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Thirty-year-old Tamara Schmid, RN, BSN, RN-BC has her sights set on finishing her advanced practice degree.

by Mike Lee, Staff Writer

Tamara Schmid, RN, BSN, RN-BC remembers dialing in a desire to pursue an advanced practice degree at the age of 21 while she was still in

nursing school.

"I had shadowed a nurse practitioner and I had studied very hard in school," Schmid said. "I decided that she had a lot of autonomy, was very experienced and that's

something I wanted to aspire to be for myself.

Schmid has spent the last five years with Integris Southwest Medical. After four years as a staff nurse she accepted a promotion in 2014 to become the team manager of radiology.

"It's been great," she said. "Being promoted amongst my peers I've had some great support from Integris helping me orient to the role through leadership classes. I've had support from other

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Mercy Opens Nurse-Resident Learning Center

Story and photo provided

Newly graduated nurses at Mercy Hospital Oklahoma City now have a way to ease into the profession before they begin working with patients.

Mercy on Monday opened a nurse-resident Learning Center. The first cohort will complete a seven-week orientation at the center before moving up to the hospital units where they will work.

The Learning Center's goal is to fill the gap between nursing school and professional practice. While there, new nurses, called nurse residents, will learn how to properly document patients' charts and conduct assessments of commonly seen symptoms and disorders, as well as practice patient care fundamentals such as safe lifting techniques and code responses.

"It just felt like there really is a big gap between being a student nurse and being confident on the units," said Mary Lawrence, who worked as a health educator before switching to nursing. "We get to really learn things before being thrown out there."

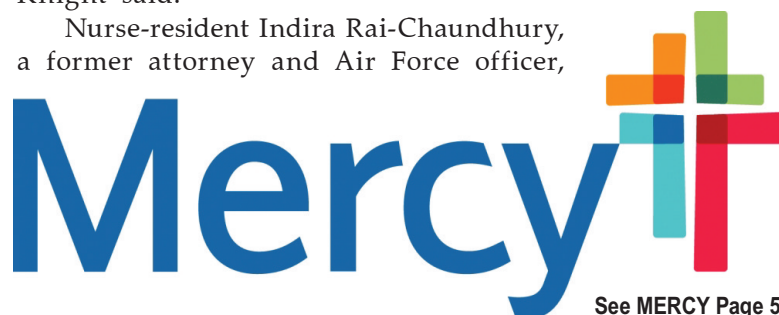
Starting nursing can be intimidating for new graduates, Learning Center Manager Hope Knight said, but the hardest part is walking into a patient's room and identifying oneself as a nurse.

"Hopefully, when they're finished with this they can walk into any room and know, 'What do I need to do?'" Knight said.

To complement the new approach, Mercy has changed its hiring process for newly graduated nurses. Instead of hiring nurses for specific units and sending them there, all newly graduated nurses will go through the Learning Center and be placed upon completion.

"I hire for Mercy and then we find that good fit," Knight said.

Nurse-resident Indira Rai-Chaundhury, a former attorney and Air Force officer,



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SCHMID

Continued from Page 1

managers and my director and human resources.

"I'm learning all kinds of new things about doing budget and handling policies and employee relations. It's been a wonderful experience."

Schmid went from one day being a co-worker to the next day being the boss.

That's not always an easy thing to do and some nurses can't - or won't consider the notion. For some, it's a little too weird.

"It's always strange," Schmid admitted. "I've been in a position where I've been promoted amongst my peers before. Luckily, I have such a great team. My team has been supportive of it and they've been wonderful the whole way."

Her days consist of coming in at 8 a.m. and prepping outpatient radiology procedures. While those patients are in recovery, Schmid and her staff do pre-calls to schedule more patients for the next couple of weeks.

When they aren't busy with procedures they travel to the bedside throughout the hospital to insert PICC lines.

"I wanted get more experience with various diseases and clinical presentations. I wanted to deal with more patients." Tamara Schmid, RN, BSN, RN-BC

"The days I leave work when I'm the most proud is when I've felt like we've all worked really hard, helped a lot of patients and we've done a lot of teamwork and astounded the staff around us by helping as many people as we can," Schmid said. "All those things together, that's what makes me happy in my job."

Five years from now, Schmid sees herself still with Integris. She continually works with nursing education to coordinate where she will go after she earns her degree.

"I'm very happy here and I'd like to stay with Integris," Schmid said.

The goal is to begin her advanced practice career in family practice.

