offering and publish the fee and refund policy at the time the offering is formally announced.
2. The fee for each offering will vary depending on cost of speaker(s), venue, advertising, etc...
3. The fee for the offering will be collected at the time of registration and will be payable electronically or with check via mail.
4. Payment of the fee secures registration for the offering.

### Refunds

1. If a participant is unable to attend the offering as scheduled, refunds will be issued as follows:
  - a. Notice received up to 7 days prior to scheduled event: 100% refund
  - b. Notice received less 7 days prior to scheduled event: 0% refund
2. Refunds will be made within 14 days of receipt of notice.

### Insufficient Funds

1. A \$35 fee will be assessed for any payment received that is returned to the organization for insufficient funds in addition to the fee for the offering.
2. A participant may not attend an offering until fees have been paid in full.

Policy #102: Process For Advertisements or Announcements

CNE Offerings will be advertised.

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

Reviewed: \_\_\_\_\_

**Fee Assessment**

1. The Nursing Connection will advertise CNE offerings in a variety of ways, including:
  - a. On the internet via website, social media and email
  - b. Radio
  - c. Television
  - d. Print advertising
  - e. Mail
2. Published information shall contain the following statement:
  - a. The Nursing Connection 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 RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number: \_\_\_\_\_

## Policy #103: Process For Offering Approval

The Nursing Connection will approve offerings using a standardized system to ensure each offering is appropriate.

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

Reviewed: \_\_\_\_\_

### Approval Offering

1. Each CNE offering submitted to the CNE Program Coordinator must include:
  - a. Summary of planning
  - b. Behavioral Objectives
  - c. Content shall meet the definition of CNE in KSA 65-1117(a) which states:  
*Continuing nursing education means learning experiences intended to build upon the educational 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.*
  - d. Instructor's education and experience documenting knowledge/expertise
  - e. Current bibliography (books 10 years, periodicals 5 years)
  - f. Offering evaluation that includes assessment of learner achievement of each objective, expertise of individual presenters

## Policy #104: Process For Awarding Contact Hours

The Nursing Connection will award contact hours to participants for completion of full program offering or partial completion of offering.

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

Reviewed: \_\_\_\_\_

### **Awarding Contact Hours**

1. Participants completing an entire program offering will be awarded one contact hour based on 50 minutes of participation in a learning experience.
2. Credit for fractions of hours will be awarded to those completing an entire program offering as follows:
  - a. 15 minutes – 0.25 contact hour
  - b. 30 minutes – 0.50 contact hour
  - c. 45 minutes – 0.75 contact hourInstructor credit will be awarded as follows:
  - d. 2.0 contact hours for each hour of first time presentation of an approved offering, excluding standardized prepared curriculum (e.g. ACLS, PALS, TNCC, ENPC, MANDT, etc)
3. Independent study credit will be awarded based on time required to complete the offering as documented by The Nursing Connection's pilot time test results
  - a. Pilot test time results will be measured as follows:
    - i. A small group of pilot testers representative of the target audience will document time needed by each to complete the offering;
    - ii. The CEU Program Coordinator will discard the highest and lowest times, total all remaining times and divide by remaining number of testers to determine the average time needed;
    - iii. Contact hour credit will be awarded as per this policy.
4. Contact hours for clinical hours will not be awarded.

### **Partial Credit**

1. Partial credit will be awarded as follows for late arrival or early departure:
  - a. Participants arriving late or leaving early will note and initial either time of late arrival or early departure;
  - b. Time for breaks will be subtracted from total hours participant was present at the offering.
  - c. Total number of minutes attended will be divided by 50 to calculate number of contact hours to be awarded to participant.

## Policy #105: Process For Verifying Participation and Completion of The Offering

The Nursing Connection will verify participation and completion of offerings by participants.

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

Reviewed: \_\_\_\_\_

### **Verifying Participation – Online Offerings**

1. Participants will register for course offerings electronically.
2. Online course settings will not allow participants to advance to post-test and program evaluation without first viewing course content in its entirety.
3. Participants will be required to take a post-test and score 70% or greater to be awarded a Certificate of Continuing Nursing Education.

### **Verifying Participation – In Person Events**

1. Participants will register for course offerings electronically.
2. Participants will sign in upon arrival for event and again after lunch and/or each subsequent day to verify attendance.
3. Participants will complete a program evaluation at the end of the offering.

- e. The Independent Study Verification Form will then be scanned into the confidential and secure online records storage system to be maintained per policy.

## Independent Study Participation Verification

Provider Name And Address: The Nursing Connection, 1834 Raccoon Road, Robinson, KS 66532

Provider #: XXXXXXXX

CNE Program Coordinator: Jessica L Franz, MSN, MA, RN

Title of Offering: \_\_\_\_\_

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

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

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

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

Participant Email Address: \_\_\_\_\_

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

\*\*\*Please email this form to: [hello@thenursingconnection.com](mailto:hello@thenursingconnection.com) for processing. Once received you will receive a link to take the online post-test for this offering. A score of 70% is required to receive credit and certificate of continuing nursing education.\*\*\*

---

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Post Test Score: \_\_\_\_\_

Contact Hours Awarded: \_\_\_\_\_

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

---

Jessica L Franz, MSN, MA, RN - CNE Program Coordinator

## Policy #106: Process For Issuing Certificates of Completion

The Nursing Connection will issue certificates of completion to participants based on verification of participation in offerings.

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

Reviewed: \_\_\_\_\_

### **Issuing Certificates of Completion For Online Offering**

1. Participants completing an online offering will be required to take a post-test.
2. A score of 75% or greater is required for issuing certificate of continuing nursing education.
3. Certificates of Completion will be provided electronically to participants completing online offerings.

### **Issuing Certificates of Completion For In Person Offering**

1. Participants completing an in person offering will be required to sign in upon arrival, after lunch, and each subsequent day.
2. Certificates of Completion will be provided electronically to those participants with verified participation in each in person offering.



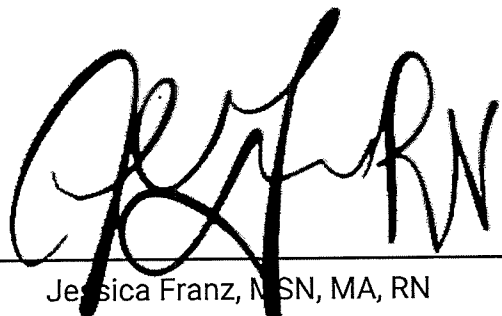
# CERTIFICATE OF COMPLETION

First Name    Last Name    License #: XXXXXXXXXX    Date: 00/00/0000

has successfully completed

Distress to De-Stress: Stress Management Skills For Nurses

and has been awarded 1.0 contact hour.



Jessica Franz, MSN, MA, RN  
CNE Program Coordinator



The Nursing Connection, Dept of Continuing Nursing Education  
1834 Raccoon Road, Robinson, Kansas 66532; Provider #: XXXXXXX

Attendance Roster

Title:

Presenter:

Contact Hours: 1.0

Date:

Provider #: XXXXXXX

CNE Provider: The Nursing Connection, 1834 Raccoon Road, Robinson, Kansas 66532

CNE Program Coordinator: Jessica L Franz, MSN, MA, RN

Participant Name	RN or LPN	License Number	Email Address	Contact Hours Awarded

-546-

## Policy #107: Process For Record Keeping And Storage

The Nursing Connection will retain appropriate records for each offering, and store records securely and in manner that makes them easily retrievable by authorized personnel.

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

Reviewed: \_\_\_\_\_

### Record Keeping And Storage

1. The Nursing Connection will retain the following records for each offering for a period of two years:
  - a. Summary of planning
  - b. Copy of announcement/brochure
  - c. Title and objectives
  - d. Offering agenda
  - e. Pilot time test results if independent study
  - f. Bibliography
  - g. Summary of participant evaluations
  - h. Each instructor's education and experience
  - i. Documentation to verify completion of the offering
  - j. Records will be stored electronically on a secure site with password protected access to be retrieved easily as needed by authorized personnel.

Policy #108: Process For Notice of Change of Coordinator or Required Policies

The CNE Program Coordinator will notify Kansas State Board of Nursing in writing of any change to CEU Program Coordinator or required policies and procedures within 30 days.

