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Bullets dodged Nurse finds life after abuse



Eight years ago Krystel Huddleston, BSN, RN, escaped death and is helping bring life to other women who are victims of domestic abuse.

by Bobby Anderson, Staff Writer

It wasn't until the bullets engraved with the initials of her and her children were placed into her hands that Krystel Huddleston, RN, realized just how close she had come to death.

Eight years later the nurse manager who lived through fear, isolation and abuse wants to make sure others in similar situations know that there is hope.

Born and raised in Texarkana, Texas, Huddleston fell in love early at the age of 14. She met a man 10 years older she was sure

she would spend the rest of her life with.

As a married woman high school seemed frivolous so she dropped out.

Three kids soon followed as did the isolation and belittlement intermingled with mental and physical abuse.

"I actually got into nursing because he chose that for me," Huddleston said of her ex-husband. "He felt like that was predominantly women and I wouldn't be around a lot of men."

Staying home and playing World of Warcraft and Everquest were at the top of her

See HUDDLESTON Page 3

OBU Recognizes Graduates During Pinning Ceremony



OBU photos by Heather Horner

Nursing graduates line the rows of Raley Chapel during the pinning ceremony, and the group celebrates their accomplishment together on the steps of the stage.

Oklahoma Baptist University honored 32 graduating nurses during the College of Nursing's Pinning and Lamp Lighting Ceremony Thursday, May 17, at 3 p.m. The ceremony took place in Raley Chapel's Potter Auditorium on the OBU campus in Shawnee.

Jennifer Sharma, assistant professor of nursing, led the invocation. OBU President Dr. David W. Whitlock welcomed the graduates and their guests.

Next, Megan Smith, assistant professor of nursing, discussed the significance of the ceremony. Then, Dr. Lepaine Sharp-McHenry, dean of the OBU College of Nursing, made introductions and greeted the graduates as well as their guests.

Dr. Deborah Trautman, president and chief executive officer of the American Association of Colleges of Nursing (AACN), delivered the address to graduates.

Graduating nurses then received their pins from McHenry, including Lauren Elizabeth Baustert, Sand Springs, Oklahoma; Marina Rose Berkley, Overland

See OBU Page 2

OBU

Continued from Page 1

Park, Kansas; Natalie Katherine Buzan, Bartlesville, Oklahoma; Whitney Lynn Carmichael, Wichita, Kansas; Blake Paul Compton, Shawnee, Oklahoma; Olivia Marie Curry, Oklahoma City; Marsha Davidson, Deerfield, New Hampshire; Krysten Raye Denney, Midland, Texas; Jared Michael Fink, Dewey, Oklahoma; Landry Danielle Forth, Sand Springs; Hannah Ruth Gordon, Evergreen, Colorado; Miranda Danielle Granger, Newcastle, Oklahoma; Ashleigh Jeanne Gruns, Tulsa, Oklahoma; Anna Lynne Hollingshead-King, Denton, Texas; Meaghon Denise Hollyfield, Vidor, Texas; Katrina Ladell Horner, Norman, Oklahoma; Sarah Elizabeth Klerekoper, Longview, Texas; Ciera Marline Knapp, Mountain View, Oklahoma; Ellen Kristine Magar, Shawnee; Kaitlyn Danielle Malaske, Harrah, Oklahoma; Aleksandra Miletic, Belgrade, Serbia; Ashley Nichole Morris, Oklahoma City; Cayla Michelle Munroe, Moore, Oklahoma; Katrina Nguyen, Shawnee; Gregory Austin Orr, Paden, Oklahoma; Sarah Elizabeth Pruitt, Flower Mound, Texas; Kyle Spencer Reich, Lewisville, Texas; Chelsea Jo Sehorn, Choctaw, Oklahoma; Maysn Ungerer, Roseville, California; Alexandra Vestal, Melissa,



Oklahoma Baptist University honored 32 graduating nurses during the College of Nursing's Pinning and Lamp Lighting Ceremony Thursday, May 17.

Texas; Sydney Elizabeth Ward, Edmond, Oklahoma; and Cacy McKinley Wyatt, Lodi, Virginia.

Dawn Westbrook, assistant professor



Dr. Deborah Trautman, president and chief executive officer of the American Association of Colleges of Nursing (AACN), delivered the address to graduates.

of nursing, delivered the charge to the graduates while Dr. Nichole Jackson, assistant professor of nursing, led the benediction.

For more information about the OBU College of Nursing, visit www.okbu.edu/nursing.

