Excellence in Clinical Practice is published quarterly for members of the Honor Society of Nursing, Sigma Theta Tau International.

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The Honor Society of Nursing Sigma Theta Tau International

EXCELLENCE in Clinical Practice

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Fourth Quarter 2003 - Volume 4, Number 4

Kids at school. Nurses at work. Lives at stake.

Inside a school nurse's practice

School nurses are at the center of issues as diverse as how to treat attention-deficit disorder, to the lack of access of health care among America's poorest families. And while they have developed a strong system of support that includes associations, best practices and local networks, school nurses are usually the only clinician in their work settings.

Surrounded by a thousand or more school children of various ages, ethnicities and acuity, school nurses are enmeshed in the tension between under-funded school districts, under-informed parents and out-of-date laws.

Still, they are finding willing recruits in the legions of acute care looking for a better way to practice. The school nursing profession is attracting talent from hospitals, clinics and private practice settings. But those nurses are cautioned that this practice is vastly different than what they might have imagined based on their own childhood experiences. It's not skinned knees and menstrual cramps. It's high acuity, large populations and limited resources.

At the same time, the school nurses we talked to expressed a deep satisfaction for the work, which is equal parts educator, clinician, public health and counselor. Read about the practice setting, and meet several school nurses in California who are doing their life's work there.
Read the feature

Greg Perry
Editor

Also in Excellence

In this issue

In ***Excellence in Nursing Administration***

What nurses want: Transforming evidence on workplace satisfaction into effective retention strategies

Evidence-based retention strategies used at Children's Hospital of Philadelphia have reduced the nurse turnover rate from 23 to 13 percent. Nurse leadership in the hospital developed a comprehensive survey of nurses that developed baseline data in the areas of job stress, worksite cohesion, professional satisfaction, physician relationships and more. Read about the interventions that were established at the institutional and unit levels that continue to result in lower turnover and higher job satisfaction.

Read the feature

In ***Excellence in***

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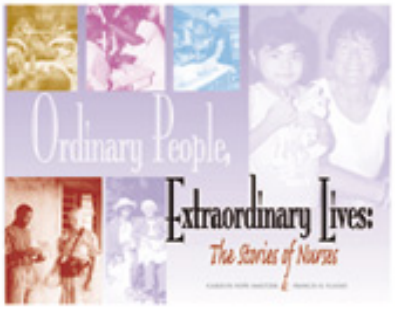
Breathing to the beat
Nurse-led research suggests music eases labor pains

A new study by Case Western Reserve University provides hope for women seeking to lessen labor pain without medications. The study found that music can reduce the sensation of labor pain and decrease and delay the emotional distress that accompanies it. The data was gathered in Thailand, led by Sasitorn Phumdoung, a recent graduate of Case's Frances Payne Bolton School of Nursing. According to Phumdoung's dissertation advisor, Marion Good, RN, PhD, there was a gap in the literature that she herself was helping to fill.

Read about two studies on how music and relaxation can be incorporated to lessen pain sensation and distress.

Read the article

Ordinary People, Extraordinary Lives The Stories of Nurses. NEW
Edited by Carolyn Hope Smeltzer, RN, EdD, FAAN and Frances R. Vlasses, RN, PhD
Available November 15, 2003



Stories about nurses are scarce, but stories about nurses who have accomplished extraordinary feats are almost non-existent. This beautifully produced, full-color book breaks that trend with stories about nurses who, in their daily lives, have made outstanding contributions in extraordinary ways in their communities.

Nursing Education and Research **An academic/business partnership that advances clinical informatics**

The University of Kansas (KU) School of Nursing and Cerner® have created a first-of-its-kind program to educate future nurses using clinical information systems. KU nursing students can now track and trend patient information electronically in a state-of-the-art laboratory through a simulated electronic medical record. The new program is called Simulated E-hEalth Delivery System (SEEDS). Read about the curriculum implications, implementation challenges and the future of this innovative system.

Read the feature

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Kids at school. Nurses at work. Lives at stake.

Inside a school nurse's practice

One group of nurses practice in a setting where the delivery of care intersects with many of the most complex issues in pediatrics, and of society at large. School nurses are at the center of issues as diverse as how to treat attention-deficit disorder, to the lack of access of health care among America's poorest families.

And while they have developed a strong system of support that includes associations, best practices and local networks, school nurses are usually the only clinician in their work settings.