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

Reviewed: \_\_\_\_\_

**Process for Notifying Kansas State Board of Nursing of Changes**

1. The CNE Program Coordinator will notify Kansas State Board of Nursing of any change to CEU Program Coordinator or required policies and procedures within 30 days.
2. Written notification will be mailed to:
  - a. Kansas State Board of Nursing  
Landon State Office Building  
Attn: Department of Continuing Nursing Education  
900 SW Jackson, Suite 1051  
Topeka, Kansas 66612

## CNE Offering Evaluation

Title Of Offering: \_\_\_\_\_

Criteria	Yes/No If no, please provide Recommended Action.	Recommended Action
Summary Of Planning Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavioral Objectives Included	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Content Meets Definition of CNE as per KSA 65-1117(a)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Instructor's education and experience is suitable to the offering	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current bibliography is provided (books 10 years, periodicals 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offering evaluation includes assessment of learner achievement of each objective, expertise of individual presenters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offering is suitable for online presentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved for Presentation? All questions must be answered "Yes" for offering to be approved.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

\_\_\_\_\_

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

Signature, CNE Program Coordinator

Policy #109: Total Program Evaluation

The Nursing Connection will complete a total program evaluation annually and include findings in the annual report to Kansas State Board of Nursing.

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

Reviewed: \_\_\_\_\_

**Process for Total Program Evaluation**

1. The CNE Program Coordinator will complete a total program evaluation at least annually and submit findings in the annual report to Kansas State Board of Nursing.
2. The total program evaluation will include:
  - a. "a systematic process by which an approved provider analyzes outcomes of the overall continuing nursing education program in order to make subsequent decisions"(60-9-105 (s))
3. The total program evaluation will include evaluation of:
  - a. Program administration, including program coordinator's responsibilities
  - b. Program management, including policies and procedures
  - c. Total program evaluation, including the ability of the plan to measure the overall effectiveness of the providership.
4. At least annually The Nursing Connection will complete a total program evaluation.
5. The CNE Program Coordinator will include the total program evaluation findings will be included with the annual report submitted to Kansas State Board of Nursing.

### Total Program Evaluation

Area	Frequency	Resp. Person	Criteria	Findings	Actions/ Recommendations
Administration			Review job description		
Policies: Assess need, planning - written tool - evaluation summaries			Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning		
Policies: Fee Assessment			Policy meets organization and customer needs		
Policies: Announcement			Review to be certain they reflect necessary information		
Policies: Offering approval process			Review policies and compare to KSBN requirements		
Policies: Awarding contact hours			Review agendas/pilot test results to verify contact hours awarded; review documentation of partial credit		
Policies: Verifying participation/ completion			Review rosters and certificates; compare to KSBN requirements		
Policies: Record keeping			Audit contents of files for compliance with KSBN requirements		
Policies: Notification of changes			Review procedures for changes reported to KSBN		
Total Program Evaluation effectiveness			Review total program evaluation and compare contents to KSBN requirements		

\_\_\_\_\_

Date

\_\_\_\_\_

CNE Program Coordinator

# Offering #1



# *From Distress To De-Stress*

## Stress Management Skills For Nurses

Nurses today are living in a state of chronic stress. Many are suffer from depression, anxiety, heart disease, and more. Nurses are not prepared for the long-term stress they encounter in their work. This course will provide participants with basic stress reducing strategies that can be implemented in just minutes each day to help nurses go from a state of distress to de-stress.

### **Learning Objectives:**

- Identify effects of chronic stress on physical and emotional health;
- Understand the unique risk of nurses for developing chronic stress
- Understand the difference between Prevention Coping and Promotion Coping
- Identify 3 simple strategies to reduce overall stress

**REGISTER NOW at <http://bit.ly/tnc-stress>**

The Nursing Connection is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 1.0 contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number: XXXXXXXX



*This offering is FREE and will be provided online.*

## Summary of Planning

The nursing turnover and retention problem has existed for decades. The Nursing Connection has recently reviewed the National Nursing Engagement Report created in 2019 by Bradley and King. The findings of this report indicate that 15.6% of engaged nurses and 41% of unengaged nurses are experiencing feelings of burnout and emotional exhaustion. Within the last two months The Nursing Connection informally surveyed nurses online to determine which professional growth skill they most want to learn. 90% of nurses surveyed state they want to learn how to manage the stress of their work and lives. Based on the responses of all nurses surveyed and the continued problem of nursing turnover and retention, we believe this offering, From Distress To De-Stress: Stress Management Skills For Nurses, is urgently needed.

## From Distress To De-Stress:

### *Stress Management Skills For Nurses:*

Presenter: Teresa R Sanderson, RN, CCM

Objectives:

Upon completion of the offering participants will be able to:

- Identify effects of chronic stress on physical and emotional health;
- Understand the unique risk of nurses for developing chronic stress
- Understand the difference between Prevention Coping and Promotion Coping
- Identify 3 simple strategies to reduce overall stress

## Outline

- 1) Introduction
- 2) What is stress?
  - a) Definition
  - b) Three types of stress
    - i) Acute
    - ii) Episodic Acute
    - iii) Chronic
- 3) Is All Stress Bad?
  - a) When Is Stress Positive?
  - b) What Kind of Stress Is Negative?
- 4) Effects of Stress on Physical and Emotional Health
  - a) Acute Stress
  - b) Chronic Stress
- 5) Nurses In A State of Distress
  - a) % of nurses reporting moderate-high level stress
  - b) How nurses are coping with stress
  - c) Health Implications For Nurses Under Stress
- 6) How To Move From Distress To De-Stress
  - a) Coping Skills
    - i) Prevention Focused Coping
    - ii) Promotion Focused Coping
  - b) Assertive Communication
  - c) Self-Care: The Missing Link
    - i) Relaxation techniques
    - ii) Plan to enjoy time off
    - iii) Learn to say "No"
- 7) Summary

## Bibliography ~

5 Things You Should Know About Stress. (2019, November 1). Retrieved January 20, 2020, from <https://www.nimh.nih.gov/health/publications/stress/index.shtml>

Brusie, C. (2019, April 7). Study Reveals Alarming Statistics on Nurse Burnout. Retrieved January 20, 2020, from <https://nurse.org/articles/nurse-burnout-statistics/>

Erenfeld, T. (2018, December 7). The Three Types of Stress. Retrieved January 20, 2020, from <https://www.psychologytoday.com/us/blog/open-gently/201812/the-three-types-stress>

Gooch, K. (2018, April 24). Study: 92% of nurses report moderate-to-very high stress levels. Nurses' stress levels and coping mechanisms influence their health, according to a study published in Nursing Research and Practice. Retrieved January 20, 2020, from <https://www.beckershospitalreview.com/human-resources/study-92-of-nurses-report-moderate-to-very-high-stress-levels.html>

Hall, E. D. (2019, June 18). Coping with Work Stress. Retrieved January 20, 2020, from <https://www.psychologytoday.com/us/blog/conscious-communication/201906/coping-work-stress>

Staff, M. C. (2019, May 23). 3 simple strategies to help you focus and de-stress. Retrieved January 20, 2020, from <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/3-simple-strategies-to-help-you-focus-and-de-stress/art-20390057>

Werneburg, B. L. (2016, December 30). 3 ways to become more stress resilient. Retrieved January 20, 2020, from <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/3-ways-to-become-more-stress-resilient/art-20267213>

## The Nursing Connection – Department of Continuing Nursing Education

COURSE TITLE: From Distress To De-Stress: Stress Management Skills For Nurses

DATE: \_\_\_\_\_

### INSTRUCTIONS:

Your opinion of this continuing education activity is important in planning future educational activities. Please indicate how you rate the activity in the categories listed below by circling the number which indicates your response to each statement.

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree.

Please make any written comments on the reverse of this form.

