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photo by James Coburn

Kary Dillingham, RN, director of nursing at Bradford Village Retirement Community loves caring for older residents.

by James Coburn
Staff Writer

Sometimes the role of geriatric nursing care does not get the appreciation it deserves, said Kary Dillingham, RN, director of

nursing, Bradford Village Retirement Community. It is something many nurses don't consider, she said.

"I love the elderly population and I think that we need really good nurses,

good CNAs and good CMAs in this field because of the reputation that nursing home do have," Dillingham said. "So we need those good nurses."

The perception of nursing homes has changed in the public eye through the years. Dillingham said nursing home are now valued as a place for elders to live their remaining years with the quality of life they deserve.

"They have lived long, good

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OKLAHOMA'S NURSING TIMES
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Taking Charge Nurse relishes ER role



photo by Bobby Anderson

Meagan Decher is a charge nurse at St. Anthony Healthplex.

by Bobby Anderson, Staff Writer

Flexibility is a trait Meagan Decher, RN learned at a very young age.

With a family that moved from state-to-state with her father's job, Decher knew she quickly needed to be able to get her bearings if she was going to thrive in a new location.

She went to school at Southwestern Oklahoma State University in Weatherford but that was well after living in Texas, West Virginia, Kansas, California and eventually here in Oklahoma.

"I like the people I work with," she says. "Most definitely it's a huge part of it and I consider some of them my

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CHARGE

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friends. And I like the atmosphere here. We're not quite as busy as the main ER downtown but we still see emergencies."

"It's a little slower pace."

Being located just a few feet from a major interstate brings in a fair share of traumas.

But at 31, and in her seventh year of nursing, Decher thrives on it.

Maybe it's why she was drawn to nursing. That flexibility in the face of whatever is something she's had to draw on as a charge nurse at St. Anthony Healthplex south.

Decher has a unique charge position. Most hospitals will have multiple units, with varying layers of structure and support.

Most nurses can identify who to call in the hospital when they need something or just need to bounce something off of.

When Decher comes to work at the standalone ER it's just her and her ED nurses.

"You don't have the resources you have in other places so it's more independent," she said. "You can't call the pulmonologist. We don't have physical therapy. It's a little more

independent so you have to make some decisions that you don't normally make in other places."

St. Anthony Healthplex campuses feature the state's first fully licensed freestanding Emergency Rooms. Staffed with board certified physicians, the ER offers 24/7 care for life-threatening conditions as well as urgent conditions just like the emergency room does in St. Anthony's Midtown location.

Located at SW 134th St. and I-44, the Healthplex draws a number of patients from smaller communities such as Tuttle, Newcastle, and Bridge Creek in addition to residents of Moore and South Oklahoma City.

Decher's first time working as a charge nurse came at Cordell Memorial Hospital right out of nursing school.

She had just finished orientation.

"The doctors aren't always in the building because they had offices right next door so it was me, two or three LPNs and a nurse tech," Decher said. "I remember that first weekend by myself it was very stressful because the first thing that came in was a little seven-month-old that didn't make it."

"That's what I remember and that taught me a lot."

That day was filled with tears, not just the family's but Decher's and her

staff.

Decher said everyone took a moment to call their kids to tell them they loved them.

The medical examiner showed up later in the day.

Decher also worked the very next day.

"It was rough. It was heartbreaking," she said. "We had great staff so we all came back and came together and talked about it."

"There are bad outcomes but there are good outcomes you come back for. There are people you truly help and say thank you and you save their lives. That's what you come back for."

Decher is already in nurse practitioner school, working on completing her second year. She'd like to have a focus in adult acute care in a hospital.

"I originally wanted to go to med school but I took some time for nursing," she said. "I said 'I'm in a good place where I can go back to school and it's good timing for it.'"

"It's something I've always wanted to do."

Being in the right place at the right time Decher partially credits to her staff.

"They're great. They're awesome," she said. "We have a lot of teamwork out here. They all pitch in and help each other. We have a lot of experienced nurses and I think all of them have had more experience than I have."

"If I have questions I know I can always go to them."

At 31, it's a unique dynamic leading staff that are both older and more experienced.

But she feels good right where she's at.

"I like working with the patients the best," she says. "I don't want to do management because I can't get away from working with people. I have to work with patients so I would never consider management."

"I couldn't sit and do paperwork all day."

Muller Recognized with Nursing Excellence Award



St. Anthony is pleased to announce that Samantha Muller, RN has been recognized with the 2015 Excellence in Nursing Award. The award recipient is chosen by the St. Anthony medical staff for dedication to providing quality patient care and for adhering to the mission, vision and values of St. Anthony Hospital.