"I wanted to get more experience with various diseases and clinical presentations," Schmid said. "I wanted to deal with more patients. I really just want to do the family practice for the most experience that I can and then I have a great knowledge base to do whatever I've decided my fancy is,"

she said.

The Putnam City High graduate has stayed close to the metro her entire life.

"At Southwest I love the community hospital feel," Schmid said. "I used to work at Baptist on night shift and I didn't get to know a lot of staff. Here, the community feel is so much better. We know the volunteers on a first-name basis. It's not so much about rank here it's more about people."

Seven-year-old and five-year-old daughters wait for Schmid at home. Both think that what their mother does is super cool.

"Last weekend Integris had a hispanic health fair and I asked my seven-year-old to come volunteer," Schmid said. "She went with me and was so excited about it and had a great time. I think it's important to teach the children the importance of volunteering but it also gives them the chance to see what mommy gets to do every day."

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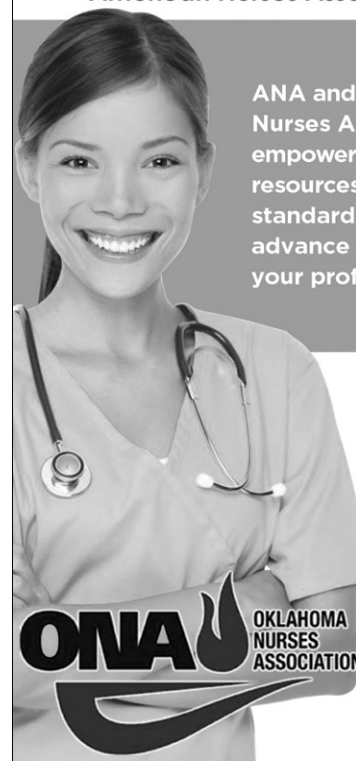
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CAREERS IN NURSING

DON'T BE AFRAID TO LIVE YOUR DREAM: INPATIENT REHAB AT DEACONESS

by Vickie Jenkins - Writer/Photographer

Have you ever met someone for the first time and suddenly, you can tell they are a pleasure to be around? That they have an interesting story to share? This is how I felt when I met Coleen Valderrama for the first time. Valderrama is the Nurse Manager of Inpatient Rehab at Deaconess hospital.

While going to school in 1974, Valderrama worked as a Nursing Assistant at Deaconess Hospital. She graduated from OSU in 1976. Even though she wanted to work at Deaconess, no positions were available. She went to University Hospital where she was hired on the spot. Over the years, she worked at University Hospital, Presbyterian Hospital, and spent several years in the Peace Corps, living in Brazil. She came to Deaconess in 2003 and got her Bachelor's Degree from OCU in 2008. Today, she is happy working at the place where it all began for her, Deaconess Hospital.

"Why did you become a nurse?" I ask. "Several family members were nurses including my mom. They all enjoyed the medical field. At age 14, I developed bone cancer in my shoulder and arm. At that time, there wasn't any chemo or radiation so I had to have my arm amputated. I got such excellent care from the nurses, I decided that I wanted to be a nurse and help others. It left such an impact on my life. Even with the loss of an arm, I didn't let that stop me. I was surrounded by supportive people. I am proud to say that I am a long time cancer survivor of 46 years. I have always tried to stay positive and have a bright outlook on the future. I know my life would have been different if I would have let my cancer stop me from being a nurse. I think Winston Churchill said it best, 'Never give up, never give up, never give up.' We don't know the reason some things happen to us, and we may never

know why but we need to believe in ourselves. Many have touched my life and I have touched many lives due to the cancer. All the encouragement I received over the years, I give to everyone in hopes that I might make a difference for them in a special way."

"What is your biggest asset as a nurse?" I ask. "I think it is always staying positive and solving problems. I am always upbeat around the people I work with and sometimes, that can be hard to do when there are health issues, family crisis, financial worries, yet, we can't worry. My role as a nurse manager is making sure the staff has everything they need as far as their patients go. I make sure the team depends on each other for team work. Reinforcing the patients that they will be taken care of and we will do the best we can."