\*\*\*\*\*

RELATIONSHIP OF OBJECTIVES TO OVERALL PURPOSE/GOAL(S) OF THE ACTIVITY:

In general, the below listed objectives were reflective of the overall purpose/goal of the activity. 1 2 3 4

### Overall Purpose/Goal:

**To educate participants on effects of stress on overall health and strategies to decrease stress.**

\*\*\*\*\*

LEARNER'S ACHIEVEMENT OF OBJECTIVE OF THE CONTINUING EDUCATION ACTIVITY:

Objective 1: Identify effects of chronic stress on overall physical health 1 2 3 4

Objective 2: Understand the unique risk of nurses for developing chronic stress 1 2 3 4

Objective 3: Discuss the difference between prevention coping and promotion coping 1 2 3 4

Objective 4: Identify 3 simple strategies for decreasing overall stress 1 2 3 4

\*\*\*\*\*

TEACHING EFFECTIVENESS OF EACH INDIVIDUAL FACULTY MEMBER/PRESENTER: Teresa Sanderson, RN, CCM

The presentation was organized and easy to follow. 1 2 3 4

The teaching methods were appropriate for the subject area and content. 1 2 3 4

The speaker demonstrated knowledge/expertise in the topic. 1 2 3 4

The content was based on current professional/scientific information. 1 2 3 4

The speaker clarified content in response to questions. 1 2 3 4

The speaker demonstrated regard for previous knowledge and experience of the learner. 1 2 3 4

The presentation level was appropriate for the background and experience of the learner. 1 2 3 4

The speaker was confident speaking before an audience. 1 2 3 4

The speaker exhibited enthusiasm for the topic. 1 2 3 4

\*\*\*\*\*

FUTURE LEARNING OPPORTUNITIES THAT WOULD BE BENEFICIAL INCLUDE:

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# Offering #2

# Assertive Communication Skills *For Nurses*

Assertive communication -being able to say what you need to say in ALL situations- is known to decrease stress by allowing us to fully express our ideas and feelings. In a recent survey conducted by The Nursing Connection 80% of those surveyed stated they wish they could communicate more effectively. This class is for you if you want to learn more effective and stress reducing ways to express yourself!

## **Learning Objectives:**

- Identify three communication types
- Understand five benefits of assertive communication
- Improve assertive communication by utilizing a structure for forming assertive statements

**REGISTER NOW at <http://bit.ly/tnc-assert>**

The Nursing Connection is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 1.0 contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number: XXXXXXX



*This offering is FREE and will be provided online.*



# Assertive Communication Skills For Nurses

Presenter: Teresa R Sanderson, RN, CCM

Objectives:

Upon completion of this program participants will be able to:

- Identify three communication types
- Understand five benefits of assertive communication
- Improve assertive communication by utilizing a structure for forming assertive statements

## Summary Of Planning ~

According to a report by Becker Hospital Review in April 2018, 92% of nurses report moderate to very high stress levels at work. Additionally, The Nursing Connection informally surveyed nurses online to determine which professional growth skill they most want to learn. According to the survey, assertive communication is the second most important skill nurses would like to develop. 80% of those surveyed reported feeling that if they could communicate better, their stress levels would decrease. This offering, Assertive Communication Skills For Nurses, has been developed to in direct response to this identified need.

# Outline

- 1) Introduction
- 2) Three Types of Communication & How They Make Us Feel
  - a) Passive
  - b) Assertive
  - c) Aggressive
- 3) 5 Benefits of Assertive Communication
  - a) Increased Confidence & Self-Esteem
  - b) Less Anxiety
  - c) Less Depression
  - d) Greater sense of being in control or self-advocating
  - e) Improved Relationships
- 4) 3 Reasons We Are Not Assertive
  - a) Don't want to reject others
  - b) Nervousness/Anxiety
  - c) Vulnerability
- 5) The Temporary Discomfort Of Being Assertive
- 6) Basic Structure For Forming Assertive Statements
  - a) I feel "x" when you "y" in situation "z," and I would like....
- 7) Why Nurses Need Assertive Communication Skills
- 8) Preparing To Get Started Using Assertive Communication
  - a) Practice forming assertive statements
  - b) Practice saying them out loud to a good friend or your spouse
  - c) Take time to get your thoughts together when you encounter a difficult situation
- 9) NO FAIL Formula To Use When Calling A Physician
  - i) Introduce self with title and employer
  - ii) State who you are calling about
  - iii) Give brief and relevant historical information as needed (Patient had TLHR on date, etc)
  - iv) State the problem patient is having; what you have done; and outcome.
  - v) Make a recommendation
  - vi) Read orders back to physician
  - vii) Thank physician for their time
- 10) Summary

## Bibliography ~

Adanza, K., Espy, L., & Worthington, S. (2019, December 12). 20 Easy-to-Use Assertive Communication Skills for Confidence and Respect. Retrieved January 20, 2020, from <https://projectbliss.net/assertive-communication-skills/>

Beqiri, G. (2018, November 9). Saying no: Improve assertive communication to reduce stress. Retrieved January 20, 2020, from <https://virtualspeech.com/blog/assertive-communication-reduce-stress>

Gillihan, S. (2018, January 18). 5 Benefits of Asserting Your Needs-and How to Start Today. Retrieved January 20, 2020, from <https://www.psychologytoday.com/us/blog/think-act-be/201801/5-benefits-asserting-your-needs-and-how-start-today>

Mushtaq, B. (2018, May 21). Assertiveness In Nursing. Retrieved January 20, 2020, from <https://crimsonpublishers.com/cojnh/pdf/COJNH.000561.pdf>

Stressed out? Be assertive. (2017, May 9). Retrieved January 20, 2020, from <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/assertive/art-20044644>

Wignall, N. (2019, December 11). Assertiveness: A Complete Step-by-Step Guide [2020]. Retrieved January 20, 2020, from <https://nickwignall.com/assertiveness/>

## The Nursing Connection – Department of Continuing Nursing Education

COURSE TITLE: Assertive Communication Skills For Nurses

DATE: \_\_\_\_\_

### INSTRUCTIONS:

Your opinion of this continuing education activity is important in planning future educational activities. Please indicate how you rate the activity in the categories listed below by circling the number which indicates your response to each statement.

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree.

Please make any written comments on the reverse of this form.

\*\*\*\*\*

RELATIONSHIP OF OBJECTIVES TO OVERALL PURPOSE/GOAL(S) OF THE ACTIVITY:

In general, the below listed objectives were reflective of the overall purpose/goal of the activity. 1 2 3 4

### Overall Purpose/Goal:

To educate participants on benefits of assertive communication and how to communicate assertively and effectively.

\*\*\*\*\*

LEARNER'S ACHIEVEMENT OF OBJECTIVE OF THE CONTINUING EDUCATION ACTIVITY:

Objective 1: Identify 3 types of communication 1 2 3 4

Objective 2: Understand 5 benefits of assertive communication 1 2 3 4

Objective 3: Improve assertive communication by utilizing a structure for forming assertive statements 1 2 3 4

\*\*\*\*\*

TEACHING EFFECTIVENESS OF EACH INDIVIDUAL FACULTY MEMBER/PRESENTER: Teresa Sanderson, RN, CCM

The presentation was organized and easy to follow. 1 2 3 4

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The speaker exhibited enthusiasm for the topic. 1 2 3 4

\*\*\*\*\*

FUTURE LEARNING OPPORTUNITIES THAT WOULD BE BENEFICIAL INCLUDE:

\_\_\_\_\_

# Teresa Sanderson

## **Registered Nurse - Certified Case Manager**

Robinson, KS 66532

sanderson.teresa@gmail.com

816-205-1539

Authorized to work in the US for any employer

## Work Experience

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### **Cares Manager**

Humana at Home - Clearwater, FL

May 2016 to July 2017

- Nurse Care Manager
- Educate, engage and empower member's in self-care and disease management

### **Assistant Director of Nursing**

Valley Hope Association - Atchison, KS

February 2016 to April 2016

- Clinical supervision of nursing care delivery on the evening shift
- Admission of new patients, general patient care, patient education
- Staff education
- Survey preparation

### **Contract/Travel RN**

Supplemental Healthcare Staffing

April 2015 to January 2016

### **Specialty Clinic RN; Member Nursing Leadership Team**

St Joseph Medical Center - Kansas City, KS

April 2014 to March 2015

Kansas City, KS

- Orthopedic, Rehabilitation and Medical/Surgical Units

Specialty Clinic RN; Member Nursing Leadership Team

Horton Community Hospital - Horton, KS April 2014 - March 2015

- Medical/Surgical Nursing of Geriatric Population
- Employee Health Screening
- Employee Education