Nurses follow a code of ethics which requires them to promote health, to prevent illness, to restore health and to alleviate suffering. Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nurses render care to the individual, the family and the community.

Muller began her service at St. Anthony as a volunteer, and later became an employee. She currently serves as Nurse Manager of the ICU and transitional care units, and has been with the hospital for 13 years.



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BRADFORD

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and sometimes hard lives," she said. "I want the end of their life to be the best that it can be in comfort. I want it to be their home. I want them to feel protected and they have people to rely on."

Dillingham was originally an LPN starting in 1993 before earning her nursing degree at Rose State College in Midwest City in 2014. She recently completed her first year serving residents at Bradford Village. She has always worked in the realm of geriatric care.

She began at Spanish Cove in Yukon for five years and then worked at Ranchwood Nursing Center for 15 years.

"At Ranchwood I was their ADON," she said.

Her sister is also a registered nurse, so when Dillingham was 18 she began considering a nursing career for herself. Dillingham would listen to the stories her sister would tell.

"I've always been caring. I want to help people and have that nature," Dillingham said. "I feel like I'm a good listener. I was like, 'I think that I can do that. I want to be a

nurse.'"

She originally thought as an LPN that she would go straight toward becoming a registered nurse, but family life with children delayed her pursuit.

Her leisure time is spent with her family. Her sons are now 21 and 26 years old. She and her husband remain closely involved in their lives. She likes shopping and reading and is an Oklahoma City Thunder fan. She's ready to return to work weekdays or when needed.

Today Dillingham is where she wants to be in serving others.

Adapting to living in a nursing home can be a challenge for some people when they have lived independently for many years, she said. They may come to share a room, she said. So Dillingham wants their new home to be the best experience possible for them. The staff and other residents help new residents feel a friendly sense of place abundant at Bradford Village.

"Our nurse managers make a point to go and introduce ourselves to all the new admits. We want them to know who we are, what we do and they can come to us at any time," Dillingham said.

Dillingham does not want the

new residents to feel overwhelmed by meeting a myriad of people, she said.

"We want them to know that we are the one person that they could call upon," Dillingham continued. The activity director makes a point to introduce herself as well and tries to introduce them to activity events.

"She will say, 'Let's invite them to activities today. Let's make them feel a part of the home.' That's kind of how we like to get everybody involved," Dillingham said.

Those residents attending the skilled unit are coming in for rehabilitation and hopefully will return home, she added. That is the goal for patients in rehab. But once it is determined a resident needs long-term care, Bradford Village welcomes them.

"I like that with the elderly you hear so many unique and different stories. I like to sit with them and visit with them and hear their life story," Dillingham said. "We might hear they're here for a broken hip or they're here because they are on hospice and have cancer. But they have a story to tell."

"It's very interesting to listen about their lives and how they grew

up and the families that they raised. How many kids they had and the jobs they had."

Many of the residents bring pictures from home which is something Dillingham enjoys seeing. The elders represent a cross section of daily life. They only happen to be older.

"Unfortunately they get to a point where they can't take care of themselves and are requiring more care," she said.

Caring for them as a nurse requires compassion and caring spirit, Dillingham noted. Patience is of value because it's important to make introductions and explain the role of a staff member when introduced, she said.

"Take your time with them. That's really important," Dillingham explained. "Understanding and empathy are among a whole lot of things that nurses need."

Family members are important components of care when they have been appointed Power of Attorney or have been appointed to have a say in the residents' medical decisions.

"Definitely a key to making the residents and the families happy is communication and being honest," Dillingham said.

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On a mission to donate a kidney to her older brother, Kim was getting in shape by eating healthy and exercising. Later that year, she found herself in the emergency room and was told that she would not be able to donate kidney as she needed her own liver transplant to survive. Since receiving her liver transplant in February 2016, Kim is grateful for every day she has been given.

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CAREERS IN NURSING

STRONG HEART, HELPING HAND: HUMANITY HOSPICE

by James Coburn - Writer/Photographer

If you need a smile in your life, you might want to meet Thom Bishop-Miller, LPN, Humanity Hospice, Oklahoma City.

Miller has been a licensed practical nurse for 21 years since graduating from Canadian Valley Technology Center in Chickasha. In 1995 he began an extensive history in home health care. This year he made a transition to work at Humanity Hospice as a hospice nurse with an additional focus on business development and marketing.

