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Cutting-edge medicine RN on the forefront of drug research



photo by Bobby Anderson

Sheryl Delancy RN, BSN, is proud to call Oklahoma Medical Research Foundation home.

by Bobby Anderson,
Staff Writer

At 66, Sheryl Delancy RN, BSN is on the cutting edge of drug research in her role at

Oklahoma Medical Research. "It's interesting because I've seen drugs that we've studied that are now on the market," Delancy said.

"That's kind of fun. And I've seen other drugs that have changed indications and are helpful for more patients or a different kind of patient. And some have failed."

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Battle at the capitol

NP's fighting to be heard



photos provided

Elizabeth Carlton, APRN-CPN, and hundreds of nurse practitioners just like her across the state are fighting for their rights.

There's a battle brewing up at the Oklahoma State Capitol pitting special interests against the state's advanced practice nurses.

Oklahoma nurse practitioners have asked the legislature to amend the Oklahoma Nurse Practice Act to free them from doctor supervision.

HB 2841, which has already received at least 20 co-author commitments, would allow them to practice without being involved in a supervision contract with a physician.

See OMRF Page 3

See BATTLE Page 2

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BATTLE

Continued from Page 1

Nurse practitioners say the regulation provides little oversight and forces them to pay sometimes exorbitant fees to doctors who never set foot in their facility.

Patricia Farmer, DNP, APRN-CNP has her own practice in Claremore. She employs another nurse practitioner and also a physician just so she can operate.

"Currently, we are having to limit the number of new patients that we take partially due to the limitation that a supervising physician can only supervise two nurse practitioners," Farmer said. "To hire another NP, I have to find and compensate an additional physician to supervise that NP. Keep in mind, if something happens to a supervising physician (like) a devastating car accident, my entire practice could be shut down for 2-8 weeks on a moment's notice."

Nurse practitioners say the bill is currently being held up in the Appropriations and Budget subcommittee on Health, chaired by Rep. Doug Cox, a physician.

NP's are hopeful but realize there is a high likelihood the bill

will never advance out of committee and allow the full legislature to vote on it.

The irony is that Cox's subcommittee on Wednesday advanced a bill that would remove nearly 110,000 people from Oklahoma's Medicaid rolls.

Oklahoma currently ranks in the lowest five percent in healthcare in the nation. Twenty-one states have already allowed full practice authority for NP's.

Leah D. Melton APRN, CNP, BC-ADM owns the Central Oklahoma Diabetes Center in Oklahoma City.

"The supervising physician agreement becomes a paid relationship between the NP and physician," Melton explained. "It can be quite lucrative for the MDs and DOs, translating into up to \$30,000 per year per NP he/she is supervising."

That's a huge chunk from NP's who are increasingly becoming the first line of healthcare for tens of thousands of Oklahomans.

Brandi Kammerer, APRN, CNP ran into the hurdle when she tried to move from northwest Oklahoma back to her hometown. She planned on opening a clinic but ran into sticker shock.

"There are multiple small towns with absolutely no physicians. I was hoping to fill this gap," says

Kammerer who practices at Southside Family Care in Oklahoma City. "I planned to focus on healthy living, getting kids vaccinated, etc. But I would not find a supervising physician, and I could not afford to pay \$1,000 per month to a physician located in the city."

"This is unfortunate for the Oklahomans in this rural area who have to drive at least 30 minutes to the nearest health care clinic."

Current Oklahoma regulations require physicians to have a supervisory function only in regards to prescription writing, not patient care.

Elizabeth Carlton, APRN-CPN practices in Oklahoma City near Moore.

"(The legislature) should have a say as to what happens and it shouldn't be shut down by one person," Carlton said. "There's no reason this bill shouldn't be heard. It doesn't cost the taxpayers anything. It would expand access (to care)."

Nurse practitioners say they need people to contact their local representative as soon as possible to avoid the bill dying during the next two weeks.

The group has also taken to social media urging people to help NP's avoid getting #CoxBlocked at the capitol.