### **Vice President of Sales**

Freedom Equity Group - Robinson, KS

August 2013 to April 2014

- Direct sales of life insurance products

- Financial planning and advising
- Community engagement
- Team development and training

Telecommunications

### **Customer service**

NCO Financial Group - Saint Joseph, MO  
October 2012 to July 2013

management

### **Administrator**

Abundant Life Care Center - Hiawatha, KS  
November 2009 to January 2011

- Management and oversight of clinical and operational activities
- Clinical nursing
- Staff development
- Marketing
- Budget/Finance
- Performance Improvement, Data Collection & Analysis
- Policy review and development
- Regulatory compliance

### **Chief Executive Officer**

Abundant Life Hospice - Horton, KS  
March 2004 to January 2011

- Management and oversight of clinical and operational hospice activities
- Marketing
- Professional education
- Community education and engagement
- Leadership development
- Budget/finance
- Contract development
- Performance Improvement, Data Collection & Analysis
- Policy review and development
- Personnel management
- Transformational customer service
- Clinical nursing

### **Executive Director**

Abundant Life Hospice - Hiawatha, KS  
September 2006 to October 2009

- Management and oversight of clinical and operational activities
- Clinical nursing
- Staff development
- Marketing
- Budget/finance
- Performance improvement, Data Collection & Analysis

- Policy Review and development
- Regulatory compliance

### **Prior Authorization Supervisor**

Electronic Data Systems - Topeka, KS

May 2003 to May 2004

- Supervised 10 Registered Nurses in Prior Authorization Department
- Processed Medicaid service approvals/denials for the state of Kansas
- Program development
- Customer service

### **Senior Health Services Administrator/Regional Quality Improvement Coordinator**

Prison Health Services - Topeka, KS

August 2000 to July 2003

- Management of multidisciplinary medical unit for 2,400 inmates within a managed care environment
- Supervised 75 employees
- Performance improvement, data collection and analysis
- Risk management
- Cost containment
- Facilitated Quality Improvement Teams at 8 Kansas prison sites

### **Director of Clinical Services**

Summit Hospital of Central Texas - Austin, TX

August 1999 to July 2000

- Daily clinical management of 40 bed long-term acute care facility
- Supervised 50 employees
- Clinical care
- Regulatory compliance
- Staff development
- Performance improvement, data collection and analysis
- Marketing and business development
- Member, Senior Management Team

### **Staff Development & Diabetes Education**

Victoria Regional Medical Center - Victoria, TX

March 1996 to July 1999

- Inpatient and outpatient diabetes education
- Insurance precertification
- Business development and marketing
- Support group facilitator
- Participated in facility general and nursing orientation programs

### **Nursing Manager**

Local and National Home Care Agencies - Brownsville, TX

1992 to 1999

- Clinical and operational management of home health and community nursing



- Supervised 20 employees
- Case management
- Regulatory compliance
- Performance improvement, data collection and analysis

**House Supervisor**

Local and National Home Care Agencies - Brownsville, TX  
1993 to 1994

**Staff RN**

DeTar Hospital - Victoria, TX  
1991 to 1992

**Charge RN**

Devereux Foundation - Victoria, TX  
1991 to 1992

**Education**

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**Associate of Science in Nursing**

The Victoria College - Victoria, TX  
1991

**Skills**

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Care Management, Case Management, RN, Home Health, Hospital

**Certifications/Licenses**

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**Registered Nurse (RN)**

Kansas, Missouri, Oklahoma, Arkansas

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

**Name of Provider:** Tri-State Resources

**Name of Program Coordinator:** Justin Bentzinger

**New Initial Application**       **Renewal (Issue Date \_\_)**

**Date Received:** 4/13/2020 & 5/11/2020      **Date Review complete:** Second review: 5/11/2020

**Date to CNE Committee:** June 2020

**Approved**       **Not Approved:**

**Approved Pending:** \_\_\_\_\_

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

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
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	First: 4/13/2020 Second: 5/11/2020	
Renewal Fee		✓
<ul style="list-style-type: none"> <li>If the long term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years as defined in the providers' policy and procedures.</li> </ul>		
The name and address of the organization on the application	Tri-State Resources, Inc dba Tri-State Staffing	
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		✓
The name, education and experience of the program coordinator responsible for CNE	Justin Bentzinger	
<ul style="list-style-type: none"> <li>Be a licensed professional nurse</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have three years of clinical experience</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have one year of experience in developing and implementing nursing education</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	Not addressed	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li><u>Assessing the Need</u> and planning for CNE activities</li> </ul>	✓	

• <u>Fee Assessment</u>	✓	
• <u>Advertisements</u> 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: _____"	Not addressed in policy and not on ACLS brochure	
• <u>Notice of Change</u> 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	✓	
For long term providers, the policies and procedures for the <u>Offering Approval Process</u> shall include the following:		
• A Summary of the Planning	✓	
• The Behavioral Objectives	Not addressed	
• The Content, which shall meet the definition of CNE in KSA 65-1117	Not addressed	
• The Instructor's Education and Experience, documenting knowledge and expertise in the content area	Not addressed	
• 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	Not addressed	
• An offering Evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	Individual objectives not listed	
▪ The expertise of each individual presenter	Not addressed	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	Not addressed	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	Not mentioned	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	Time of presentation only – no time for prep or research, does not address first-time presentation	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results		✓
• Clinical hours	✓ 3 clinical hours = 1 contact hour	
<b>Documentation of Attendance</b>		

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:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	No provider name, address, provider number or coordinator present	
<ul style="list-style-type: none"> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	No date or title	
<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	No license number or number of contact hours awarded	
Each provider shall maintain documentation to verify completion of each <u>independent study offering</u> , if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>		✓
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>		✓
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>		✓
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>		✓
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>		✓
<b>Certificate of Attendance/CE Transcript</b>		
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	Not addressed	
Each certificate and each CE transcript shall be complete before distribution to the participant	Not addressed	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	✓	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	Not clear if included	
<ul style="list-style-type: none"> <li>The name and license number of the participant</li> </ul>	No license number	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
<ul style="list-style-type: none"> <li>A summary of the planning</li> </ul>	✓	

• A copy of the offering announcement or brochure	✓	
• The title and objectives	✓	
• The offering agenda or, for independent study, pilot test results	✓	
• A bibliography	✓	
• A summary of the participants' evaluations	✓	
• Each instructor's education and experiences	✓	
• Documentation to verify completion of the offering	✓	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	Not submitted	
<b>Annual Report</b>		
Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:		✓
• An evaluation of all the components of the providership based on the total program evaluation plan		✓
• A statistical summary report; and		✓
• For each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (60-9-109(h)(1)(A-H))		✓
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	<b>#1</b>	<b>#2</b>
	#1 ACLS	#2 PALS
• A summary of planning	Not submitted	Not submitted
• A copy of the offering announcement or brochure	Does not include required information	Not submitted
• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results	Not submitted	Not submitted
• Each instructor's education and experience	Not submitted	Not submitted
• A current bibliography	One item	One item
• The offering evaluation form	Not submitted	Not submitted

06/2019

4/13/2020 Submitted first application and much information was missing. Submitted CPR and Blood Borne Pathogens for two courses. Feedback given about missing information and encouraged to review KAR 60-9-105, 60-9-106 and 60-9-107. Directed to submit missing information.

5/11/2020 Review of second application completed by Carol Moreland, MSN, RN

**Reference No.:** 24608 **Date submitted:** May 10 01:07 2020

**radio** ~ Initial Application

**Providername** ~ Tri-State Resources, Inc dba Tri-State Staffing

**providernum** ~ ~

**legalbody** ~ ~

**address** ~ 6490 Road 18

**address2** ~ Goodland, KS 67735

**telephone** ~ 785-728-2146

**email** ~ justin@a2wr.com

**coordinator** ~ Justin Bentzinger

**date** ~ 05-10-2020

**planningce** ~ Education that is required by governing body for licenses within Tri-State Resources will be offered.

Any employee or community member may request a course to be offered.

