

## Helping families



## Hospice is blessing to patients, families

photo by James Coburn

Amy Dyer, left, and Tiffeni York are both registered nurses dedicated to maintaining a quality of life for dying patients in hospice care.

by James Coburn  
Staff Writer

It's the families, patients and teaching that keep Tiffeni York focused on hospice care, said York, RN, Humanity Hospice in Oklahoma City. A nurse since 1993, York did level 1 trauma and ICU until

she decided to work in hospice in 2002.

York knows what it's like to have a life threatening injury. Her experience led her to become an RN.

"I was in a really bad car wreck," York said. "I kind of thought about it for a little

bit. I had to go home for a year. I was in the middle of college and I loved my nurses. And I signed up during that time and got into nursing school."

She recently moved to Oklahoma from Texas and came to work at Humanity Hospice in October.

When she first began doing hospice work, York worked with one of the founding physicians of hospice. He was the doctor who helped get physicians certified in hospice care, she said.

## Sharing knowledge Kramer School of Nursing creates more pathways for careers

Kramer School of Nursing is embarking on a new initiative, said Linda Cook, associate dean. Duncan Regional Hospital contacted Kramer in April.

"Their goal is to achieve the Institute of Medicine's recommendation and the Magnet Hospital recommendation that hospitals be staffed 80 percent baccalaureate prepared nurses," Cook said. "And they contacted us about seeing about bringing the program we have here to Duncan with the hope of recruiting nurses, students from that area who wanted to stay in that area."

Duncan Regional Hospital already has televised equipment already established there, Cook said. In-turn, Kramer will be installing the same type of equipment on campus at Oklahoma City University.

"Most of the lectures will be done by broadcast, but we will have faculty go down there periodically," Cook said. "We will be hiring a director who is there full time."

The collaboration between Kramer and Duncan Regional hospital will commence in the fall semester beginning in August.

Dianna Bottoms, chair of the Gateway Education program, is in charge of the pre-licensure program for students interested in getting their bachelors degree and are preparing for their exam.

"We understand that there are well over 100 students interested, but we're only going to accept 20 for the first cohort," Bottoms said.

The program that will be televised to Duncan is the same program being done at Kramer. It will be televised to the Duncan classroom at the exact same time it happens at Kramer School of Nursing.

"So they are essentially just an extended part of the same classroom," Bottoms said. "They'll have all of the same lectures, exams and lab experiences that the students experience here."

This extension of the classroom experience will be advantageous to Duncan. Students will learn from an excellent faculty with a fine reputation across the U.S.

"We have an excellent program here at the school," Bottoms said. "Caring is a big part of what we do --

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## KRAMER

Continued from Page 1

caring for patients and caring for our students. And we think we can use that same process to work with the students that are down in Duncan."

The students will benefit from having the program accessible without having to travel to Oklahoma City for the same information. The drive between the two cities takes about 90 minutes, Bottoms said.

There exists only one baccalaureate program in Duncan, but their acceptance is limited, Bottoms continued.

"This will give them another venue to try to attain that degree," Bottoms explained.

Another unique aspect of the program is something Kramer will be starting new, Bottoms said. Many of the students attending Cameron University earn their Associate degree in Science of Applied Health. Kramer will be accepting this degree in order to meet all general education requirements, Bottoms said. However, this will not apply for religion studies.

"Once they have that degree, plus all our prerequisites for science and



Dianna Bottoms, chair of the Gateway Education program, left, and Linda Cook, associate Dean of Kramer School of Nursing are preparing to bring valued education to Duncan Regional Hospital this fall semester.

psychology, they will be able to start the nursing program without having to meet any of the other general education requirements," Bottoms said.

Cook said there has been much preparation for these initiatives. Kramer had to get permission from its accrediting agency and the Higher Learning Commission to have a campus site away from Oklahoma City.

They have also been writing grants to pay for the electronic component of the program. The first week in February will be time for an open house in Duncan for a marketing venture.

"There's all kinds of behind-the-scenes activity that's still occurring to let them know we are coming," said Cook, who has been with Kramer for 10 years.

Cook said the new programs further Kramer's mission to reach rural and under-served communities that do not otherwise have access to nursing education.

"We still have a tremendous amount of shortage in the rural settings," Cook said. "Some of the shortage has begun to ease in larger cities, but in rural settings, nurses are still like hen's teeth. So by taking education to rural settings to nurses who want to stay in rural settings -- we're filling that need."

Bottoms said other programs will be started in Duncan as well. The RN to BSN program will take nurses from an associate degree a step higher in their education.