Mercy Kingfisher Welcomes Certified PA

Jerry Braziel's career in medicine started nearly two decades ago under the watchful eye of his late uncle, who worked as a surgical assistant in Arlington, Texas.

"He was a large influence in my life," Braziel said. "He is really the one who got me started and showed me the focus and compassion it takes to be a trusted medical provider."

Over the next 18 years, Braziel worked as an operating room technician and surgical technologist in Texas and Oklahoma. Today, Braziel's specialty is in emergency medicine, and he is proud to join Mercy Clinic Kingfisher as a certified physician assistant. Braziel describes his style of care as laid back and personable.

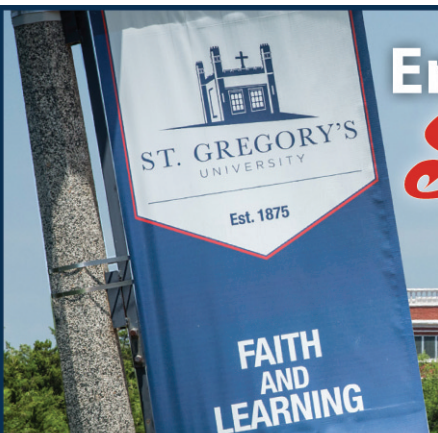
"My hope is that the community and surrounding rural areas will count on me to provide compassionate care during their time of need," said Braziel. "People think of a hospital as this big, scary place, and I want to let folks know that it can actually be a very warm and positive environment."

Braziel received an associate's degree from Northern Oklahoma College in Tonkawa, before receiving a bachelor's degree from Northwestern Oklahoma State University in Alva. Braziel later received his master's degree in physician assistant studies from the University of Oklahoma College of Medicine in Oklahoma City.

Braziel lives in Enid with his wife Alissa, and together they have three young boys; Logan, 7, Connor, 5, and Aiden, 3.



Jerry Braziel, Physician Assistant



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OMRF

Continued from Page 1

and disorders. By observing the normal biological processes at the molecular level, scientists can ask important questions that yield better understanding of disease formation. How do normal cells become abnormal and lead to cancer? Why does the immune system sometimes attack the body's own tissues? What happens in the brain to cause Parkinson's or Alzheimer's disease?

These and countless questions like them form the foundation of the research studies underway at OMRF. And the search for answers, more often than not, leads to yet more questions—questions that OMRF researchers strive to answer in hopes that more will live longer, healthier lives.

Delancy works in clinical pharmacology, one of the two areas in OMRF that actually sees patients on a regular basis. She coordinates incoming study patients involving lupus and rheumatoid arthritis.

In these studies participants are given medications at regular intervals.

Some studies involve drugs that are not on the market and are being

evaluated for safety and efficacy. Other studies involve drugs already on the market but being looked at for a different indication.

"When they have been identified as somebody who might be interested in that study I do consent and screening to make sure they fit that study," Delancy says.

It's a truly rewarding profession.

Delancy graduated nursing school in 1975 from the University of Central Oklahoma.

When she graduated she went to work in cardiac care at Baptist Hospital. From there she spent a few years at a blood bank and then on to the Oklahoma Allergy and Asthma Clinic where she logged 32 years.

She saw an ad in the paper for the Oklahoma Medical Research Foundation and just celebrated her eighth year in January.

She worked some in research at the Allergy Clinic

"I knew I wanted to stay in a clinic setting. I did not want to go back into the hospital," Delancy said. "It seemed interesting."

So she jumped at the chance to join OMRF and hasn't looked back.

She enjoys her role, even compared against bedside nursing.

"It's a lot better hours," she

laughed. "The clinic setting has always worked well for my family. Although I liked working in CCU, and I learned a lot there, I was working nights and had a young child and just couldn't do it anymore."

Delancy has three children grown and out of the house and is knee-deep in the grandchild phase.

Coming to work every day is a blessing.

"I really like the patient interaction you get. You get to know them," she says. "You see them maybe every week, every month or every three months but there's that connection. And although they have a serious illness they're basically healthy."