When requested, Education Coordinator will determine need/interest in the course and plan accordingly.

policy attached

**feeassessment** ~ No fee will be charged for most education classes. These classes will be offered as community service.

Fees will be charged to cover direct expenses for some courses. This may include:

Course completion cards (Ex. ACLS or TNSS)

Fees for expert Instructor

Travel for the instructor

policy attached

**advertisement** ~ Brochures/Advertisements will be included in the monthly staff newsletter.

Upcoming courses will be posted on social media and also on company website.

Brochures will be sent to area medical facilities with instructions on how to enroll in courses.

**approvalprocess** ~ policy/Items attached

**contacthours** ~ This will be awarded in increments of 15 minutes for classroom time.

No credit will be given for independent study as this will not be offered.

Clinical hours will be awarded as 3 clinical hours=1 contact hour.

Instructors will be given credit for actual time of presentation, not including time for preparation or research.

**verifycompletion** ~ A roster is maintained for each offering and completed before, during, and at the end of the offering. The roster contains the learners name, address, credentials, and actual times of attendance. The learner will be required to sign in on the roster. An attendance certificate will be mailed to the learner by the education coordinator within 7 days of the course completion. The roster will also include the course name, date, time, location, and instructor(s).

see attached roster and award certificate

**recordkeeping** ~ Each member of the course will be provided with appropriate documentation upon completion of the course and mailed to member within 7 days of completion.

Copies will be maintained in a locked cabinet accessible by education coordinator and office manager for a period of 2 years that include the following:

A summary of planning

A copy of the offering announcement or brochure

The title and objectives of the offering

The offering agenda of the offering

A bibliography

A summary of participant's evaluations

Each instructor's education and experiences

Documentation to verify completion of the course

**noticeofchange** ~ The Education Coordinator will inform the Kansas State Board of Nursing of any changes to coordinator or policies/procedures within 30 days of change.

Policies will be reviewed and revised every March and September.

**programevaluation** ~ The education coordinator will submit a report to the Kansas Board of nursing annually by the first week of July

This report must contain information for the previous year from July 1 through June 30

This report shall contain the following

A check in the amount of \$50.00

The number of personnel that were educated

The number of classes offered

Copy of the annual schedule of educational offerings

For each class

Summary of the planning

Course title and objectives

Offering agenda  
Bibliography  
Participant's evaluations  
Instructor's resume  
Course completion certificates  
**Submission date** ~ 05-10-2020 01:07:48  
**Form ID** ~ 1672730

## Instructor Education/Experience

Justin Bentzinger

2014-Present Tri-State Staffing – Goodland, KS

Director

Executive leader for healthcare staffing company. Staff shifts. Teach orientation, ACLS, PALS, and BLS classes. Mentor, evaluate, and hold staff accountable to a high standard of patient care. Promote the profession of nursing.

2006-2014 Swedish Medical Center

Nursing Supervisor

Code Team Leader

PICU Charge Nurse

ED Charge Nurse

Nurse Recruiter

Nursing leader in a busy metropolitan level one trauma center. Charge nurse in PICU and ED. Promote the profession of nursing. Supervise nurses and ancillary staff. Promote physician and nursing relationships. Hold staff accountable for high quality PT care. Maintain a safe environment by monitoring fit for duty and other personnel performance.

2002-2006 Tri-State Staffing – Goodland, KS

Staff Nurse

Work ED and DON Assignments in hospitals. Provide high level PT focused care to a diverse population in the emergency setting. Taught ACLS, PALS, and BLS to facilities as part of an outreach program.

2000-2002 Rocky Mountain Ambulance Services

Director

Director of a busy 911 ambulances and critical care transport service. Create policies for high acuity critical care transport or acutely ill or traumatized patients. Taught ACLS, PALS, CE, EMT, and other classes. Created and maintained a system for peak staffing and system status management to assure appropriate ambulance availability for 911 district coverage.



Certifications	
RN Colorado	1996-Present
RN Kansas	2020-Present
CEN	1998-Present
CTRN	2010-2018
Cardiac CCU Certification Program	1997
NREMT-P	1993-Present
ACLS Instructor	1993-Present
ACLS National Faculty	1997-2000
ACLS Course Director	2018-Present
PALS Instructor	1993-Present
PALS National Faculty	1997-2000
PALS Course Director	2018-Present
BLS Instructor	1990-Present

Document # 1001	Title: Continuing Education	Print Date: 05/01/2020
Revision # 1	Prepared by: Amber Conger, LPN	Date Prepared: 05/01/2020
Effective Date 05/05/2020	Reviewed by: Justin Bentzinger, RN	Date Reviewed: 05/05/2020
	Approved by: Justin Bentzinger, RN	Date Approved: 05/5/2020

**Policy:** Tri-State Resources will provide continuing education for nursing staff and community members

**Purpose:** To provide education to staff and community members. Our vision is to provide consistent high quality education at a good value that is tailored to the needs of our rural community. In doing this, we can improve the outcomes and quality of life for all those we are blessed to serve.

**Scope:** This policy applies to all medical staff employed by Tri-State Resources.

**Responsibilities:** The Instructor will be responsible for teaching the material to members of the class.

The Education Coordinator will be in charge of providing information regarding classes and the schedule.

The Education Coordinator will also keep records of continuing education for the required amount of time.

The Education Coordinator will also handle any changes in policy or coordinator for continuing education.

The Marketing Director or designee will provide advertisements and brochures regarding current and future education class schedules.

**Policy Objectives:**

1. Assessing the need and planning for continuing education
  - a. Education that is required by governing body for licenses within Tri-State Resources will be offered.

- b. Any employee or community member may request a course to be offered.
    - i. When requested, Education Coordinator will determine need/interest in the course and plan accordingly.
2. Fees
- a. No fee will be charged for most education classes.
  - b. These classes will be offered as community service.
  - c. Fees will be charged to cover direct expenses for some courses. This may include:
    - i. Course completion cards (Ex. ACLS or TNSS)
    - ii. Fees for expert instructor
    - iii. Travel for the instructor
3. Advertisements/Announcements
- a. Classes schedules will be posted as follows:
    - i. Brochures/Advertisements will be included in the monthly staff newsletter.
    - ii. Upcoming courses will be posted on social media and also on company website.
    - iii. Brochures will be sent to area medical facilities with instructions on how to enroll in courses.
4. Instructors
- a. Instructor will be nursing staff with knowledge and expertise of offering.
  - b. In the event that staff is unable to meet the need, outside instructors will be provided that meet the requirements of the offering.
5. Change in Coordinator
- a. The Education Coordinator will inform the Kansas State Board of Nursing of any changes to coordinator or policies/procedures within 30 days of change.
  - b. Policies will be reviewed and revised every March and September.
6. Record Keeping
- a. Each member of the course will be provided with appropriate documentation upon completion of the course and mailed to member within 7 days of completion.
  - b. Copies will be maintained in a locked cabinet accessible by education coordinator and office manager for a period of 2 years that include the following:
    - i. A summary of planning
    - ii. A copy of the offering announcement or brochure
    - iii. The title and objectives of the offering
    - iv. The offering agenda of the offering
    - v. A bibliography

- vi. A summary of participant's evaluations
- vii. Each instructor's education and experiences
- viii. Documentation to verify completion of the course

7. Continuing Education Hours

- a. This will be awarded in increments of 15 minutes for classroom time.
- b. No credit will be given for independent study as this will not be offered.
- c. Clinical hours will be awarded as 3 clinical hours=1 contact hour.
- d. Instructors will be given credit for actual time of presentation, not including time for preparation or research.

8. Approved offerings shall include:

- a. A summary of planning
- b. Behavioral objectives
- c. Content shall meet the definition of a CNE in KSA 65-1117
- d. Instructor's education and experience including expertise in area
- e. Current bibliography
- f. Offering evaluation



### Course Sign in Roster

Date \_\_\_\_\_ Course \_\_\_\_\_

Start Time \_\_\_\_\_ Ending Time \_\_\_\_\_

Primary Instructor \_\_\_\_\_

Instructor(s) \_\_\_\_\_

Location \_\_\_\_\_

**PRIMARY INSTRUCTOR MUST:**

- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable standards and policies. As well as attesting that the participants were in attendance during the times listed
- 2) Ensure an original signed roster is delivered to the staffing manager immediately after the class.
- 3) Cross off any unused lines after the last student has signed in at the completion of the course.
- 4) place times below ONLY IF the student was late in arriving or early in leaving.