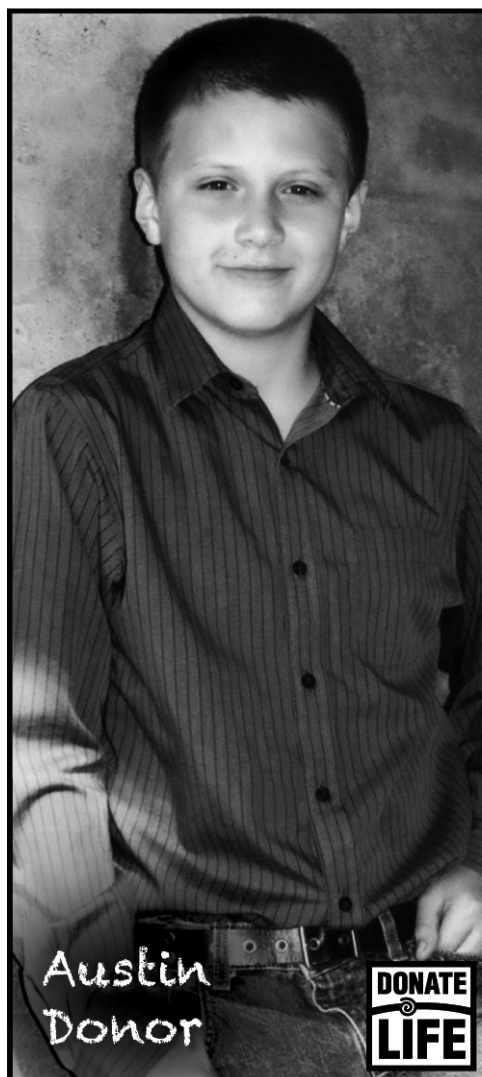
Asking Valderrama what keeps her motivated, she replies, "It's each

individual working as a team. We, as a team, care about our patients, and share a common goal of helping the patients help themselves, getting them back to a level of dependence. We focus on our care of the patients as a team. That keeps me motivated, knowing that we work with each other and we care about each other."

"If someone was going into the medical field, what advice would you give them?" I ask. "I would tell them not to be overwhelmed. Find a mentor that you can look up to and never be afraid to ask questions. Know that you can do anything if you believe in yourself," she replied.

Valderrama is an advocate on walking. She enjoys the great outdoors and nature. She likes to sew but most of all, loves spending time with her family. She has 3 sons, 3 grandsons and 1 granddaughter. I ask Valderrama

Continued on next page



Our black belt angel. No amount of words can describe the love that Austin gave to our lives. Shortly before he died, we were discussing a friend's little girl that was on the heart transplant list. I asked Austin and his 16-year-old brother if they wanted to be donors. Austin's response was, "I won't be needing them any more, so sure!" That conversation gave us the courage to honor his wishes a few months later. Working out with friends, he collapsed with a heart condition we never knew he had. At 12 years old he left this world too soon, but showed us how to live every day to the fullest. After 4 years in karate he had just received his red belt, and after his death his instructor honored him with his black belt. We are so grateful to be able to call him our son. He will always be our "black belt angel." Love, Dad, Mom and Dillon

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Coleen Valderrama, RN, Nurse Manager of Inpatient Rehab at Deaconess Hospital inspires others as they inspire her.

Continued from Page 4

how she inspires others? "I do the best job I can being kind, respectful and a great listener. Sharing my story with others gives hope to them."

"What is your greatest blessing?" "I feel God is working in my life and through me. I believe in prayer and the presence of God." "Any words of wisdom you would like to share?" I ask Valderrama. "Have the courage to step out and do things. Don't put limitations on yourself. Don't be afraid to live your dream like flamingo dancing which is a precious memory of a dear friend and a true blessing for me."

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MERCY

Continued from Page 1

found the approach particularly appealing.

"It shows from the very beginning that they're interested in you staying here," she said.

Nurse-resident Kristyn Noland stressed Mercy's commitment to fitting people with the right jobs through the Learning Center orientation.

"I think this is really interesting because it gives you a broader overview of the mission of Mercy,

but also gives you an idea of who you are as a nurse," she said.

Chief Nursing Officer Karyl James worked to implement the Learning Center after researchers found such programs create more competent nurses and reduce turnover.

"Mercy is focused on taking care of the whole person – whether it's patients or co-workers," James said. "The Learning Center helps ease new nurses' anxiety while improving their clinical skills. A confident, well-trained nurse is a great asset to a patient."

Cindy Carmichael Appointed Chair of Healthcare Executive Magazine Editorial Board

Cindy Carmichael, chief operating officer of Mercy Hospital Ardmore, has been selected to chair the Healthcare Executive Magazine editorial board.

Healthcare Executive is the official, bimonthly magazine of the American College of Healthcare Executives (ACHE), a 45,000-member group of healthcare managers.

Carmichael is a fellow of ACHE.

"ACHE has been extremely important in my professional development, and Healthcare Executive Magazine is how I keep up with other members and health care management news throughout the country," Carmichael said. "I have enjoyed my three years on the editorial board and look forward to continuing the magazine's success."