When Delancy came to OMRF she admitted there was a learning curve.

"When I came here I had to learn how to start IVs again. I had to learn how to draw blood again," Delancy said. "It was a push. It was (humbling in the beginning). I was the oldest nurse. All the others were my children's age. It was fun though. I really enjoyed the youth and they taught me a lot, too."

Now this nurse has a thing or two to teach patients about lupus and rheumatoid arthritis.

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Editor and Publisher, Steven R. Eldridge - News@oknursingtimes.com

Advertising Director Annette Deckard - Annette.Deckard@usnursingnews.com

Advertising Services Lisa Weigel - Advertising@oknursingtimes.com

Writers: James Coburn, Bobby Anderson, Vickie Jenkins

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CAREERS IN NURSING

TO BE A NURSE - LPN BLENDS CAREER WITH LIFE'S EXPECTATION

by James Coburn - Writer/Photographer

Hilary Scanlan says she has always known she wanted to work in a geriatric setting. The LPN serves as a charge nurse at Willow Creek Health Care, located in Guthrie. She is upwardly mobile as a nurse.

"I've always been interested in caring for them in giving them the best possible service that I can," Scanlan said. "I'm really interested in Alzheimer's, stroke patients and the neurology side of aging. And I believe working in long-term care gives me a very good insight to that process."

Scanlan is also the first nurse in her family. Even when she was younger, she had a motherly persona and looked out for all of her friends.

"I really paid attention to what they needed," Scanlan said. "I feel like that was what I was meant to do -- to be a nurse."

She became an LPN in 2014 after graduating from Meridian Technology Center in Stillwater. She also earned a Bachelor of Science degree in

Speech Pathology from Oklahoma State University.

Scanlan is also currently pursuing her RN degree at Rose State College in Midwest City. Her aspiration is to become certified in both neurological nursing, long-term nursing and geriatric nursing after she graduates in April of 2017.

"I just decided that nursing was what I wanted to do," she said.

Scanlan also works in the ER department of Stillwater Medical Center, where she does patient reconciliation by updating patients' medication and monitoring how and when they take it. She is now on call at Stillwater ever since she accepted her full time roll at Willow Creek in January. She joined Willow Creek as part time status in May of 2015.

At Willow Creek, Scanlan works with providing insulin and other medications. She performs peg-tube feedings, wound care, breathing treatments and basically monitors her

patients' well being.

"I make sure no one falls. If someone doesn't feel good, I make sure that they get medication and are tended to how they need to," Scanlan said.

She also loves the nursing staff. They are also attentive and good at performing patient centered care, she said.

"My perspective is if you're going to work in long-term care, you need to treat the people you're working with as if they were your family," she said. "They are someone's family, and you need to look at it as if this was your family member, and if you didn't work here, and you come in to see the condition they are in -- what kind of condition do you want to see them in?"

The staff takes pride in making sure the residents are cared for to the best of their ability, she said. They make sure their rooms are clean, their beds are tended to and

the residents are in good condition, Scanlan continued.

"They just really treat them with respect," she said. "They don't ignore lights. They make sure that family members are kept in the loop. When something happens to one of the residents -- they call them and let them know. They notify their physician immediately."

"They're just good and very resident centered."

Some people might say being a nurse is for the great hours and pay. Such is not the case for Scanlan, she said.

"It's taking care of somebody that can't possibly take care of themselves," she said. "It's making sure that they know that I am here for them. For whatever they need, I am their servant. I am here to help them and serve them in whatever way I can."

Continued on next page

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My son, Tony, has faced difficult health challenges. Before he was born we found out that his kidneys were filled with cysts, and his lungs hadn't fully developed. Tony's life has been hard. When one form of dialysis would fail, they would start him on another. On my 23rd birthday, Tony was in the hospital on hemodialysis and getting an antibiotic for a staph infection. My family prayed for him and performed an American Indian ceremony.