**ATTENDEES ATTENDING PROGRAM MUST:**

- 1) Legibly PRINT and SIGN your all information on the form below.
- 2) Be awake and an active participant during the entire class.
- 3) Leave your cell phones in your car.

Printed Name	Signed Name	Address	E-Mail	Time In	Time Out

Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual attendance for this training course.

INSTRUCTOR NAME (Print): \_\_\_\_\_ INSTRUCTOR Signature: \_\_\_\_\_ INSTRUCTOR Employee Number: \_\_\_\_\_  
CNE 581



# Certificate of Completion

Advanced Cardiac Life Support (ACLS)

## Name of Participant

by Justin Bentzinger RN

\_\_\_\_\_

Date(s) \_\_\_\_\_

Contact Hours \_\_\_\_\_

Tri-State Staffing  
1819 Cherry St  
Goodland, KS 67735  
(785)728-2146

Provider # \_\_\_\_\_

by [awardbox.com](http://awardbox.com)



Course Evaluation

Date \_\_\_\_\_ Course \_\_\_\_\_

Primary Instructor \_\_\_\_\_

Instructor(s) \_\_\_\_\_

Location \_\_\_\_\_

Please answer the following questions about your instructor.

My Instructor:

- 1. Provided instruction and help during my class.    Yes    No
- 2. Answered all of my questions.    Yes    No
- 3. Was professional and courteous to the students.    Yes    No

Please answer the following questions about the course content.

- 1. The course learning objectives were clear.    Yes    No
- 2. The overall level of difficulty of the course was.    Too hard    Too easy    Appropriate
- 3. The content was presented clearly.    Yes    No
- 4. The quality of any audio or visual aids were    Excellent    Good    Fair    Poor

Please place any comments below.

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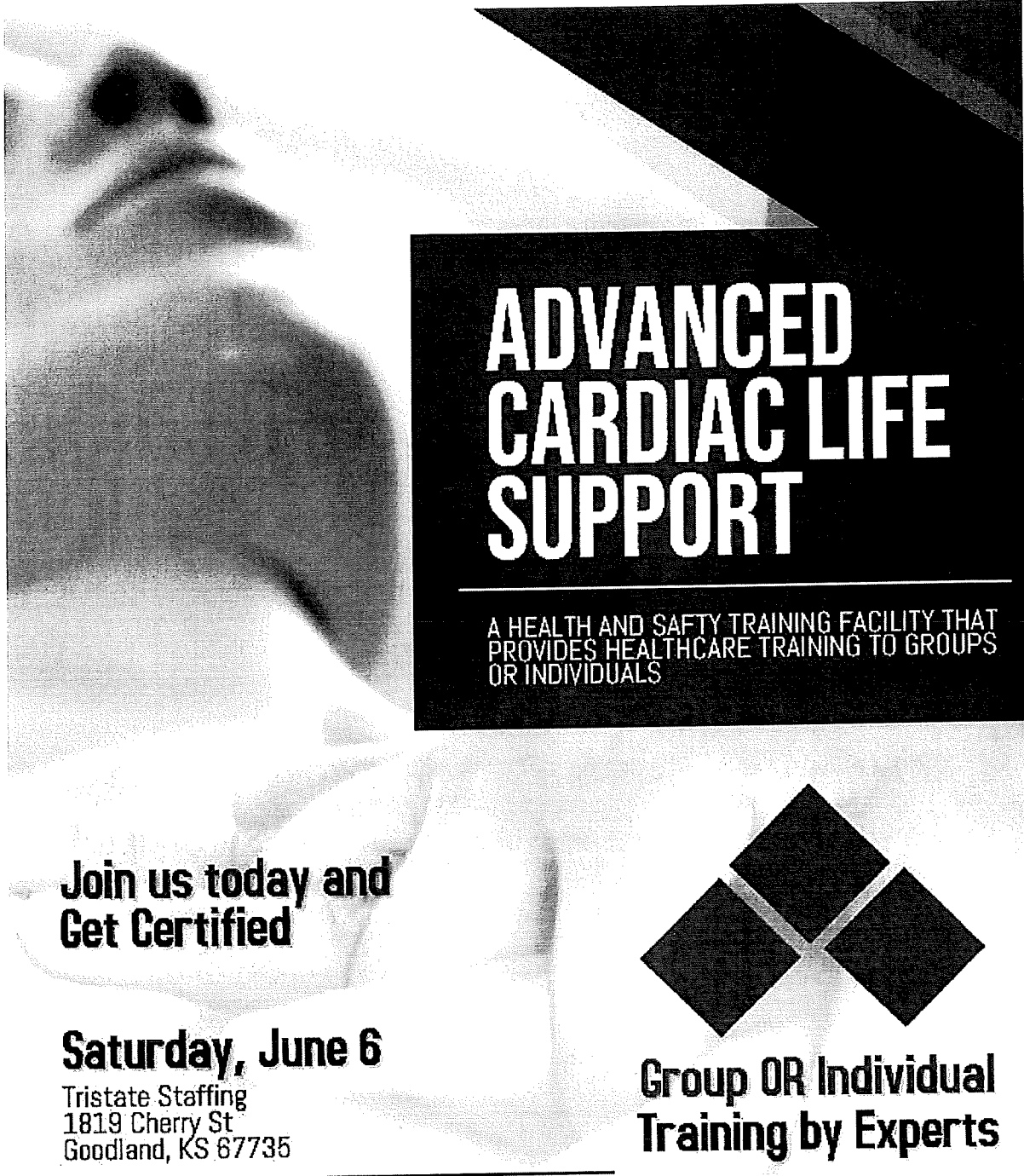
After Completing This Evaluation

Please return this evaluation to your instructor before you leave the class.

If you have any concerns with this class, the content, or the instructor please call our office at 785-728-2146.

# Offering #1





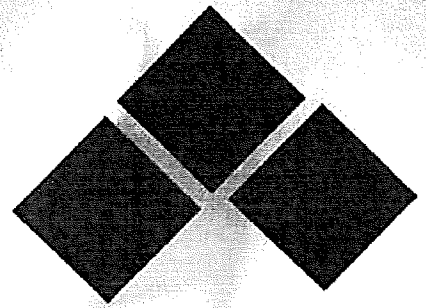
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# Advanced Cardiac Life Support (ACLS) Agenda

## Objectives

1. Identify the different types of arrhythmias.
2. Identify treatments for cardiac arrhythmias.
3. Interpret ECG characteristics.
4. Identify cardiac medications, when to use them, and the correct dose.
5. Identify treatments that should not be used in cardiac arrest.
6. Identify appropriate treatment for STEMI.
7. Identify the different methods of treating cardiac arrest based on situation. (EX. Drowning, pregnancy, electrocution, hypothermia, anaphylaxis, etc.)
8. Identify components of stroke assessment and basic stroke care.
9. Identify safety measures in using defibrillation and cardioversion.
10. Identify pacemakers function and what must be assessed during cardiac arrest.