They're autonomous, but not alone. Surrounded by a thousand or more school children of various ages, ethnicities and acuity, school nurses are enmeshed in the tension between under-funded school districts, under-informed parents and out-of-date laws. Still, in conversations with several school nurses working in California, there was a consistent expression of career satisfaction. "Best job I've ever had," said one. "I'm being challenged in ways that I love…I've missed one day in 16 years," said another. One school nurse said, "I assess, then I have the opportunity to treat and observe that child almost daily for weeks, months, sometimes years. Where else could I do that?"

The long road to the school nurse's office

School nursing, it seems, is not a common entry point into the career. In fact, according to the nurses we spoke to, it shouldn't be. "A nurse in this practice

Stating a position. Guiding the practice.

Best practice guidelines from the CSNO

The California School Nurses Organization (CSNO) has developed a series of position statements, and underlying rationales, that address the myriad of issues faced by the state's school nurses. They are not standards of care, but rather best practice guidelines that are offered as a starting point for specific policies within each school district.

Here's a partial list of the stated positions.

Animals in the Classroom
Anti-Bias
Automated External Defibrillators in the School Setting
Backpack Safety
Blood Sugar Testing in the Classroom
Case Management
Child Abuse and Neglect
Condom Availability in the School Setting

setting is the ultimate generalist," says Ruby Hennessey, RN. She brings a diverse background to work where she is the school nurse at three elementary schools in California's Central Valley. Hennessey nursed wounded soldiers at a hospital in Japan during the Vietnam conflict; she has served as a pediatric nurse and in a hospital's emergency department. "This practice demands a lot in terms of maturity—a broad base of experiences across different settings is definitely an asset, if not an essential."

Other nurses, like Pam Meerdink, RN, arrive at school in response to burnout and frustration in acute care settings. She spent 25 years in various positions, from emergency to ICU, to immediate care, to a women's clinic. Her position immediately before becoming a school nurse, in 1998, was in cardiology where the level of acuity and the incremental nature of the treatment left her feeling like she could do more. Plus, she loved kids. "Teaching and children were always close to my heart. School nursing helps me combine my passion for education and children's health with a setting that actually lets me accomplish something."

Frustrated and burnt-out nurses in acute care should also be warned, says Nancy Spradling—she's the executive director of the California School Nurses Organization (CSNO). She's not a nurse but is the primary organizer of the association and an advocate for school nurses within the state legislature, the media and the public at large. "The school nursing profession is attracting talent from hospitals, clinics and private practice settings. We welcome them, but we also caution them that this practice is vastly different than what you might have imagined based on your own childhood experiences. Instead of treating skinned knees and menstrual cramps, you're dealing with a couple thousand kids, many of whom are very sick, and you're trying to piece together solutions from whatever resources you can identify."

Those resources, according to Spradling, include grants, public health partners, parent groups and more. Which also gets to an essential truth of school nursing: It's as much public health and community nursing as it is one-on-one care.

Continuing Education
Do Not Resuscitate (DNR)
Emergency Care Plans
Emergency Preparedness
Epinephrine Auto Injector Pen Administration for Treatment of Anaphylaxis
Family Life Education
Glucagon for Medical Emergency Treatment of Severe Hypoglycemia During the School Day
Hazing/Harassment
Health Assessment
Healthy School Environment
Hearing Testing
Immunizations
Individualized School Health Plans
Infectious Disease Prevention
Insulin Administration at School
Managed Care
Natural Rubber Latex Allergy
Nurse Practitioners in the School Setting
Nursing Diagnosis, Interventions and Outcomes
OSHA Regulation on Bloodborne Pathogens in the School Setting
Pediculosis Management
Postural Screening
Prevention of Anaphylaxis Reactions
Protective Equipment
Public Policy, Legislative and Regulatory Participation
Qualifications of Nurses
Teaching School Nursing at the Collegiate Level

Close collaboration with local health agencies

School nurses cite various efforts to bring needed health services to the students in their care. In some schools, lice is a significant problem, and school nurses have gained memorandums of understanding with the state health department to get prescribing ability for lice medication. Grants are sought and awarded to fund immunization efforts and asthma screenings. Partnerships with local hospitals are common, as are dental clinics with local dentists who offer to lead dental care education programs and even apply dental sealants for students with, or on their way to, serious dental problems.

It's all in a day for a school nurse, especially for the nurses in low income, culturally diverse school districts.