Two days later Tony got his kidney transplant. There have been some bumps in the road, but my 10-year-old has learned to walk, climb up a rock wall and is able to attend elementary school. I will continue to thank God and Ted's family for the generous donation that saved Tony's life.

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Hilary Scanlan, LPN, brings a concern for the welfare of others to her career at Willow Creek Health Care.

Everyone feels their calling as a nurse from pediatrics to the emergency room.

"Mine is long-term care," she said of her future. "I love the work every day. I found my calling when I was doing master's work for speech pathology."

One of her clients at the time lived in a nursing home and when she would provide speech therapy, she recognized her need to enrich the lives of others through long-term care, Scanlan said

She enjoys educating residents about the importance and use of new equipment meant to help them. She shares her passion with her fiancé, who also works at Willow Wood while providing restorative and physical therapy"

"I like to go home and relax with him. We make dinner together. It's something we do every night," she said. "We have a lot of animals that we play with at our house. We watch movies together and play video games."

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Two EMSSTAT Medics Honored at Norman Crime Stoppers Public Safety Awards

Two EMSSTAT employees were honored at the Norman Crime Stoppers Public Safety Awards Banquet on January 28, 2016.

Samantha Russell was named Emergency Vehicle Operator (EVO/EMT) of the Year and Kayla Russell was named Paramedic of the Year at the banquet.

Samantha "Sam" Russell goes above-and-beyond the standards for her job including consistently volunteering for shifts, being a positive role model for others, and learning how to properly run Advanced Life Support (ALS) calls, said Eddie Sims, Manager of EMSSTAT.

"Sam is universally admired by her partners and patients," Sims said.

Samantha graduated from nursing school and will remain with EMSSTAT on an as-needed basis while also beginning a new career as a registered nurse at the Norman Regional HealthPlex Emergency Department.

Kayla Russell began working as an EVO at EMSSTAT in December

2014 and became a paramedic after finishing paramedic school. Kayla is committed to helping others with their education and hosts a weekly study group for new paramedics.

"Kayla has been doing this on her own time, giving up one of her days off to help our paramedic recruits study and prepare for their protocol talks," Sims said. "Kayla does not do this for any other reason than because she cares about our patients and her co-workers."

Kayla also has been instrumental in the process of expanding EMSSTAT's services to Moore, Okla. and setting up the new station in that community. Because of her positive attitude and hard work, Kayla was promoted to the position of Field Training Officer.

Both women are also EMSSTAT's "STAR of Life" nominees for the Oklahoma Ambulance Association's Star of Life banquet, which is held in March 2016.

Norman Regional's HealthPlex Receives Award as one of America's Best Hospitals for Heart Care

Norman Regional's HealthPlex has received the 2016 Women's Choice Award® as one of America's Best Hospitals for Heart Care. This evidence-based designation is the only heart care award that identifies the country's best healthcare institutions based on robust criteria that considers female patient satisfaction, clinical excellence, and what women say they want from a hospital.



WOMEN'S CHOICE AWARD®
AMERICA'S BEST HOSPITALS
HEART CARE

The list of 352 award winners, including Norman Regional, represents hospitals that not only performed well clinically with regard to heart care measures, but also had a high recommendation rate, a measure that is very important to women when choosing a hospital; signifying Norman Regional's commitment to meeting the highest standards in heart care.

"Norman Regional's team prides themselves on providing expert care to our community. We offer nationally recognized care, right here in Norman, Oklahoma," said Norman Regional President and CEO David Whitaker. "Being honored with a Women's Choice Award for Heart Care proves the dedication and expertise of our physicians, nurses, therapists and entire team."

Norman Regional's comprehensive heart services include a women's heart program, a nationally-accredited Chest Pain Center, a dedicated Heart Hospital, and a four-phase cardiac rehabilitation program.

"From the doctors' offices to our Heart Hospital to paramedics who begin treatment in the field and therapists who help patients return home, Norman Regional offers a complete continuum of care for heart patients," said Richie Splitt, Vice President and Chief Administrative Officer of Norman Regional's HealthPlex.