## Instruction

1. ABCD-Airway, Breathing, Circulation, Defibrillation
  - a. American Heart Association revision of BLS
    - i. Circulation-compressions first
    - ii. Airway/Breathing
      1. If no advanced airway is need may use
        - a. Nasal cannula
        - b. Venturi mask
        - c. Simple face mask
        - d. Nonrebreather
        - e.
      2. Advanced airway if apneic or not ventilating adequately
        - a. Endotracheal tube(ETT)-delivers oxygen efficiently and protects against aspiration.
        - b. Esophageal-tracheal double lumen airway-can be done if person is not certified for ETT
        - c. Laryngeal mask airway-Does not have a way to protect from aspiration.
2. Arrhythmia: Recognition and Treatment

- a. Atrial fibrillation
  - i. ECG is irregularly irregular
  - ii. Pulse can be slow, normal, or fast
  - iii. May be caused by MI, hypertension, CHF, drugs, or thyroid disease
  - iv. Treatment
    - 1. Unstable less than 48 hours, cardioversion
    - 2. Unstable greater than 48 hours, medication
  - v. QT interval can't be measured
  - vi. PR isn't measurable
  - vii. P wave is rarely visible
- b. Atrial Flutter
  - i. ECG can be regular or irregular
  - ii. Pulse may be normal but can be greater than 100
  - iii. May be caused by MI, digoxin toxicity, thyroid disease, or pericarditis
  - iv. Treatment is cardioversion for unstable patient
  - v. PR and QT waves can't be measured
  - vi. P wave appears as saw toothed
  - vii. T wave is often obscured
- c. Atrial Tachycardia
  - i. ECG rhythm is normal
  - ii. Pulse is greater than 100
  - iii. May be caused by digoxin toxicity, MI, pericarditis, COPD, or stress
  - iv. Treatment is cardioversion or adenosine
  - v. P wave is normal
  - vi. PR may or may not be measurable
- d. First degree AV block
  - i. ECG is normal except PR interval is greater than 0.2 seconds
  - ii. Pulse is normal
  - iii. May be caused by CAD, electrolyte imbalance, MI, or digoxin toxicity
  - iv. Treatment is a permanent pacemaker if symptomatic
- e. Junctional tachycardia
  - i. ECG rhythm is normal
  - ii. Pulse is greater than 100
  - iii. May be caused by MI, digoxin toxicity, cardiomyopathy, hypoxia, or sinus node dysfunction
  - iv. Treatment is calcium channel blockers or beta blockers
  - v. PR interval can't be measured
  - vi. P wave may or may not be visible

- f. Premature atrial contractions
  - i. ECG is normal
  - ii. May be caused by myocardial ischemia, digoxin toxicity, stress, stimulant drugs, CHF, or atherosclerotic heart disease
  - iii. No treatment is needed
- g. Premature ventricular contractions(PVC)
  - i. ECG is irregular
  - ii. Pulse is normal
  - iii. May be caused by hypoxia, digoxin toxicity, MI, stimulant drugs, hypokalemia, or hypocalcemia
  - iv. May be treated with meds or correct the cause
  - v. No P waves
  - vi. QRS is prolonged and abnormal
  - vii. T wave is deflected in opposite direction of QRS
- h. Pulseless electrical activity
  - i. ECG is normal
  - ii. Pulse is normal
  - iii. May be caused by hypothermia, acidosis, MI, electrolyte abnormalities, or cardiac tamponade
  - iv. Treatment is CPR, epinephrine, vasopressin, or treat the underlying cause
- i. Second-degree AV block Type I
  - i. ECG is normal except the PR interval
  - ii. Pulse is normal
  - iii. May be caused by digoxin toxicity, MI, or CAD
  - iv. Treatment is medications or pacing
- j. Second-degree AV block Type II
  - i. Rhythm may be regular or irregular
  - ii. Pulse is normal
  - iii. May be caused by MI, CAD, or myocarditis
  - iv. Treatment is meds or pacing
- k. Sinus tachycardia
  - i. Normal ECG
  - ii. Pulse greater than 100
  - iii. May be caused by stress, fever, hypoxia, or hemorrhage
  - iv. Treatment is to treat the cause
- l. Sinus bradycardia
  - i. Normal ECG
  - ii. Pulse less than 60

- iii. May be caused by medication, opioid toxicity, or MI
    - iv. Treatment is medication, antidote, or pacing
  - m. Third-degree AV block (complete heart block)
    - i. Pulse is less than 100, usually between 20-40
    - ii. May be caused by MI, CAD, or cardiac med toxicity
    - iii. Treatment is meds or pacing
  - n. Torsades de pointes
    - i. Rhythm is usually regular
    - ii. Pulse is greater than 100
    - iii. May be caused by electrolyte imbalance, drug-induced or inherited QT prolongation, or MI
    - iv. Treatment is electrolyte supplementation, or defibrillation or epinephrine in unconscious or pulseless patients
    - v. No P waves or PR
    - vi. QT interval can't be measured
    - vii. T waves are absent
    - viii. QRS is prolonged and randomly changing
  - o. Ventricular fibrillation
    - i. ECG is irregular
    - ii. Pulse can't be measured
    - iii. May be caused by ischemia, MI, CAD, electrolyte imbalances
    - iv. Treatment is CPR and defibrillation
  - p. Ventricular tachycardia
    - i. Rhythm is regular
    - ii. Pulse is greater than 100
    - iii. May be caused by PVCs, digoxin toxicity, MI, or electrolyte imbalance
    - iv. Treatment is medications, if unstable may use cardioversion, defibrillation, or epinephrine/vasopressin
  - q. Steps to follow to assess ECG
    - i. Is the rate slow or fast?
    - ii. Is the rhythm regular or irregular?
    - iii. Where does the impulse originate?
    - iv. Is the impulse conducted normally?
- 3. Pharmacology
  - a. Antidotes
    - i. Review common used antidotes
      - 1. Examples of antidotes
        - a. Naloxone

- b. Flumazenil
    - c. Glucagon, Glucose, and insulin
    - d. Sodium Bicarbonate
    - e. Epinephrine, Norepinephrine
    - f. Dopamine
  - ii. Review common administration routes and doses
  - iii. Review side effects/adverse effects
- b. Beta Blockers
  - i. Review uses of beta blockers
  - ii. Review side effects/adverse effects
  - iii. Review doses and routes of administration
  - iv. Examples of beta blockers
    - 1. Inderal
    - 2. Lopressor
    - 3. Bystolic
- c. Calcium Channel Blockers (current ACLS guidelines do not recommend use of calcium channel blockers in STEMI)
  - i. Review common uses of calcium channel blockers
  - ii. Review side effects/adverse effects
  - iii. Review routes of administration and doses
  - iv. Examples of calcium channel blockers
    - 1. Norvasc
    - 2. Cardiazem
    - 3. Procardia
- d. Anticoagulants
  - i. Review common uses of anticoagulants
  - ii. Review side effects/adverse effects
  - iii. Review routes of administration and doses
  - iv. Examples of anticoagulants
    - 1. Heparin
    - 2. Lovenox
    - 3. Coumadin
- e. Sympathomimetics
  - i. Review common uses of sympathomimetics
  - ii. Review side effects/adverse effects
  - iii. Review routes of administration and doses
  - iv. Examples of sympathomimetics
    - 1. Isoproterenol

## 2. Dobutamine

### f. Ace Inhibitors

- i. Review common uses of ace inhibitors
- ii. Review side effects/adverse effects
- iii. Review routes of administration and doses
- iv. Examples of ace inhibitors
  1. Lotensin
  2. Enalapril
  3. Lisinopril

### g. Vasodilators

- i. Review common uses of vasodilators
- ii. Review side effects/adverse effects
- iii. Review routes of administration and doses
- iv. Examples of vasodilators
  1. Nitroglycerin
  2. Adenosine
  3. Atropine
  4. Amiodarone

## 4. Defibrillation, Cardioversion, Temporary Pacemakers

### a. AED

- i. Review use of AED
  1. Place pads on chest and follow prompts on machine
  2. Make sure to place pads more than 1 inch apart
  3. Use special pads for children under 8
  4. Remove transdermal medication

### b. Defibrillator

- i. Used to treat ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT)
- ii. Used as an attempt to reestablish sinus rhythm
- iii. Review use of defibrillator
  1. Apply conductive gel to chest
  2. Set energy level per physician order
  3. Apply paddles to chest, hit charge button
    - a. Review monophasic defibrillator
    - b. Review biphasic defibrillator
- iv. Effectiveness decreases 5-10% each minute defibrillation is delayed

### c. Cardioversion

- i. Used to treat unstable tachycardia, unstable atrial flutter or atrial fibrillation of less than 48 hour duration, unstable VT in awake patient, and supraventricular tachycardia
    - ii. Review cardioversion process
      - 1. Apply conductive gel to chest
      - 2. Set defibrillator to synchronize mode and to energy per physician order
      - 3. Place pads on chest and press shock buttons
  - d. Temporary Pacemaker
    - i. Used with unstable bradycardia or 2<sup>nd</sup> or 3<sup>rd</sup> degree block
      - 1. Transcutaneous pacemaker
        - a. Use large electrodes, one anterior and one posterior
      - 2. Transvenous
        - a. Use an electrode that is threaded into right atrium
- 5. Algorithms treatment
  - a. Review treatment of:
    - i. Cardiac arrest
    - ii. Bradycardia
    - iii. Tachycardia
    - iv. Acute coronary syndrome
- 6. Special circumstances
  - a. Review the following
    - i. Cardiac arrest and anaphylaxis
    - ii. Cardiac arrest and pregnancy
    - iii. Cardiac arrest and hypothermia
    - iv. Cardiac arrest and drowning
    - v. Cardiac arrest and electrocution
    - vi. Cardiac arrest and drug overdose
    - vii. Stroke

## Bibliography

Link MS, Berkow LC, Kudenchuk PJ, et al. Part 7: Adult Advanced Cardiovascular Life Support: 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation* 2015; 132:S444.