"That's another part of that mission on increasing the number of baccalaureate prepared nurses," she said.

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## HOSPICE

Continued from Page 1

"I learned hospice the right way," York said. "Humanity does things the way I was taught to do things about patient care. The patients and the families are at the core, and it's not about the get-in, get-out visits. It's truly about the patients."

So York feels comfort knowing that Humanity Hospice follows patient centered care, as it should as well as Medicare guidelines.

"It's a perfect fit," she said.

She credited Moluk Bavi, RN, director of Clinical Services for her leadership.

"She is the glue that holds us together. She is awesome, York said. "She's our core. She knows it and understands hospice. We have a great team here. Humanity is a continuance for me of doing hospice the right way."

She had several patients as an ICU nurse who had passed away. One of her friends told her to consider hospice.

At that time patients could stay longer in a hospital, unlike today when the federal government sets limits and patients enter skilled nursing care.

"The first patient that ever died, I

was very close to her," York said. "She had been in the hospital for almost two years back in the 1990's. She was in more than she was out.

When the time came for the woman to pass, a nurse told a grieving York, "It's the closest to God you'll ever be. Grab her hand. Say the Lord's Prayer."

Doctors offered to take care of nursing matters when York's friend died, because they understood their relationship.

This experience gave rise to York's nursing career. When she told all of her friends she wanted to work in hospice, they were surprised because they viewed her as an adrenaline junkie, York said.

"Hospice, I love it. It's my heart. It's my soul," she said. "It feels right."

The company she worked at in Texas sold. So she was involved in a new hospice. But having a third daughter led her to staying home for a couple of years.

She took a job as a cardiac device rep because it paid more money, she said.

"It killed me. I would go into the cath lab and work a case and I'd leave," York said. "And it literally crushed my soul to see people who had perfectly good vessels in their

legs and the cardiologist was still going to use my device because it padded his pocket."

So at day's end, York had no satisfaction in being a cardiac device rep, she said.

Today, her daughters sometimes say that she loves her patients as much as she loves them. Hospice patients become part of your life, York said.

"It's more rewarding. You feel you've made a difference in someone's life," she said. "You have made a difference."

Hospice takes a holistic approach to life. The same approach of mind, body and spirit also applies to nurses when enriching their own lives.

"I have three girls. There is constantly volleyball, tennis," York said. "We go to the lake, we go to the mountains. We're busy, busy bodies. I just told somebody I need three more of me."

Sometimes the word hospice scares people, she said. People hear the word and refuse to believe it is time for them to face death, she said. Family members sometimes will say, "Don't tell dad we're signing him on hospice. I don't want him to give up."

Hospice is not about giving up on life, York said. Hospice is a benefit.

"If you meet Medicare guidelines

to be on hospice, why wouldn't you do it. You have more care. You have more nursing and doctors looking over your case. I've had patients that clearly qualify and with all the extra care, we've had to sign them off because they got better," York said.

Hospice is a benefit that people do not realize, she said.

Amy Dyer is also a registered nurse for Humanity Hospice.

"As a nurse you get so much out of it," she said. "I can't believe that we get more than we're able to help the patients sometimes."

It's a blessing for Dyer to be part of someone's life at the end of life, she said.

"If you're able to help those patients and family members and be a support for them, it's just a blessing," she said.

She's gone to work every day to help people as a nurse.

Had hospice not been available to help her grandfather during his time of passing, his life would not have been as blessed, she said.

"They were just amazing and such a blessing. From that point on, I knew that's what I wanted to do -- to help families."

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# CAREERS IN NURSING

## LOVE OF LIFE: LPN EDUCATES NURSING STAFF AND LOVES RESIDENTS

by James Coburn - Writer/Photographer

Meghan Crawford likes a lot of things about working at Golden Age Nursing Center, located in Guthrie, she said.

"I love the elderly people of course," said Crawford, LPN. "They're a lot of fun. I like that they maintain their own personality. I think a lot of people outside of health care, outside of geriatrics, thinks every elderly person has a personality like a grandma making cookies. But they're not like that."

"They'll have their personalities and some of them are really wild and fun. And some of them tell jokes."

She also stays in long-term care because she loves the company she works for, all the way from the owners to her bosses and other coworkers. This team spirit makes it easy for her to stay there.

"They're good to us," Crawford continued.

She has been a licensed practical

nurse for 14 years. She graduated from Meridian Technology in Stillwater and pursued a career initially in assisted living before switching to long-term care. She has been with Golden Age since 2008.

She admires the Administrator and her Director of Nursing because they care how the home operates. They take their jobs seriously and want to see that everything is done in the best interest of the residents, Crawford said.