The 2016 America's Best Hospitals for Heart Care list is determined by first identifying hospitals across the nation that offer a minimum number of cardiac and/or vascular services. Only hospitals that perform well clinically with regard to heart care measures reported to Medicare, and also have a high Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) recommendation score, are selected. Data provided is totally objective and uniform. No subjective considerations are used to determine the award recipients.

"Considering heart disease is the number one killer of women across the country, helping her find the best in cardiac care is how we empower women and hospitals to live better lives," says Delia Passi, CEO and Founder of the Women's Choice Award.

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New PA Program Opens

with White Coat Ceremony

The new Physician Assistant program at Oklahoma City University opened with a white coat ceremony Saturday.

During the ceremony, 36 students took an oath of service and received their uniform lab coats. The ceremony was led by program director Daniel McNeill with a keynote presentation from Dr. George Selby, a professor and program director at the University of Oklahoma College of Medicine.

McNeil said white coat ceremonies are used by many medical, physician assistant, dental, pharmacy and allied health schools in the U.S. and other countries to welcome first-year students as colleagues dedicated to patient care. The concept originated at the University of Chicago Pritzker School of Medicine in 1989 with the first full-fledged ceremony being conducted in 1993 at the Columbia University College of Physicians and Surgeons.

OCU's PA program is only the third institution in the state to offer a PA program, joining OU Health Science Center programs in Oklahoma City and Tulsa.

OCU's program has a strong emphasis on providing primary care in community hospitals and clinics.

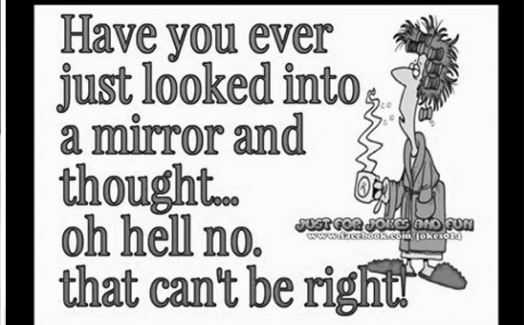
For more information about the program, visit okcu.edu/physician-assistant or call 405-208-5094.



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**Vicki L Mayfield, M.Ed., R.N.,
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*If you would like to send a
question to Vicki, email us at
news@okcnursingtimes.com*

Q. I am feeling overwhelmed (and scared) with all the political rhetoric, declining prices at the pump (resulting in the loss of jobs), the out of control cost of pharmaceutical drugs ..what is happening in our world? As one person, I know there is nothing I can do but how can I cope better and lower my anxiety?

A. There are many things happening in our daily lives that we have no control over. Feeling powerless can be frightening, causing anxiety and worry. I think it is good to be informed, knowledge is a powerful tool but when is it time to turn the channel and take a break?

Everyone has seen lists for ways to de-stress but I'm not sure we are taking them seriously. We are not recognizing that even though we do not have control over pharmaceutical pricing or making politicians honest, we do have control over OUR behavior and the choices we make. That is important to remember.

When life feels overwhelming and you are emotionally drained do you remember to breathe? Anxiety changes our breathing. I have had very anxious patients whose anxiety decreased almost immediately with simple focusing exercises. They were surprised how quickly it worked. You don't always NEED A PILL!!

As lifeless as you may feel, putting on your walking shoes and going to the park, or neighborhood or treadmill will burn off anxiety and stress. Many tired, anxious people feel physically tired but in reality they really do have the energy to go for a walk; it just doesn't feel like it.

I recently heard that the top selling books on Amazon were ADULT coloring books!! How long has it been since you picked up your box of 96 crayons and your Star Wars coloring book? When I color with children I realize after a few minutes how calm I feel. Plus children compliment me when I stay in the lines.

Spending time with people who share positive energy is a must. There are some people that we really enjoy being around. They make us feel good. Seek them out and spend more time with them.

Break out of your daily routine. If you get an invitation to attend a party, go to a movie or dinner at your favorite restaurant ..say yes!! Sometimes we make plans early in the week and by Friday we feel too tired to go ..go anyway!!!