With its campus in Shawnee, and locations in Oklahoma City and Broken Arrow, OBU offers 10 bachelor's degrees with 88 fields of study and five master's degree programs. The Christian liberal arts university has an overall enrollment of 2,093, with students from 37 states and 40 other countries. OBU has been rated as one

of the top 10 regional colleges in the West by U.S. News and World Report for 26 consecutive years and has been Oklahoma's highest rated regional college in the U.S. News rankings for 24 consecutive years. OBU is one of three universities in Oklahoma and the only private Oklahoma university listed on Great Value College's rankings of 50 Great Affordable Colleges in the Midwest. Forbes.com consistently ranks OBU as a top university in Oklahoma and the Princeton Review has named OBU one of the best colleges and universities in the western United States for 13 consecutive years.

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HUDDLESTON

Continued from Page 1

husband's agenda.

Huddleston's husband drove her to nursing school every day until she became an LVN.

Huddleston would cook, clean, go to school, do homework and take care of the kids, all while being kept inside a trailer with locked windows and no other contact.

"I really felt like I had a normal life," said Huddleston, now a nurse of 12 years and a manager. "I remember getting out into the workplace with strong women and strong personalities. I remember sitting at the nurses station one year and a seasoned nurse was talking about Dr. Phil."

"I said 'You're allowed to watch Dr. Phil?' She looked at me and asked if I still lived with my mom. I told her my husband says I couldn't watch that because it gives women ideas."

"I remember that exact moment realizing my life isn't normal."

"I knew the abuse was not normal and he was extensively, creatively abusive," she said. "I knew that was not normal but I also knew if I catered and walked those egg shells I could find my way around."

There were good years, but the alcohol and mental health issues began taking their toll.

While Huddleston was bettering herself with a career her husband's love for the couch, ice cream and playing video games caught up with him.

He developed uncontrolled diabetes. Huddleston had to take care of him, too.

"As he was getting weaker I was getting stronger being in the workfield around strong women," she said. "Finally, I decided he was going to kill me if I stayed or if I left so I was going to at least make it worth his time."

She went to work one morning after hearing the clicking sound of an empty gun pointed at her temple.

She called the police to pick up her three boys.

Her ex-husband beat the female officer who responded.

Three months later her husband shot himself.

Going through belongings after

the funeral, Huddleston began questioning herself.

Was it her fault? Did she do something to make it happen? What could she have changed?

As she dug through personal belongings she found an envelope.

In the envelope was a receipt for five burial plots.

Letters written to her parents and his explaining the family's personal death were also included.

"His full intention that day was to kill everybody but something intervened and he only killed himself," Huddleston said.

The irony of her ex-husband choosing the one career for her that would set her free was never lost on Huddleston.

"At first it was very intimidating - just more bullies," Huddleston said of entering nursing. "I felt I was the low man on the totem pole and I knew nothing. But as those women became my colleagues and I was learning and seeing them interact with spouses I pulled from that and I grew from that."

"That really helped me become a stronger person."

Huddleston had one boss that really poured into her. She challenged her to stop being negative, realize her strengths and push forward.

Some scars will always remain.

To this day she's still not a hugger. She admits she can be uncomfortable with touch.

At restaurants she sits facing the door. In meetings she has her back to the wall.

Don't sneak up on her.

She's remarried, though, and moved on.

"I still have my moments," she says. "Some days I can be confident and be great and nobody knows. Other days it's one bad event after another."

The future she's given herself and her boys is the stuff Lifetime movies are made of.

"There's always a chance. Take that chance," Huddleston said of getting out. "It's worth a chance to try."



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CAREERS IN NURSING

WORLD TRAVELER ENJOYS OK LIFESTYLE: GILBERT MEDICAL CENTER

by Vickie Jenkins - Writer/Photographer

Meet Meriecha Gaines, LPN in Texas and CMA in Oklahoma, working for Wade T. McCoy, Southwestern in Texas where she received her LPN. She has been working here in Oklahoma for Dr. McCoy for 3 years.

Meriecha is an Army brat and Air Force wife. She has traveled the world throughout her life. She went to school in New York and moved to Germany her junior year. "It was a real culture shock moving around so much but it was worth it," she said. "I have lived in New York, Arkansas, Texas, Colorado and Germany twice." "I have traveled so much," she said. "I have visited 15 countries. The hardest adjustment I had was moving from Germany to Texas; it was so different. I like living in Oklahoma now and the friendly people here," she commented. "You just don't see that in other places,"

she added. "I'll have to admit, my favorite place to live was Germany. It's beautiful there. Germany has a lot of similarities to Oklahoma. The people are friendly there too, like in Oklahoma. When my kids graduate high school, I would love to take them to visit Germany. It would be a real treat for us to visit Germany as a family."