They are compassionate, not just to the residents, but also to the Golden Age staff, Crawford said.

"They both really care about the people they are in charge of, and that's very admirable," said Crawford, who serves as the facility's educator.

She trains the new staff and provides the annual education of staff members who are already licensed. She helps with those who are struggling in an aspect of their career.

"I also work on the floor sometimes if we need somebody to work," Crawford said. "I'll pick up the shifts."

Crawford also teaches CPR to the staff and assists the DON when needed. She also does all of the coordination and organization that helps certified nurse aides to know they are professionals.

The nurse aides do more than focusing on the hygiene of the residents. The career of a CNA should be taken seriously because of its difficulty and also the fact that they are the eyes and ears of the nursing staff.

Crawford focuses on staff retention of CNAs by improving their work environment, she said.

"We have peer mentors for the CNAs and the CMAs. They go through training with an online course and learn how to properly train them, make them feel welcome and want to stay at Golden Age,"

Crawford said. "It's great and is something that nurses need to know."

Crawford has always been motivated about achieving her personal best as a nurse. Her mother is also a nurse. She credits her mother's work ethic and the care she gave her children to being a good role model.

Crawford was working at a sister facility in Stillwater named Golden Oaks. Crawford was a young housekeeper when one day her mother told her she would make a fine nurse.

"My mom inspired me and pushed me in my career," Crawford said.

Her mother now works at a nursing facility in Durant. She instilled the value of family in Crawford's life. So when Crawford is not at work, she spends most of her time enjoying the time she and her husband spend with their five



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Pamela Engledow says patient care is better with a dose of compassion. Engledow works as an LPN at HCR ManorCare in Midwest City

children.

"We have a micro farm. We've got some miniature donkeys, a miniature horse," she said. "We've got a lot of pigs and chickens, and dogs and cats. So that's pretty much what I do with my spare time, running a household. My husband works a lot."

Some of the residents at Golden Age grew up working on farms and can identify with Crawford's farm life. There is always someone with a funny story about their life as a farmer.

Crawford said that one day one of the residents gathered some chairs in front of him to demonstrate how he would handle cattle. He was in a wheelchair in the dining room providing entertainment to others.

"He had herded up all the chairs and was pushing them along in his wheel chair," Crawford said. "It was pretty funny. It was good stuff."

Looking ahead to the new year, Crawford said she looks forward to another good year at Golden Age where she is in good company with the residents.

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**Oklahoma's NURSING TIMES**

## Smoking Rates in Oklahoma Decline to an All-Time Low

Adult smoking in Oklahoma has decreased by 19 percent in the past four years, reaching an all-time low as a result of focused efforts to reduce and prevent tobacco use. The number of adult smokers dropped by almost 78,000 between 2013 and 2014 alone. The decrease has moved Oklahoma's ranking to 40th in the nation, up from 47th at the start of this decade.

"This is great news and a sign that our efforts have been effective," said Dr. Terry Cline, Cabinet Secretary of Health and Human Services and Commissioner of the Oklahoma State Department of Health, "But even as we celebrate this milestone we know our tobacco rates are still well above the national average and our work must continue. We have more than 600,000 Oklahoma adults addicted to cigarettes and 88,000 kids alive in Oklahoma today will die prematurely from smoking. That is just not right."

While the overall smoking rate is down, there is still improvement to be made. Survey data shows that 25 - 34 year olds remain the group with the highest percentage of smokers at 28.4 percent, followed by 18 - 24 year olds at 24.1 percent. "We must continue efforts that prevent children and young adults from picking up smoking", said Governor Mary Fallin. "Smoking prevention and cessation saves lives, saves money for families, improves our economy and helps deliver a healthier workforce. I want to thank the Oklahoma Tobacco Settlement Endowment Trust (TSET), the Oklahoma State Department of Health and all the community partners for their efforts and ask them to keep up the good work." According to survey results for 2014, 7.6% of Oklahoma residents say they are using e-cigarettes, which to date have not proven to be an effective way to eliminate tobacco use. "Although more than a third of current or recently quit smokers indicate they use an e-cigarette or vapor product, we know from Oklahoma Quitline data that people who try to use e-cigarettes to quit smoking are 43 percent less likely to quit as compared to people not using them," said Adrienne Rollins, Tobacco Use Prevention Manager at the Oklahoma State Department of Health. Multiple programs and policy changes are responsible for the reduced number of smokers. Governor Fallin signed an executive order to support tobacco-free state property, House Bill 1685 eliminated tobacco use on school property and at school sponsored events, more than 24,000 Oklahomans called the TSET funded Oklahoma Tobacco Helpline, and a number of voluntary tobacco free policies were also enacted by businesses and communities across the state.