Pam Meerdink works in two of her district's poorest schools, and most diverse—11 languages are spoken in one of her schools, and no, the school doesn't have translators fluent in each one. She recently received a planning grant from the California department of education's Healthy Start Program. She's organizing a coalition of community health providers, educators, parents and students to examine opportunities for how the schools can help the community counter and reduce the effects of poverty, drug and alcohol use, violence, and more.

She also received a readiness grant from the Laos community agency to help kids from 0-5 years old prepare to start school with screenings that include vision, hearing, dental, motor skills and nutrition. Specific interventions may include referrals to local health agencies. "One of the more advantageous aspects of this program is that I get into the homes of many of the older Laotian students I see in my schools," says Meerdink. "Seeing the context helps me understand both the cultural barriers and the home health issues."

A primary health care provider

Rectal Administration of Medication in the School Setting
Research/Experimental Medications
Role of the Credentialed School Nurse
Role of the School Nurse in Early Intervention (0-3 years) Programs
Role of the School Nurse in Mental Health
Role of the School Nurse in Special Education
School-Based, School-Linked Health Centers
School Health Records
School Meal Programs
Strikes
Substance Use and Abuse
Sun Protection
Supervision and Evaluation of School Nurses
Tattooing, Piercing and Branding
The School Nurse in Health Education
Use of Asthma Inhalers in the School Setting
Violence Prevention
Vision Screening
Volunteer Health and Research Groups Functioning in Schools
Wellness Programs

In the current issue:

Reflections on Nursing Leadership

A 160-hospital study completed in 1983

Poverty and cultural differences also play into a common issue among the several nurses *Excellence* spoke with: School nurses are often the only health care a child—or even a family—has access to. Lack of access to health care contributes to the problem, as does the nature of free-clinic-based health care. There is simply not enough time in those settings, according to one nurse, to give those families what they need.

Ruby Hennessey shares a story that illustrates the problem: “A student had fallen over the weekend and broken her elbow. The family had no insurance, no physician relationship, and no idea how serious the injury was. The family made a decision to wait until Monday morning when I could see her. The girl was in surgery that afternoon.”

Even in a more affluent school district, where Cathy Owens, RN, MEd, practices, there are dynamics that put school nurses in a primary position. “The health care delivery in this country is changing, insurance is driving so many choices that people are forced to change physicians as their plans change…or their physician moves…or the family moves and don’t establish a relationship with a family practice. And even when they do, the visits are too often short, hurried and infrequent. The consistent presence of a school nurse can become a kind of oasis for the parents.”

Chronic diseases and serious acuity. And algebra-induced fear.

Owens also talks about the varied technical skills required because of the disease variation and acuity within the population. She reminds nurses working in hospital settings that when their pediatric patients are discharged, they usually go back to school. “We have all kinds of post-operative situations we need to be aware of and involved in. There are symptoms, meds, rehabilitation issues. It demands a lot of technical skill and a close relationship with other providers.”

Owens observes that the specialization of so many physicians has also brought a lot of nurses into more and more specialized roles. “But we have leukemia

revealed that some hospitals attract nurses like magnets attract iron filings. What made the difference?

Kammie Monarch, RN, MS, JD, former director of the ANCC Magnet Recognition Program and now chief operating officer for Sigma Theta Tau International, identifies the 14 “forces of magnetism” described in the study and profiles the 82 health care facilities that have gained Magnet designation as of Aug. 1, 2003. Is your hospital among them?

The theme for the 4th Qtr. issue of RNL is **“Nursing: A view of the future.”** Other articles include:

— “March to Magnet” … One hospital’s experience in achieving Magnet status

— “Nursing in the NIS-CEE region: Its changing face” … The role of nurses in the New Independent States and Central and Eastern Europe is changing—for the better.

— “Nursing education: Global perspectives” … A multinational look at developments in nursing education

patients in class next to kids with congenital heart defects. We really have to hold a global view and then know where to turn when we need help."

One advantage school nurses have is extended observation. It helps them get a full picture of the student and improves their ability to be effective.

In some cases, it can actually save a child's life.

Owens relates how the consistent exposure to a child's headache complaints led her to insist on a full neurological examination. The girl had a cancerous tumor in her brain and was treated successfully. "We really get to see the level of chronicity. We can be the second set of eyes that help parents make good choices."

Diabetes and asthma are both common and becoming more so according to a survey conducted by the CSNO. In response, school nurses are developing educational programs on nutrition and exercise, and conducting seminars and screenings in combination with the American Lung Association. They are also playing the part of counselor. "We've started a support group in this high school for kids with diabetes, which gives the kids a safe place to share and amounts to a genuinely empowering experience," says Mary Conway, RN, a school nurse in Stockton. Building on the success of her diabetes group, she's now putting together the framework for a similar group for kids with seizure disorders.