# Offering #2

# Pediatric Advanced Life Support (PALS) Agenda

## Objectives

1. Perform infant and child CPR
2. Understand Respiratory & Airway Management
3. Circulatory management
4. Basic Arrhythmia recognition and therapeutic treatment of Sinus Bradycardia, AV Blocks, SVT, VT, VF, PEA and Asystole.
5. Function as a Team leader and a Team Member

## Instruction

1. Introduction to PALS
2. The Resuscitation Team
  - a. Team Leader
    - i. Organizes the group
    - ii. Monitors performance
    - iii. Able to perform all skills
    - iv. Directs team members
    - v. Provides feedback on group performance after the resuscitation efforts
  - b. Team member(s)
    - i. Understand their role
    - ii. Be willing, able, and skilled to perform the role
    - iii. Understand the PALS sequence
    - iv. Committed to the team's success
  - c. Successful resuscitation requires mutual respect, knowledge sharing, and constructive criticism
3. Basic Life Support-Review the following BLS steps
  - a. BLS for Infant-0-12 months
    - i. One rescuer
    - ii. Two rescuer
  - b. BLS for Children-1 year to puberty
    - i. One rescuer
    - ii. Two rescuer
4. Pediatric Advanced Life Support

- a. Normal Anatomy and Physiology of a heart
  - i. Review A&P of heart
- b. Initial Diagnosis and Treatment
  - i. Airway
    - 1. Assess airway
      - a. Is it open?
      - b. Can the airway be kept open manually?
      - c. Is an advanced airway required?
    - 2. Maintain airway
  - ii. Breathing
    - 1. Assess breathing
      - a. Is breathing too fast or too slow?
      - b. Is there increased respiratory effort?
      - c. In an advanced airway required?
    - 2. If not breathing effectively, should be treated as respiratory arrest
  - iii. Circulation
    - 1. Assess skin, temperature, mucous membranes
    - 2. Review normal vitals for sleeping and awake infants and children
  - iv. Disability
    - 1. Perform neurological assessment
      - a. Awake or responsive?
    - 2. Review Glasgow Coma Scale for children and infants
  - v. Exposure
    - 1. Access for s/s of trauma, burns, fractures, or causes of current problem
- c. Secondary Diagnosis and Treatment
  - i. After child/infant is stable, perform more thorough history and physical
    - 1. Signs and symptoms
    - 2. Past medical history
    - 3. Allergies
    - 4. Medications
  - d. Life Threatening Issues
    - i. Review steps if life threatening issue is discovered
- 5. Resuscitation Tools
  - a. Medical Devices
    - i. Intraosseous Access
      - 1. Requires training to place
      - 2. Review process of insertion

3. Review contraindications of placement
- ii. Bag-Mask Ventilation
  1. Review types of bag-masks
  2. Review process of bag-mask ventilation
- iii. Endotracheal Intubation
  1. Review when used
  2. Requires specialized training and won't be reviewed in this course
- iv. Basic Airway Adjuncts
  1. Oropharyngeal airway
    - a. Only use in unresponsive person with no cough or gag reflex
  2. Nasopharyngeal airway
    - a. Used in conscious person with intact cough and gag reflex
    - b. Use carefully in person with facial trauma, risk of displacement
  3. Suctioning
    - a. Review use of oxygen with suctioning
    - b. Attempts should not exceed 10 seconds
- v. Basic Airway Technique
  1. Review insertion of oropharyngeal airway
  2. Review nasopharyngeal airway
  3. Review tips on suctioning
- vi. Automated External Defibrillation (AED)
  1. Review uses of AED
  2. Review steps for Children and Infants
  3. DO NOT USE AED IN WATER
- b. Pharmacological Tools
  - i. Review common medications, doses, route, and use
    1. Adenosine
    2. Amiodarone
    3. Atropine
    4. Epinephrine
    5. Glucose
    6. Lidocaine
    7. Magnesium Sulfate
    8. Milrinone
    9. Naloxone
    10. Procainamide

## 11. Sodium Bicarbonate

### 6. Respiratory Distress/Failure

#### a. Recognizing Respiratory Distress/Failure

- i. Review signs/symptoms of respiratory distress
- ii. Review signs/symptoms of respiratory failure
- iii. Review oxygenation
- iv. Review ventilation
- v. Review abnormal lung sounds
  1. Stridor
  2. Grunting
  3. Wheezing
  4. Crackles
  5. Absent/decreased breath sounds
- vi. Review causes of respiratory distress/failure
  1. Upper airway
  2. Lower airway
  3. Lung tissue disease
  4. CNS issues

#### b. Responding to Respiratory Distress/Failure

- i. Airway
- ii. Breathing
- iii. Circulation
- iv. Upper airway
- v. Lower airway
- vi. Lung tissue disease
- vii. CNS issues

### 7. Bradycardia

#### a. Recognizing Bradycardia

- i. Review different types of bradycardia (Ex. Sinus bradycardia, First degree AV block, third degree AV block, etc)

#### b. Responding to Bradycardia

- i. Check heart rate
- ii. PALS survey
- iii. Check for signs/symptoms
- iv. Bradycardia symptomatic and serious
- v. Drugs unsuccessful

### 8. Tachycardia

#### a. Recognizing Tachycardia

- i. Review different types of tachycardia (sinus tachycardia, supraventricular tachycardia, atrial fibrillation, etc)
  - b. Responding to Tachycardia
    - i. Identify and treat underlying cause
- 9. Shock
  - a. Recognizing Shock
    - i. Hypovolemic Shock
      - 1. Low blood volume, often due to hemorrhage or fluid shifting
      - 2. Review signs of hypovolemic shock
    - ii. Distributive Shock
      - 1. Heart is not pumping adequately
      - 2. Review signs of distributive shock
    - iii. Cardiogenic Shock
      - 1. Blood vessel dilation
      - 2. Review signs of cardiogenic shock
    - iv. Obstructive Shock
      - 1. Physical block of the blood flow
      - 2. Review signs of obstructive shock
  - b. Responding to Shock
    - i. Hypovolemic Shock
      - 1. Review treatment
    - ii. Distributive Shock
      - 1. Review septic shock
      - 2. Review anaphylactic shock
      - 3. Review neurogenic shock
      - 4. Review treatment
    - iii. Cardiogenic Shock
      - 1. Review treatment
    - iv. Obstructive Shock
      - 1. Review treatment
- 10. Cardiac Arrest
  - a. Recognizing Cardiac Arrest
    - i. Review reversible causes of cardiac arrest
    - ii. Recognize cardiopulmonary failure
    - iii. Recognize arrest rhythms
      - 1. Pulseless Electrical Activity
      - 2. Asystole
      - 3. Ventricular Fibrillation

4. Pulseless Ventricular Tachycardia
  - b. Responding to Cardiac Arrest
    - i. Review:
      1. Pediatric Cardiac Arrest Algorithm
      2. CPR quality
      3. Shock energy
      4. Return of spontaneous circulation
      5. Advanced airway
      6. Drug therapy
11. Pediatric Post-Resuscitation Care
- a. Review after care of the following systems
    - i. Respiratory System
    - ii. Cardiovascular System
    - iii. Neurological System
    - iv. Renal System
    - v. Gastrointestinal System
    - vi. Hematological System

## Bibliography

Disque, Karl, Disque Foundation; Satori Continuum Publishing: Pediatric Advanced Life Support Provider Handbook: November 14, 2016