Tobacco control and prevention efforts in the state support the goals outlined in the Oklahoma Health Improvement Plan 2020 (OHIP2020) developed in collaboration by public and private sector agencies and organizations. The plan outlines the basic steps Oklahoma can take to create a healthier state in the areas of tobacco control and prevention, obesity, behavioral health and children's health. For more information go to OHIP2020.com.

## OMRF discoveries could lead to better treatment for lymphedema



Oklahoma Medical Research Foundation scientist Sathish Srinivasan, Ph.D.

The human lymphatic system is a network of vessels and lymph nodes that spans the entire body. Lymphatic vessels absorb tissue fluids and return them to the bloodstream. Defects in lymphatic vessels can cause lymphedema, a disease characterized by dramatic and painful swelling in the limbs that can lead to infection.

While there is no cure for lymphedema, Oklahoma Medical Research Foundation scientists Xin Geng Ph.D., and Sathish Srinivasan, Ph.D., have identified the molecules that control the formation of the key valves that direct the flow of lymph into the blood circulation. The findings, which were published in the journal *Developmental Biology*, may help researchers develop new ways to manage lymphedema.

"Using high-power imaging techniques, we were able to determine the three-dimensional structure of the lymphovenous valves in mouse embryos," said Srinivasan. "We found that these valves are defective in four different models of lymphedema."

There are only four lymphovenous

valves in the entire human body—two on either side of the neck. Srinivasan said the valve system functions something like the intersection of two major highways.

"During peak rush time, the traffic flow is dictated by what's happening at the junction where the highways meet," he said. "If something occurs to block traffic at that busy intersection, it causes a traffic jam and lines of traffic build up. Similarly, malfunctions in the lymphovenous valves act like a bottleneck and can bring everything to a halt. Even if the system is functioning well everywhere else, if these valves are defective, the lymph can't go anywhere."

By mapping these valves in three dimensions, it allowed medical researchers the ability to look at them in detail for the first time. Srinivasan said he and his colleagues found an immediate correlation between malformed valves and disease.

This wealth of new information is crucial, said Srinivasan, because

See OMRF next page

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## OMRF

Continued from Page 8

it creates an opportunity for clinical intervention in lymphedema. Currently, the only options are conservative treatments like massage and compression bandages.

"If we can repair the damage in these structures, it is quite possible that we can, at least to a certain extent, repair the damage to the lymphatic vascular function," said Srinivasan. "This is an exciting step with many possibilities."

Other OMRF scientists who participated in the work are Boksik Cha, Ph.D., Rijaj Mahamud, Robert Silasi-Mansat, Ph.D., Lijun Xia, M.D., Ph.D., and Florea Lupu, Ph.D.

This research was supported by institutional funds of OMRF, Oklahoma Center for Adult Stem Cell Research grant No. OCASCR 4340, American Heart Association grant No. 15BGIA25710032 and National Institute of General Medical Sciences grant No. P20 GM103441.

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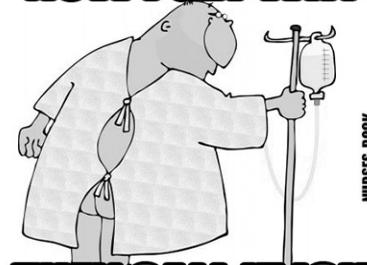
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580-254-9275 Cathy Poe, RN Director



**Vicki L Mayfield, M.Ed., R.N.,  
LMFT Marriage and Family  
Therapy Oklahoma City**

*If you would like to send a  
question to Vicki, email us at  
[news@okcnursingtimes.com](mailto:news@okcnursingtimes.com)*

**Q. I recently attended a 2 day conference on yoga for emotional trauma. Compassion was discussed at length. The following is information on compassion that is meant to enlighten.**

**A.** Individuals who work in health care administer to suffering people on a daily basis, either emotionally, physically or both. Compassion is experienced and kindness is rendered as a result of their suffering. It is also important for health care providers to self administer compassion. We can learn to be there for ourselves in increasingly compassionate ways.

If we step back for a moment, let go of our compassion for others and focus on ourselves, we may have wounds that have not been soothed. It can be difficult for the care giver to GIVE TO OTHERS when their own wounds are untreated.

How many times has someone asked you, "Is something wrong?" and you say, "nothing." What would happen if you said, "I hurt." (depending on your trust level with this person). It is unrealistic to think we can continue providing compassion to others when we are in desperate need ourselves.