In your opinion, what makes a good nurse? I ask. "I think a good nurse needs to be caring and compassionate. They need to have a real desire to help others. I think every nurse knows that too," she said. Asking Meriecha what her favorite part about her job is, she replied, "Oh, giving shots, I give really good shots. The patient never feels them. I'm good!" she said, laughing. "No, seriously, I think the favorite part of my job is the people that I work with.

They are awesome! We all work together, and we are quite the team. I also like seeing the satisfaction of helping a patient. Well, for me, anyway." She said. A typical day for Meriecha is seeing about 40 patients a day. "All of us here in the office work as a team and we all do the same jobs. We really work well together. We check in the patients, order labs, give shots, take vitals, and assist the doctor if needed. It makes for a busy day, but I like it that way," she added.

Meriecha tells me quite the love story of how her and her husband, Marquis reunited after many years apart. "We were friends in New York and he ended up moving to Germany. Both of us went our separate ways and years later, ended up reuniting in Germany again and dating. I went on to college after graduation and he

joined the Air Force. We later met again in Texas. That's when we both heard wedding bells."

Did anyone influence you to become a nurse? I ask Meriecha. "Yes, as a matter of fact, there was one very important nurse that influenced me and my life. When my son was 5 years old, he was diagnosed with a congenital heart defect, later having open heart surgery at age 9. I admired the nurse that found the issue, she took care of him, never giving up on him. It was at that time, I knew that I wanted to always be there for my son. I wanted to be an advocate for him. And I was!"

My son, Javon is doing well now. He is 12 years old and loves to play basketball. He is playing on a travel team. I love to watch him compete. Our next big stop is Vegas. My daughter, Aleena, is

GAINES Page 5



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Meriecha Gaines enjoys taking care of patients at the office of Wade T. McCoy. Even though she has traveled all over the world, Oklahoma is her final stop for now.

GAINES

Continued from Page 4

11 and she plays on a competitive team too. Most of my spare time

is watching them compete," she commented. Wade T. McCoy's M.D. is located in the Gilbert Medical Center, located at 7530 N.W. 23rd St. Bethany, OK 73008.

WORLD'S NURSES NEED A PAY RAISE AND BETTER WORKING CONDITIONS

New international analysis of nurses' wages shows salary stagnation and fall in purchasing power

The International Centre on Nurse Migration (ICNM) today released an analysis of pay data collected by the International Council of Nurses (ICN) International and Asian Workforce Forums over 10 years (2006-2016). The findings show that many nurses around the world have experienced a real terms' fall in their purchasing power over the past 10 years. In Asia, there is also evidence of stagnation and a decline in pay in the last two years.

The recent UN Commission on Health Employment and Economic Growth made the case for investment in health services as a pre-requisite for economic prosperity rather than a drag on growth and identified the scale of the needs-based shortage for nurses worldwide. Given the relative fall in nurses' purchasing power over the last 10 years, there is an urgent need to give the world's nurses a pay rise and improve working conditions in order to address the attractiveness of the profession.

"While there are limitations to the data that ICN has collected which should be considered in the interpretation of the results, the findings clearly show significant periods of minimal pay growth across the world," said Howard Catton, ICN Director of Nursing and Health Policy and report author. "With a predicted shortage of nine million nurses by 2030, and global health priorities such as Universal Health Coverage and NCDs it is vital for governments to invest in nursing and address issues to recruit and retain nurses, such as starting salaries and prospects of reasonable career and pay progression."

The timeline coincides with the beginning of the global economic crisis in 2007/2008 and has continued until 2014. Whilst there is evidence of a pick-up in pay in the last two years in some countries, this appears to be driven by a limited number of countries, rather than being a trend across the board. Over the same period, turnover rates appear to have increased, due to the ageing nursing workforce, but also to heavy workloads, low compensation and poor working conditions which are driving nurses to leave the profession. These trends are set against the backdrop of a global shortage of nurses and the recent UN Commission estimating that this equates to approximately nine million nurses.

Catton continued that "Despite the current and predicted shortage, it appears that pay is not being used as a lever to improve either the recruitment or retention of nurses. All governments have a responsibility to ensure the safety and security of their citizens and this includes having a sufficient number of healthcare professionals, because the consequences of not are detrimental to human health and mortality."