"Being a nurse has been a great benefit with some of the referral sources because they seem like they want to talk to a nurse," Miller said. "So I'm able to take a verbal order here in a situation where we might need that. I can get the order right then and there and not have to call a nurse to do that for us."

One of the reason that he switched to home health care is that he said with Medicare there are more limitations with what home

health can provide for a patient.

"There's a certain point they are not allowed to provide what that patient and the family need," said Miller, a marathon runner.

Home health is driven with a set of short-term skilled need and when those goals are accomplished the patient is discharged, Miller said.

Hospice has been a refreshing experience for him to visit with families and patients and provide them with an additional level of care they need and to witness the relief they receive with the care rendered by hospice. The marketing team is often the first face of hospice a client sees.

"We go and visit with them, give them information regarding hospice and what they can expect," he said. "If they are agreeable, there's some paperwork they sign, giving us permission to access their medical chart and then the nurse can come out and see them after that. It's great to visit with them."

The patients may have a lot of questions, so the initial meeting helps to get them and their loved ones to bridge the gap of what hospice provides. Naturally some families are reluctant at first until they are reassured.

"One of my favorite things to tell them is that if they start feeling better or get their pain under control and feel better, they can always revoke hospice at any point," Miller said. "If they need it later, they can always come back on service."

This gives clients a sense of control by knowing options exist in their lives. Their lives are not static and neither is Humanity Hospice which is burgeoning with growth.

Miller said the great thing about Humanity Hospice for him is that he has been privileged to work with many of the staff before at another company offering hospice and home health.

"I've known them for a long

time," Miller said. "Their compassion and teamwork is second to none. We are close and willing to help each other out genuinely. It's not intermittent; everybody is willing to help and I love that. I really do admire that."

"And their compassion for the patients -- they are always getting complimented by families and patients about how fantastic they do their job and how passionate and compassionate they are."

Miller said it is great to be able to market the kind spirit of the Humanity Hospice team. The nucleus of a caring team within the organization continues with altruism for the families which are all different.

"I think their courage is the first thing I always think of because it's hard to make that decision and transition on to hospice because of the old ideas of what hospice is," Miller explained. "It's very hard to

Continued on next page



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Thom Bishop-Miller, LPN, is a breath of fresh air among the patients, families and staff members at Humanity Hospice.

make that decision, and once they do, hopefully they see the help that they get and it encourages them."

Many of the patients have fought long battles with various disease processes. Their journey is not an easy challenge. But their courage helps them to transcend to their personal best with peace of mind.

Miller's life is enriched by knowing he has helped a patient feel a little bit better. He knows the remainder of their days will be better due to the palliative care Humanity Hospice provides for them.

"I met with a family the day before yesterday. It felt like they welcomed me into their family when we visited about what their needs were," he said. "They were relieved for the additional help. When I left there I felt this is exactly what they needed and I had helped them relieve some stress."



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FDA approval of the EDWARDS INTUITY Elite valve system was

supported by data from a clinical trial that treated 839 patients in 29 centers across the country. The data showed that, at one year, the EDWARDS INTUITY valve system is safe and effective and may provide patient benefits such as decreased mortality and morbidity, less time in an intensive care unit and reduced total hospital stay.

The device was approved for commercial sale in Europe in 2014. It received FDA approval for use in the U.S. in August of this year. To date, INTEGRIS Heart Hospital is the only facility in metro offering this device.

Craig Elkins, M.D., a cardiothoracic surgeon with INTEGRIS Heart Hospital, was the first to implant the device in the state of Oklahoma.

Incorporating innovations from transcatheter heart valves, the EDWARDS INTUITY Elite valve system is designed to facilitate minimally invasive surgery and streamline complex aortic valve replacements, thereby offering a leading-edge treatment option for patients with aortic valve disease.

"Many patients with aortic stenosis have more than one type of heart disease, most commonly coronary artery

Applications still available for 2017 aging academy

The Oklahoma Aging Advocacy Leadership Academy (OAALA) continues accepting applications for its upcoming 20th anniversary class of 2017. OAALA provides free training for individuals to become volunteer community leaders and advocates for Oklahoma's aging population.

Applicants should demonstrate a willingness to utilize constructive advocacy techniques to effect social change and a commitment to build communities that include and value all older persons and persons with disabilities. They should also demonstrate sensitivity to the needs of people and the ability to see things from the point of view of others. There is no cost to participate, and meals, books and resource materials are provided. Overnight accommodations are available for those who qualify. Travel reimbursements may be provided under the State Travel Reimbursement Act. However, since tuition is provided by the sponsors, students should plan to complete the entire 10-month course.