Carmichael's appointment as chair will last one year.

Carmichael previously was vice president of strategic development for Mercy in Oklahoma. During her six-year tenure, Mercy added hospitals in Ada, El Reno, Tishomingo, Logan County, Watonga and Kingfisher, as well as managing Seiling Municipal Hospital and OSU Medical Center in Tulsa.

Carmichael began her career with Mercy eight years ago in Ardmore as vice president of ambulatory services, where she more than doubled the number of Mercy physicians and spearheaded the transition to electronic health records.

Prior to joining Mercy, Carmichael was CEO of Moore Medical Center and Seminole Medical Center.



Cindy Carmichael, chief operating officer of Mercy Hospital Ardmore.



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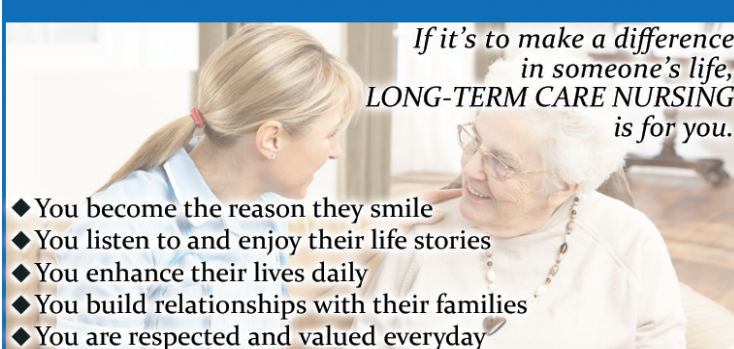
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204 REGISTERED NURSE

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Oklahoma's NURSING TIMES

Your Nurse's Doctor On Call May be An App, According to New Data

95% of nurses own a smartphone, and 88% use smartphone apps at work - a higher percentage than doctors - and they're working to improve patient care with them

The new "doctor on call" to many nurses just may be a smartphone app, according to data just released by InCrowd, provider of real-time market intelligence from validated experts. The results quantify the expanding role of the smartphone by nurses in enabling better patient interactions at the point of care.

95% of nurses responding via microsurvey last week owned a smartphone, and 88% of them used their smartphone apps in their daily nursing work. This is a higher figure than recent reports that 78% of medical residents owned a smartphone and 67% used it in clinical care¹. Bedside access to drug interactions, clinical data dominated nurse smartphone use with 73% looking up drug information on that device. Some 72% used smartphone apps to look up various diseases and disorders.

Other time-saving uses of smartphones not related to apps – such as staying in touch with colleagues in their hospital (69%) – typified the multifaceted role that the smartphone is playing in day to day patient care, making a nurse's work a little easier. Nurses reported using their smartphones for fast access to patient care information across a wide range of daily nursing tactics, from receiving patient photos of a rash to setting a timer for meds administration.

While respondents stressed that smartphones "enhance but don't substitute" the need for a physician consult prior to administering care, 52% of nurses reported using their smart phone instead of asking a question of a nursing colleague, according to a subset of users probed in greater detail about their phone use. This was particularly the case if a medication, illness or symptom was unfamiliar.

"The hospital gets very busy and there isn't always someone available to bounce ideas off of," said one respondent. "It's often easier to get the information needed using my smartphone – I don't have to wait for a response from a coworker," said another nurse.

In the survey 32% of RNs said they used their smartphone instead of asking a physician, explaining how doing so saved time such as "in patient homecare situations when I need quick answers without making a bunch of phone calls," or "so I can make an educated suggestion to the doctor."

Interestingly, nurse smartphone adoption is taking place regardless of whether employers are covering the cost. Some 87% of nurses in the follow up survey responded that their employer does not cover any of the costs related to their smartphone. 9% of RNs were reimbursed for the cost of the monthly bill, 1% received coverage for the cost of the smartphone itself, but only 3% had the cost of both a smartphone and their monthly bill covered by their employer. Less than 1% reported their hospital prohibited nurses from using smartphones during their shift.

InCrowd's insights came from some 241 nurses in its "Crowd" of over 1.8 million verified clinicians in the US reached over a 2-hour window on May 30th.

"As a former nurse I know the daily distractions that can take a nurse away from patients – and how freeing technology can be if we let it," said Janet Kosloff, CEO and co-founder of InCrowd. "InCrowd uses mobile technology to query respondents, potentially inflating these percentages since one could argue that mobile phone users

are more apt to answer our surveys. However, with such significantly higher percentages of use than other studies, and numerous write-in responses detailing nurses' enthusiasm for specific apps and why, our results show that nurses are actively using smartphones to free themselves for what is ultimately better patient care."