Most people feel overwhelmed at times and share your concern about what is going on in our world, most of which we have no control over. But remember we do have control over how we deal with it.

TURNING DOWN THE VOLUME ON CANCER

OU researchers identify new targets for colon cancer prevention and treatment

When the audio on your television set or smart phone is too loud, you simply turn down the volume. What if we could do the same for the signaling in our bodies that essentially causes normal cells to turn cancerous?

New discoveries by researchers at the Stephenson Cancer Center at the University of Oklahoma may point to new ways to do just that.

Hiroshi Y. Yamada, Ph.D., and his team zeroed in on chromosome instability as a potential precursor to colon cancer.

"Chromosome instability is a major cause of genomic instability and occurs in many cancers. It is seen in 80 to 90 percent of human colon cancers. In fact, our data suggest that it may be a key player in the process by which healthy cells in the colon become cancerous," Yamada said.

The team first developed a laboratory model with a mutation that essentially makes cell division sloppy, resulting in chromosome instability.

"The simple premise is that if we test a drug or diet on this laboratory model which we know is at greater risk for colon cancer and we see fewer cancers, then that drug or diet may be promising in terms of preventing or curing cancer. It's a type of research called translational oncology and it's an essential pre-clinical step for developing new drugs for cancer prevention and therapy," he explained.

As predicted, the laboratory model proved cancer-prone, quickly developing small tumors and lesions. After a while, tumor suppressors appeared to do their job and most of the small tumors regressed. The tumors that grew, though, were found to be carrying more than ten times the number of mutations of tumors in the controls. These tumors also were likely malignant and more difficult to cure.

There seemed to be a tug-of-war at the molecular level influencing whether the mutated cells would become cancerous. That's when we



Hiroshi Y. Yamada, Ph.D.

decided to introduce a systems biology approach in our analysis and that brought many surprising and promising findings," Yamada said.

In fact, by tapping into the cutting-edge technologies within the bioinformatics core at the University of Oklahoma Health Sciences Center, the team discovered different gene expression signatures – signatures similar to those in cancer – in the laboratory model with chromosome instability. In addition, many of the pathways that lead to cancer were upregulated, like turning up the volume on the TV.

Another surprise was that the genes involved in immune function, which is the biologic system that helps the body police for cancer, were downregulated.

"This was something new," Yamada said. "We had assumed that the effects of chromosome instability would be based more on individual cells. Instead, our research showed chromosome instability may be able to influence the genesis of cancer in many different ways. It's actually good news because with the bioinformatics information, we can formulate novel intervention

See CANCER next page



NURSE + TALK

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If you were on a deserted island, what is the one item that you would want to have with you?

"I would have to have chapstick. I use chapstick all the time."



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St. Anthony Shawnee

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Dahna Abbey, RN
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"I would have to take my Dr. Pepper chapstick. I can't live without it!"



Sommer Lang, RN
St. Anthony Shawnee

"I would take water to survive!"



Deanna Keeton, RN
St. Anthony Shawnee

CANCER

Continued from Page 10

strategies aimed at these previously unknown targets."

The findings bring a lot of excitement for Yamada, his team and for the field of cancer prevention and treatments. There may be other applications for their work too.

"Genomic instability also is a hallmark of aging. So we intend to look into the effect of this in the aging process and in age-associated cancers," Yamada added.

The research is published in the February 1, 2016 issue of Cancer Research, a publication of the American Association for Cancer Research. The Association is the world's oldest and largest professional association related to cancer research.

The OU research team also included: Stephenson Cancer Center members Chinthalapally V. Rao, Ph.D., Altaf Mohammed, Ph.D., and Naveena Janakiram, Ph.D., as well as Yuting Zhang, M.D., Laura Biddick, Arun Reddy, and Stan Lightfoot, M.D., of the Center for Cancer Prevention and Drug Development, Department of Medicine, Hematology/Oncology Section, OU Health Sciences Center.

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