Self-compassion is treating yourself with the same loving kindness that you extend to a beloved child. Can you think of someone in your life who extended compassion to you? Do you remember how that felt? Experiences of compassion live on in memory, and recalling personal stories of receiving compassion reminds us of the power of compassion and shows us how to be compassionate with ourselves.

The following are some compassionate statements that we can say and behaviors that we can engage in to bring more authenticity to our lives:

1. I am enough. 2. I have value and worth. 3. Breathe in kindness, breathe out love. 4. I hurt. 5. I am loved. 6. I am God's child.

1. Develop friendships with people who share your energy. 2. Have someone in your life that you can say, "I am drained." 3. Stop and feel. 4. Then feel and be still. 5. Learn to be with you. 6. Be able to know when you need compassion. 7. Stop negative words.

"No one deserves compassion more than you."

The Dalai Lama

## **"When science meets God": This author discusses the coming new paradigm**

Can science prove the existence of God or the human soul?

Can prayer and other expressions of human intention change the outcomes of scientific experiments or produce physical healing?

Does scientific evidence exist proving Man's consciousness continues after physical death?

These and many other questions regarding Man's spiritual nature and our relationship with a "Divine consciousness" permeating our universe are addressed in an inspiring and thought provoking new book entitled "Joyfully Shattered: A Physician's Awakening at the Crossroads of Science and Spirituality" by Rick Sheff, MD, a pioneer in integrating science and spirituality.

"Science done well is proving the truth of what today we call spirituality, ushering in a coming new paradigm that integrates science and spirituality," said Dr. Sheff, whose book weaves together his own personal journey of spiritual awakening with compelling scientific and philosophic insights. His fascinating and moving story has taken him from the bedside of a dying child to Oneness University in India, John of God in Brazil, and the site of Marian visions in Medjugorje. Yet he has learned the true journey, the path to healing and joy for each of us, is inward; and science done well, according to Dr. Sheff, will lead the way.

A former died-in-the-wool atheist who studied at Oxford and Cornell University before obtaining a medical degree at the University of Pennsylvania School of Medicine, Dr. Sheff said his quest to scientifically embrace the spiritual nature of existence was launched after witnessing two instances of telepathic communication; one between a father and his dying infant son, and the other between his own wife and her best friend. "Telepathic communication just didn't fit anywhere in the paradigm of modern science, a paradigm I had fully bought into, at least up until that time," said Dr. Sheff. "These experiences and others

gave me a first glimpse of the new period of revolutionary science into which we are all heading, stirring the seeker in me with anticipation."

In an effort to define his own spiritual nature and to more fully live a "spirit directed life," Dr. Sheff said he examined the teachings of the world's major religions.

"I've explored Judaism, Christianity, Hinduism, Buddhism, Islam, and many other spiritual traditions and practices," said Dr. Sheff, "all without leaving science behind."

"After a lifetime of study I have come to understand that every one of us is both a physical and a spiritual being with the Divine essence of love within us -- and science is increasingly demonstrating this to be the truth."

To read reviews and excerpts from Dr. Sheff's new book, "Joyfully Shattered: A Physician's Awakening at the Crossroads of Science and Spirituality," please visit [www.ricksheffmd.com](http://www.ricksheffmd.com).

Rick Sheff, MD, is a family physician with over 30 years of experience in medicine. He chose the specialty of family medicine because he wanted to see and treat patients as whole people whose illness and wellness result from the complex interplay of their biological, psychological, social, and cultural circumstances. The years have taught him that to this must be added recognition of each patient's spiritual circumstances if they are truly to be seen as a whole person.

Dr. Sheff practiced family medicine in Massachusetts, seeing adults, children, and the elderly and, for the first part of his practice, delivering babies. Over the years he was asked to assume greater leadership responsibilities, eventually leaving clinical practice and becoming the senior physician executive for an integrated delivery system. He left there to launch a new company to help the U.S. healthcare system integrate the best of complementary and alternative medicine with the best of conventional medicine.



# NURSE + TALK

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What do you look forward to in the new year? Kramer School of Nursing

I am looking forward to doing some traveling. I've got three vacations scheduled and I will have earned them."



Diana Blackmon, RN, assistant professor

"I think my wish for next year is working on being present, enjoying life balance."



Denise Burton, RN, faculty chair

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"I look forward to more love, life and laughter and playing with my granddaughter."



Pam Boeck, clinical instructor

"To have a healthy and prosperous new year and to just enjoy life and take it day-by-day."



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