"And sometimes," adds Conway, "we simply make room for the kid who is stressed or scared. They can't get out of class because of stress, but if they say they're sick, they can usually get to my office. We talk, I try to reassure and counsel. Some kids just need attention, and I'm happy when I can help."

Nurses in an educational system, supported by nursing practice guidelines

School nurses answer to several different bosses. They are regulated by the state Board of Registered Nursing.

— "Space nursing: Expanding the horizons" … Want to be a nurse astronaut? It's not exactly rocket science, but you will need "the right stuff!"

— "Coming of age in health care: Changes, challenges, choices" … See if you agree with the author's "top 10" ways to improve the future of nursing.

New journal from Sigma Theta Tau International linking evidence to practice, education and policy. Click here!

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Most school districts also have a medical services director who may or may not be a clinician. They have superintendents and principals who set priorities, or try to. “We’re health care providers in an educational delivery system…we have to constantly adapt our practice to this setting,” says Mary Jo Cowan, RN, MS, who is in her eighth year as a school nurse. “Our most important job here is to keep the kids in a state of health so they can succeed academically. If I have an idea that requires district resources, I have to talk about it in both the language of clinical evidence as well as educational processes.”

That evidence is often configured in a set of practice guidelines, which every school nurse in California has access to.

Best practice guidelines have been developed by the California School Nurses Organization, along with the National Association of School Nurses (NASN) and several other state associations. They are a diverse collection of positions and practices that incorporate evidence gathered from a variety of sources. Ruby Hennessey chairs the CSNO’s committee that develops the practice guidelines. (See adjacent sidebar.) “The positions are really a response to our practice autonomy. They represent suggested best practices.” Hennessey also defines the guidelines in part by what they are not. “They are not standards of care; the Board of Registered Nursing has not formally approved them. They see them as best practices, not policy. Each nurse and district must develop their own specific policies.”

“He can’t breathe! We need an Epi-Pen now!!”

Best practices and policy, as well as laws, can also be necessarily challenged, and changed. This is Cathy Owens’ story, but first the set up.

Epinephrine auto injector pens or “epi-pens” are a proven intervention for treatment of anaphylaxis. But the state laws mandated that only children with a prescription for the pens could have them at school. Pens that are available without a specific prescription

were not permitted. Even ambulances were not permitted to carry the pens.

But when a student at Owens' school went into a severe anaphylaxic state—and had no diagnosis of anaphylaxis, and thus no epi-pen—Owens pulled another student's pen from the med cabinet and administered. "The EMTs were on their way, but the child's airway was almost completely closed. He would have died. Instead, we quelled the anaphylaxis long enough for the ambulance to transport him to emergency, where he was treated and released."

In saving the student's life, Cathy Owens also broke the law. But instead of being rebuked, or worse, she was commended. She also went to work to have the law reconsidered.

"Incidents of anaphylaxis had been rising in California, and a student had actually died in another part of the state, so there was already a lot of conversation taking place around the issue. I just gave it a focus."

Owens identified and collaborated with a state assembly member to have a bill written and introduced. The bill became law is 2001 with no debate or dissention, a unanimous vote, and now schools have the option to develop protocols for epi-pen procedures and can have epi-pens ready if needed in an emergency. And ambulances are now required to carry the pens with them.

It was a satisfying process for Owens, who feels the satisfaction most deeply when she encounters the young man who came to be known as "epi-boy" in local circles.

"We ran into each other recently at a store, and he gave me a big hug. We'll always be connected by that event."

School nurses are forming all types of connections—with families and with students—throughout one of the most important periods of their lives, their education. "We're on a journey together," says Owens. "And it's a

wonderful journey.”

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Breathing to the beat

Nurse-led research suggests music eases labor pains

Many women approach childbirth labor fearful of the pain they may experience but are also unwilling or unable to take medication to ease the pain. However, a new study by Case Western Reserve University provides hope for those seeking to lessen delivery pain without medications: through the use of music.

The study, which appeared in the June 2003 issue of *Pain Management Nursing*, found that music can reduce the sensation of labor pain and decrease and delay the emotional distress that accompanies it. The study was led by Sasitorn Phumdoung, a recent graduate of Case's Frances Payne Bolton School of Nursing.