About InCrowd

InCrowd provides real-time market intelligence from validated experts, connecting life sciences companies directly with prescribers, patients, and other screened and validated healthcare professionals around the globe. Our easy-to-use proprietary web-based application allows clients to ask questions of specific respondent

groups – "Crowds" – in the form of 2-5 minute online microsurveys. Responses are available in real time through a password-protected account, with the needed answers delivered within hours or days, not weeks and months.

Today, InCrowd has 18 of the top 20 pharmaceutical firms as customers and has just finished its most successful quarter in company history with a record number of answers delivered to clients. Through its powerful mobile microsurvey methodology and analytics engine, InCrowd enables clients to reach 1.8M healthcare professionals on-demand throughout the United States and around the globe in 20 languages. For more information, visit www.incrowdnow.com.

OU PHYSICIANS FERTILITY CLINIC MOVES

OU Physicians Reproductive Endocrinology Clinic has moved to a new location on the Oklahoma Health Center campus at 840 Research Parkway, Suite 200. This location, which more than doubles the space and exam rooms of the previous space, is a quarter mile west of the clinic's former location on Lincoln Blvd.

OU Physicians Reproductive Medicine specialists diagnose and treat infertility and reproductive endocrine problems. They offer a broad scope of treatment, including the Assisted Reproductive Technologies.

The new facility increased from 5,800 square feet to 12,100 square feet the amount of space to serve patients, with separate entrances and lobbies designed to support the emotional needs of different types of appointments. It features an on-site, full service laboratory for andrology (semen analysis), endocrinology (hormonal evaluation) and embryology (for in-vitro fertilization) that is nearly double the previous facility. The clinical area was increased from six patient rooms at the previous location to 13 rooms. There are now two procedure rooms, expanded procedure recovery space and upgraded patient monitoring equipment for enhanced patient safety. There are large digital displays in each exam and procedure room so the patient can view ultrasound images throughout the process.

Three fellowship-trained



reproductive endocrinologists and a physician assistant are seeing patients at the OU Physicians Reproductive Endocrinology Clinic. They include: Karl Hansen, M.D., Ph.D.; LaTasha Craig, M.D.; Alexander Quaas, M.D., Ph.D.; and Theresa Miller, P.A.-C.

For an appointment with any of the OU Physicians reproductive endocrinologists, call (405) 271-1616.

With more than 600 doctors, OU Physicians is the state's largest physician group. The practice encompasses almost every adult and child specialty. Many OU Physicians have expertise in the management of complex conditions that is unavailable anywhere else in the state, region or sometimes even the nation. Some have pioneered surgical procedures or innovations in patient care that are world firsts.

OU Physicians see patients in their offices at the OU Health Sciences Center in Oklahoma City and at clinics in Edmond, Midwest City and other cities around Oklahoma. When hospitalization is necessary, they often admit patients to OU Medical Center. Many also care for their patients in other hospitals around the metro area. OU Physicians serve as faculty at the University of Oklahoma College of Medicine and train the region's future physicians.

INTEGRIS Receives National Award for High Performance in Revenue Cycle

INTEGRIS Health has been named as a recipient of the 2015 MAP Award for High Performance in Revenue Cycle, sponsored by the Healthcare Financial Management Association (HFMA).

As a national award winner, INTEGRIS has excelled in meeting industry standard revenue cycle benchmarks, implementing the patient-centered recommendations and best practices embodied in HFMA's Healthcare Dollars & Sense initiatives, and achieving outstanding patient satisfaction.