The data was collected through the ICN annual Workforce Forums which bring together representatives from national nursing associations (NNAs) to probe and debate nursing workforce issues and working conditions. The Forums aim to stimulate thinking and enhances learning to ultimately develop proactive strategies. The NNAs that have attended the Asia or International Forums include ICN members from Canada, Denmark, Hong Kong, Indonesia, Ireland, Japan, Korea, Macau, Malaysia, New Zealand, Philippines, Singapore, Sweden, Taiwan, Thailand, and the USA. In total, the Forums cover a population of approximately nine million nurses.

The recent launch of the Nursing Now global campaign provides a generational opportunity to raise awareness of the value and contribution of nurses and to make the case for positive political choices and investment. This should include significant improvements in nurses' pay and working conditions around the world.

ICN is also delighted to announce that Professor James Buchan, an internationally renowned global expert on the nursing workforce and health sector human resources, who reviewed the development of this report, will be [working in an advisory capacity with ICN to provide advice and support in relation to workforce and health policy. Additionally, Professor Buchan serves as a Strategic Advisory Group member of the International Centre on Nurse Migration (ICNM).

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Also ECU is seeking to fill two 10-month, full-time faculty positions, at Durant and Ada campuses, respectively. Activities required of all faculty in the School of Nursing include innovative teaching in classroom, laboratory, clinical and simulation settings; curriculum planning, implementation, and evaluation; student advising; recruitment and retention activities; service to the department, college, university, and community. Simulation coordinating involves planning, developing, maintaining, and effectively implementing learning activities in the nursing simulation laboratory to provide students with quality instruction and a safe learning environment.

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You never outgrow the need for vaccines

Although you may associate them with childhood, vaccines remain important at any age.

"Vaccinations are an important part of staying healthy for all adults," said Oklahoma Medical Research Foundation President Stephen Prescott, M.D.

For starters, he said, make a point of getting the annual flu shot. It's an every-year necessity, as the virus mutates constantly.

"The flu shot is one that we know we should get, but that doesn't mean we all get it," said Prescott. "It's not perfect, but it is your single best defense against the flu."

The combined vaccine for tetanus, diphtheria and pertussis (known as whooping cough) should also be on your checklist, said Prescott. All adults should receive this vaccine—known as DTaP or Tdap—if they didn't as children, and then a tetanus and diphtheria booster every 10 years after.

Since the introduction of the vaccine, cases of tetanus and diphtheria have dropped by 99 percent, and whooping cough has been reduced by 80 percent. But those numbers are expected to climb.

"I really encourage this for protection from all three, but pertussis in particular has had a large resurgence in adults because of the waning in immunization for children," said Prescott.

Two more key vaccines come along once you're a little longer in the tooth.

The FDA recently lowered the vaccination age for shingles to 50, and doctors say the new shingles vaccine, Shingrix, is a must. It's also recommended that you get the new vaccine even if you've previously received the first shingles vaccine, Zostavax.

"If you have ever had chicken pox, the shingles virus is already



Oklahoma Medical Research Foundation President Stephen Prescott, M.D.

in your body, and as you get older your immune system becomes less equipped to keep it at bay," said Prescott. "This new vaccine is superior and everyone should get it as soon as they are eligible. The risk rises with age, so get it as soon as you can to be safe."

Another must-have for adults age 65 and up is the pneumococcal vaccine. The CDC also recommends the vaccine for children younger than 2, but it's important to receive it again later in life.

Pneumococcal symptoms can range from ear and sinuses infections to pneumonia and bloodstream infections. It can even be fatal. There are two primary vaccines for pneumococcus, PCV13 and PPSV23, that you should receive about one year apart.

Other vaccines are a little more specialized and the need for them depends on your lifestyle, travel habits, health condition or other

factors. These include yellow fever, hepatitis A and B, and HPV. If you never received the MMR vaccine—measles, mumps and rubella—you should also consider getting one now because the number of cases is on the rise as fewer people immunize their children.

"You should ask your doctor for advice on which additional ones you need for your circumstances," said Prescott. "The important takeaway message is: get vaccinated. Many of the vaccines you'll need as you age will give you the best shot at long-term health and can even save your life."



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INTEGRIS Hospice Requests Volunteer Support

Free program offers help for those recovering from loss of loved ones

INTEGRIS Hospice and the INTEGRIS Hospice House seek volunteers for the next training session. This free, in-depth training is open to anyone who has a compassionate heart, and provides information necessary to help hospice patients and support for their caregivers.