Marion Good, RN, PhD, associate professor of nursing at the Bolton School, was Phumdoung's dissertation advisor. Good's previous research, in an NIH-funded study, had found that this same music reduced pain after surgery. (See accompanying sidebar.) “There was some evidence on non-pharmaceutical methods at easing labor pain, but it came from small samples, was compiled decades ago, and frankly, was not done with a high level of rigor,” says Good. “There was a clear gap in the literature.”

Postoperative pain relief

Evidence of effective adjuncts

In 1999, *Pain*, the journal of the International Association for the Study of Pain, published a study led by Marion Good, RN, PhD. In that study, Good and her researchers concluded that relaxation and music were effective adjuncts to medication for postoperative pain. This research was the foundation for a 2003 study led by Sasitorn Phumdoung, a recent graduate of Case Western Reserve University Frances Payne Bolton School of Nursing.

The abstract to Good’s study is presented here.

Relief of postoperative pain with jaw relaxation, music and their combination

Marion Good, Michael Stanton-Hicks, Jeffrey A. Grass, Gene Cranston Anderson, Charles Choi, Laree J. Schoolmeesters and Ali Salman

The aim of this randomized controlled trial was to determine the effect of jaw relaxation, music and the combination of relaxation and music on postoperative pain after major abdominal surgery during ambulation and rest on postoperative days 1 and 2. Opioid medication provided for

The study took place in two hospitals in Phumdoung's home country of Thailand where she is on the faculty of the College of Nursing at Prince Songkla University. In those two hospitals, the standard of care was to not give analgesic medication to laboring mothers because of its effect on the infant.

Phumdoung studied two groups of laboring women, age 20-30, who were all having their first babies. One group chose from among five types of calming music and listened to it for the first three hours in the hospital after active labor began. The comparison group had the standard care during labor. The study started when the women were 3-4 cm dilated.

The group receiving music used a tape recorder and earphones to listen to the music, with 10-minute breaks each hour; the control group did not listen to any music. Phumdoung measured the women's reports of labor pain before the study began and hourly for the next three hours. During the three hours and at each hourly measure, the music group had significantly less sensation and distress pain than the control group.

"These findings have significant implications for women preparing to give birth," Good said. "Many women are afraid of the pain associated with childbirth but are reluctant to take medication because of its possible effects on the baby and progress of labor. Soft music does not have these effects and has the potential as an effective alternative to medication for easing pain during early active labor."

“Labor is severe pain. Obviously music can’t just make it disappear. But the effects are consistent,” adds Good.

pain, following abdominal surgery, does not always give sufficient relief and can cause undesired side effects. Thus, additional interventions such as music and relaxation may provide more complete relief. Previous studies have found mixed results due to small sample sizes and other methodological problems. In a rigorous experimental design, 500 subjects aged 18-70 in five Midwestern hospitals were randomly assigned by minimization to a relaxation, music, relaxation plus music, or control group. Interventions were taught preoperatively and tested postoperatively. The same amount of time was spent with subjects in the control group. Pain was measured with the visual analogue sensation and distress of pain scales. Demographic and surgical variables, and milligrams of parenteral or oral opioids in effect at the time of testing were not significantly different between the groups, nor did they correlate with pain scores. Controlling for pretest sensation and distress, orthogonal a priori contrasts and multivariate analysis of covariance indicated that the three treatment groups had significantly less pain than the controls, (P=0.028-0.000) which was confirmed by the univariate analysis of covariance (P=0.018-0.000). Post hoc multivariate analysis revealed that the combination group had significantly less sensation and distress of pain than the control group on all post-tests (P=0.035-0.000), and the relaxation and music groups had significantly less on all tests (P=0.022-0.000) except after ambulation. At post ambulation those using relaxation did not have significantly less pain than the controls on both days and those using music did not

Soft music decreased both sensation and distress of active labor pain in the first three hours and delayed increases in the distress of pain for an hour. For some participants, relief was fairly substantial. Phumdoung has found that it can reduce the laboring mother's perception of pain and also her distress. Better pain management may speed recovery from childbirth and improve the mother-infant relationship.

The study was supported by Alpha Mu Chapter of Sigma Theta Tau and the Frances Payne Bolton School of Nursing Alumni Association.

on day 1, although there were some univariate effects. A corresponding significant decrease in mastery of the interventions from pre to post ambulation suggests the need for reminders to focus on the intervention during this increased activity. Physicians and nurses preparing patients for surgery and caring for them afterward should encourage patients to use relaxation and music as adjuvants to medication for postoperative pain.