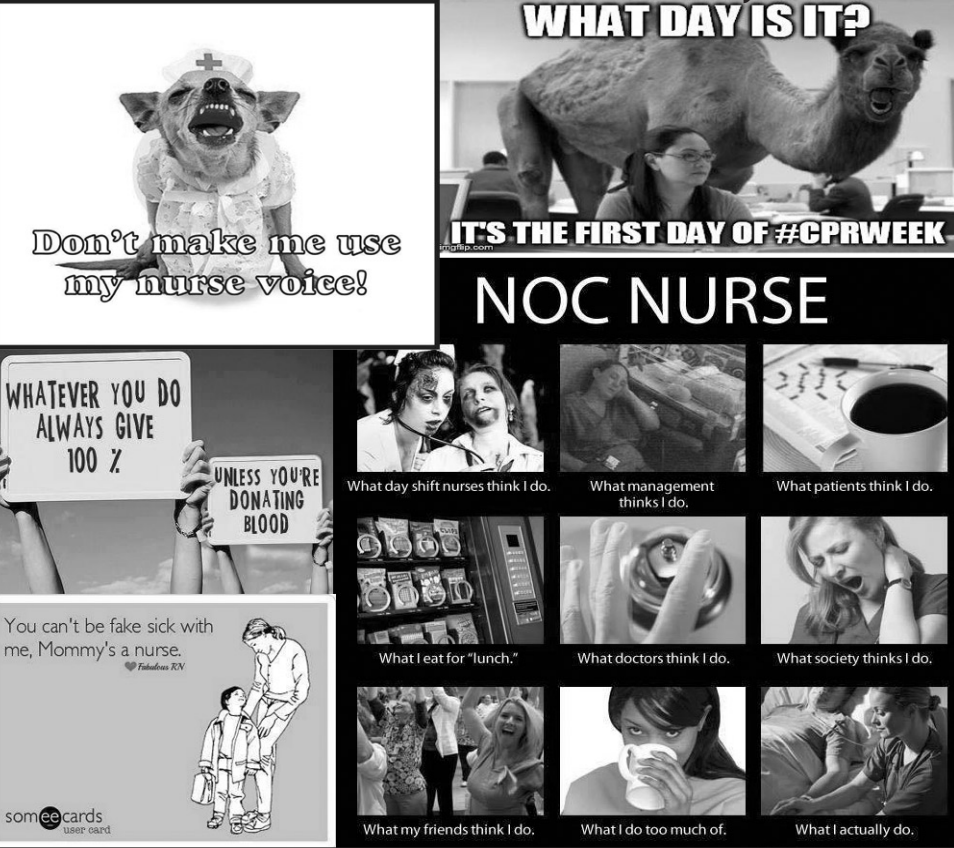
INTEGRIS Health was among seven health system winners selected from more than 170 facilities that began the application process for this year's award. Award recipients are

acknowledged as industry leaders and share proven strategies with their colleagues.

"In light of the significant changes taking place in the health care industry, achieving revenue cycle excellence has never been more important than it is today," said Bruce Lawrence, president and chief executive officer of INTEGRIS Health. "I would like to recognize our team of dedicated professionals who made this award possible. They continually strive to perform at the highest standards and know that improving financial results can lead to higher patient satisfaction."

The award will be formally presented on June 22 at HFMA's 2015 National Institute in Orlando, Fla.

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volunteer coordinator/chaplain

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Autumn Light Hospice:

580-252-1266

Carter Healthcare & Hospice:

OKC - Adam Colvin, Vol. Coordinator,
405-947-7705, ext. 134; Tulsa - Mike
Gregory, Vol. Coordinator,
918-425-4000, ext. 114

Centennial Hospice:

Becky Johnson, Bereavement
Coordinator 405-562-1211

Chisholm Trail Hospice:

Tiffany Thorne, Vol. Coordinator,
580-251-8764

Choice Home Health & Hospice:

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Beth Huntley, Vol. Coordinator,
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Bartlesville: 918-331-0003

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Compassionate Care Hospice:

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Coordinator, 405-948-4357

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Vicky Herrington, Vol. Coordinator,

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Hometown Hospice:

Robin Boatman, Com. Relations, Broken
Arrow: 918-251-6441; Muskogee:
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405-632-9631

Cross Timbers Hospice:

Ardmore-800-498-0655
Davis-580-369-5335 Volunteer
Coordinator-Shelly Murray

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405-840-8915

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Coordinator, 405-789-2913

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OKC OK 73108 405-943-0903

Grace Hospice Foundation:

Sharon Doty, Dir of Spec. Projects -
Tulsa 918-744-7223

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1009 N Meredian, Oklahoma City, OK
73107 405-949-1200

Horizon Hospice:

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918-473-0505

Heartland Hospice:

Shawnee: Vol. Coord. Karen Cleveland,
405-214-6442; Norman: Vol. Coord. Lisa
Veauchamp, 405-579-8565

Heavenly Hospice:

Julie Myers, Coordinator 405-701-2536

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Hospice of Green Country:

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INTEGRIS Hospice House Ruth Ann
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Ada, 580-332-6900 Staci Elder Hensley,
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One Health Home Health in Tulsa:

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Palliative Hospice:

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Shawnee/Cushing: 405.258.2333 Toll
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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*

I recently attended a Codependency 12 step support group but thought I was at the wrong meeting. There were addicts there and I am not an addict. My therapist thought it would be a good idea for me to go. Guess what I learned. I am an addict!!! I am nothing without a man!!