INTEGRIS Hospice provides care in nine counties, including the metro and surrounding areas. Hospice care includes physical, spiritual and emotional support for the terminally ill. The hospice team is comprised of the medical director, nurses, aides, social workers, chaplains and trained community volunteers.

"INTEGRIS Hospice volunteers provide a unique kind of support to caregivers and patients at critical times," says Carol Prewitt, RN, manager of Volunteer Services. "Their

support makes a big difference and leaves a lasting impression for our families."

Volunteers may run errands for caregivers, stay with a patient while caregivers take a break, or volunteer their time at the INTEGRIS Hospice House by sitting at the bedside, answering phones or assisting the hospice staff. Hospice volunteers provide special comfort and support to hospice caregivers and patients.

INTEGRIS Hospice and the INTEGRIS Hospice House are affiliates of INTEGRIS, a Medicare certified, non-profit agency dedicated to providing quality care to terminally ill persons and their families.

For more information about the volunteer program or to enroll for training, please contact Carol Prewitt at 405-848-8884.



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

Is there any way to strongly encourage someone to get therapy for childhood trauma that has never been processed? My friend has shared the trauma with me but says she has dealt with it and does not want to talk to a therapist. ---Teresa

(This is a continuation from last weeks column)

Many times, trauma survivors re-live childhood experiences with an unresponsive or abusive partner. They re-live it because it is familiar to them, they are attracted on an emotional level to a partner who facilitates the re-enactment of previous dysfunctional relationships. For example:

Donna and Ricky came to therapy because Ricky was at a loss in knowing how to deal with Donna when she became emotional. This was Donna's third marriage and Ricky's second. When the couple argued, Ricky said he felt like Donna was provoking him to hit her. "I have never hit a woman and don't plan to start now." Donna said she really didn't want Ricky to hit her but her previous husbands would hit, slap and push her when they argued, so physical aggression was "normal" for her.

Donna also shared that her childhood home contained domestic violence and her father would beat her mother when he was drinking. Countless times she witnessed this violence. AND countless times she said she would never marry a man like her father.

Unfortunately Donna never got involved in therapy to understand the traumatic impact that domestic violence had in her childhood. She actually chose a man who was not a batterer, a healthier, kinder man for her third husband but lacked the thoughts, emotions and behaviors to let him love her in a healthy way. She still had her trauma script playing and was indeed trying to provoke him to hit her.

It is important to recognize unhealed trauma as a dynamic force in an intimate relationship. It can super-charge emotions, escalate issues, and make it seem impossible to communicate effectively. Issues can become complicated by:

- Heightened reactions to common relationship issues.
- Emotionally fueled disagreements
- Withdrawal or distant, unresponsive behavior
- Lingering doubt about a partner's love and faithfulness
- Difficulty accepting love, despite repeated reassurance

In a relationship, a history of trauma is not simply one person's problem to solve. Anything that affects one partner impacts the other and their relationship. Trauma-informed therapy works by helping couples begin to see how they experienced traumatic abuse or neglect, and how it still affects them, and impacts their current relationships. The goal is to help each partner learn to understand each other's story, how it impacts their relationship, and how to process thoughts and emotions in healthier ways.

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NURSE + TALK

Read what other health care professionals have to say...

What are your thoughts on violence in nursing? Oklahoma Baptist University College of Nursing

In nursing education my goal is to educate students in the undergrad setting how to handle that and make sure it's not welcome.



Megan Smith, MSN, RN, CPN, CNE.

I think it's more of a problem than our society recognizes. The truth is it happens in all units of health care.



Dawn Westbrook, MSN, RN, CNE.

Each week we visit with health care professionals throughout the Metro



Please Let us know Your Thoughts

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Sometimes nurses just accept it as part of the rule. I think there needs to be more consequences.



Joan Klerekoper, MSN, RN.

It's unfortunate we have to deal with bullying and violence. We need to be intolerant of it.



Dr. Lepaine Sharp-McHenry, MSN, RN.

Allen was a man of great stature at 6'4", but that was only a small part of him. He had a presence about him. Wherever he went his beaming personality and contagious smile was with him. He had a fantastic sense of humor and could make anyone laugh. He was extraordinarily intelligent and a gifted athlete, but was always modest about his accomplishments.

He loved experiencing new things, places and people, whether it was books, music, international travel, cooking or taco trucks. He loved life.

Allen touched everyone who knew him with his generosity and gentle kindness. He was a devoted father, loving son, amazing brother, fantastic uncle and faithful friend. He continues to bless others through his gift of organ donation.



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