People can most definitely become addicted to relationships. And this addiction can be just as deadly as alcohol, food, drugs, etc. But because we are becoming more and more desensitized to crazy, unhealthy relationships we somehow accept it as the normal.

How many people really think about going to a Codependency (CoDA) 12 step support group to learn more about themselves so they can have healthier relationships? It is almost the norm for people to end one relationship and jump into another one.

How many people end one relationship and find someone almost identical to the one they left? I had a male client who came in with his wife for marital counseling. He later divorced her for the woman he was having an affair with. He then brought this "new" woman to his counseling session and she even looked like his wife. That relationship ended and he went back to his wife.

At what point do we get tired of the merry go round of repeat performances? Isn't it tiring to have a new relationship with the same old problems?

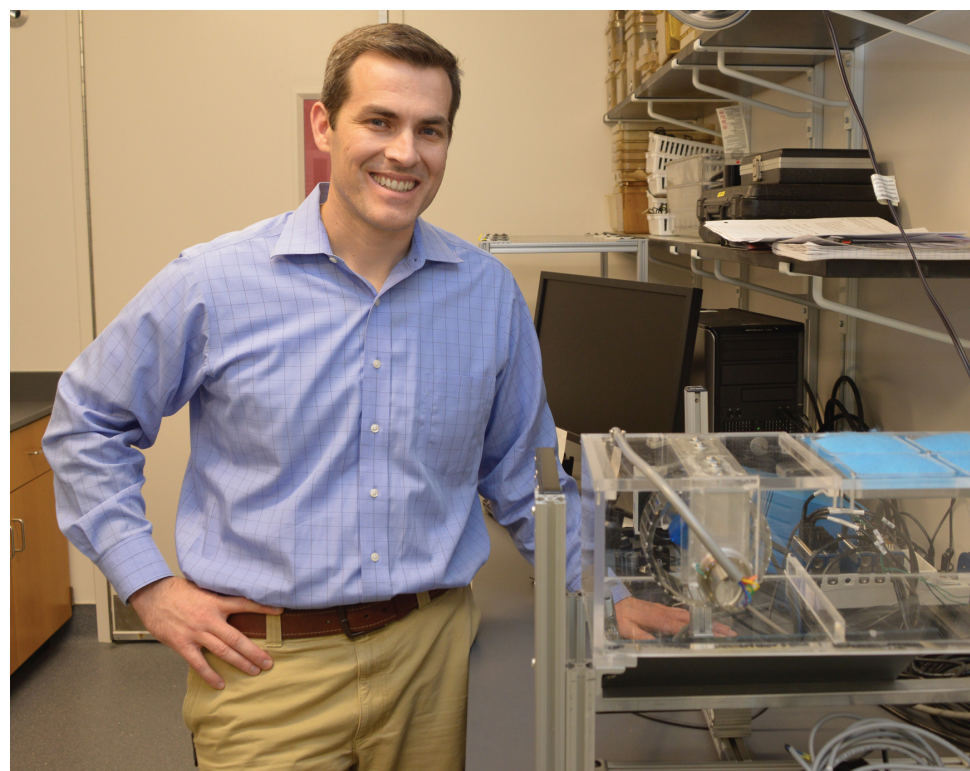
Wouldn't some education at this point be helpful? Why is learning about ourselves so scary? It is interesting what can be learned if we slow it down, don't have a relationship for awhile and realize some of us are "people addicts." If you identify yourself as someone who NEEDS someone and is willing to overlook some major red flags.....stop and go to CoDA.....now!!!!

Men who need women, women who need men. If you need someone to fulfill your life you will not make healthy decisions. I see this all the time. That is why I encourage so many people to go to CoDA and get educated. Learn about yourself. Don't leave a relationship and start another one before you have learned something from the first one. The issues in the next relationship will still be there.

A friend of mine who has been in recovery for a long time leads a CoDA meeting on a weekly basis. She has learned so much about herself and her relationships and passes that spiritual awakening on to others. One of the things I learned from her, "Our relationships will get sicker until we stop and do our work."

So lets get ourselves healthier and recover from our relationship addictions before it is too late.

OMRF scientist receives grant to study effects of aging, obesity on arthritis



Oklahoma Medical Research Foundation scientist Tim Griffin, Ph.D.

Oklahoma Medical Research Foundation scientist Tim Griffin, Ph.D., has received a five-year, \$1.76 million grant from the National Institutes of Health to study how aging combined with obesity contributes to osteoarthritis.

"We hope that this research can help us find new ways to prevent some of the excessive breakdown and damage that occurs in osteoarthritis," said Griffin. "While joint problems might go along with aging, if we ask the right questions, we may find new opportunities for earlier intervention to help lessen suffering."

Osteoarthritis, the most common form of arthritis, is a joint disorder that typically begins after the age of 40. Also known as degenerative joint disease, it's marked by breakdown of cartilage and meniscus and abnormal growth of the underlying bone and joint lining.

According to the Centers for Disease Control, osteoarthritis affects more than 25 million Americans, most commonly in the knees, hips, hands and spine. The specific causes of the disease are unknown, but

they are believed to be a result of both mechanical and molecular events in the affected joint.

These events, or stressors, can vary from outside forces like trauma or injury to genetic or hormonal factors, which can break down the cartilage over time. With the added stress and inflammation brought on by extra weight, strain on the joint can intensify and become more severe.

In the grant, Griffin looks at how aging combined with obesity affects the metabolism of cartilage at a molecular level and how it puts the cartilage at higher risk for osteoarthritis. In diseased cartilage collected from patients undergoing joint replacement surgery, Griffin observed that cartilage cells changed their basic metabolism.

Most cells rely on glucose, the sugars that serve as the body's energy source, to fuel rebuilding of tissues. But in obese patients, Griffin found that the cells made a shift to using lipids, fats in the body, in response to stress. Glucose helps the



NURSE + TALK

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

If you could go on vacation with endless money, where would you go? Mercy Hospital OJRC

"I'd go back to Alaska.

The sheer beauty and the ability to go fishing and hunting and actually see some family that's still up there."



Karan West, RN

"I think it would be great to visit all of my relatives in the U.S. and spend a little bit of time with each one of them for a few days. So the U.S. in 80 days."



Sherry Stephens Wood, RN

Each week we visit with health care professionals throughout the Metro



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Mustang, Ok. 73064

"I would go to Italy and just travel to different places. It's just something I've always wanted to do for no specific reason. It's the sites and everything."



Shannon Nivens, RN

"I would probably go to South America and I would learn the language, learn the culture and serve them in whatever way I could."



Heather Squires, PT

GRANT

Continued from page 10

body make energy faster and helps it repair tissues quicker than lipids do.

"We want to look at the mechanism that causes the shift from glucose to lipids," said Griffin, who joined OMRF from Duke University in 2008. "We're essentially working with mouse models fed a high-fat diet to study how aging and obesity affect the metabolism of cartilage."

This work may eventually help to identify people who might be at risk for developing osteoarthritis, whether it occurs through aging or injury, Griffin said.

"A key question we hope to answer is, 'What can we do to help prevent this excessive breakdown and damage in the joints?' If we can identify the steps in that process, it has the potential to help us identify new osteoarthritis treatments based on those developed for other diseases related to altered lipid metabolism, like diabetes."

Griffin's grant, R01 AG049058-01, is funded through the National Institute of Aging, a part of the NIH.

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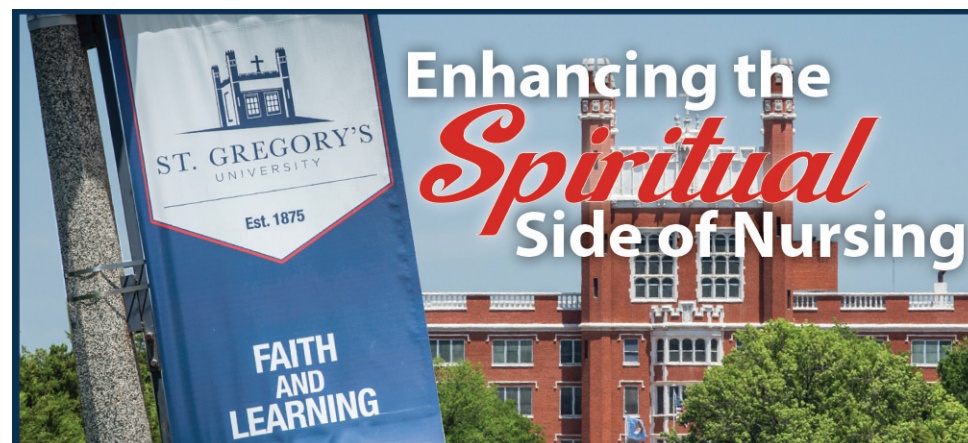
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We are extremely grateful for you!

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