Nearly 400 Oklahomans have participated in this class, ultimately helping improve the lives of our aging population and those with disabilities."

State budget issues have resulted in reduced funding, but OAALA has secured additional partners. In addition to the Choctaw Nation and the Developmental Disabilities Council, the YMCA will also partner with OAALA for its 2017 class. They will provide classroom space for the OAALA sessions. Each monthly class session meets Friday evening and Saturday at the YMCA Healthy Living Center-INTEGRIS in Oklahoma City, 5520 N. Independence. It is scheduled from February to November, 2017. For more information or to request an application, contact DHS Aging Services at (405)521-2281.

New OMRF grant to investigate rare autoimmune disease



Oklahoma Medical Research Foundation physician Gabriel Pardo, M.D.

It took less than 24 hours for Sharon Tallman to lose her vision. It took half a decade to pinpoint the reason why.

"I was at a ballgame and all of a sudden my vision was blurry; I thought it was allergy related," said Tallman. "Then I got overheated and felt like I was going to throw up. By the next morning, I couldn't see out of my right eye."

Tallman's blindness and the other symptoms that followed were caused by a condition called neuromyelitis optica, or NMO. Scientists at the Oklahoma Medical Research Foundation are trying to unravel the mysteries of this

rare disease and develop tools for earlier diagnosis and better treatment options.

OMRF has received a \$646,000 grant to investigate the genetic origins of the condition. The one-year grant from the National Institute of Allergy and Infectious Diseases will allow OMRF researchers Bob Axtell, Ph.D., and Christopher Lessard, Ph.D., to look at how NMO starts and investigate its similarities to other autoimmune conditions like lupus and multiple sclerosis.

Also known as Devic's disease, NMO is an autoimmune disease, which

See GRANT page 9

Oklahoma's Nursing Times Hospice Directory

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Alpha Hospice: 7512 N Broadway Ext., suite 312
Okc, 405-463-5695 Keith Ruminer/volunteer
coordinator/chaplain

Autumn Bridge Hospice: 405-440-2440

Autumn Light Hospice: 580-252-1266

Carter Healthcare & Hospice: OKC - OKC
Pat McGowen, Vol. Coordinator, 405-947-7705, ext.
134; Tulsa - Samantha Estes, Vol. Coordinator,
918-425-4000

Centennial Hospice: Becky Johnson,
Bereavement Coordinator 405-562-1211

Choice Home Health & Hospice:
405-879-3470

Comforting Hands Hospice: Bartlesville:
918-331-0003

Companion Hospice:
Steve Hickey, Vol. Coordinator, Guthrie:
405-282-3980; Edmond: 405-341-9751

Compassionate Care Hospice: Amy Legare,
Bereavement/Vol. Coordinator, 405-948-4357

Cornerstone Hospice: Vicky Herrington, Vol.
Coordinator, 918-641-5192

Crossroads Hospice: Elizabeth Horn, Vol.
Coordinator, 405-632-9631

Cross Timbers Hospice: Ardmore-
800-498-0655 Davis-580-369-5335 Volunteer
Coordinator-Shelly Murray

Excell Hospice: Toni K. Cameron, Vol.
Coordinator 405-631-0521

Faith Hospice of OKC: Charlene Kilgore, Vol.
Coordinator, 405-840-8915

Frontier Hospice: Kelly Morris, Vol.
Coordinator, 405-789-2913

Golden Age Hospice: 405-735-5121

Good Shepherd Hospice: 4350 Will Rogers
Parkway Suite 400 OKC OK 73108 405-943-0903

Grace Hospice Foundation: Sharon Doty, Dir
of Spec. Projects - Tulsa 918-744-7223

Harbor Light Hospice: Randy Pratt, Vol.
Coordinator, 1009 N Meridian, Oklahoma City, OK
73107 405-949-1200

Horizon Hospice: LaDonna Rhodes, Vol.
Coordinator, 918-473-0505

Heartland Hospice: Shawnee: Vol. Coord. Karen
Cleveland, 405-214-6442; OKC: Vol. Coord. Tricia
Woodward, 405-579-8565

Heavenly Hospice: Julie Myers, Coordinator
405-701-2536

Hope Hospice: Bartlesville: 918-333-7700,
Claremore: 918-343-0777 Owasso: 918-272-3060

Hospice by Loving Care: Connie McDivitt,
Vol. Coordinator, 405-872-1515

Hospice of Green Country: Tulsa:
918-747-2273, Claremore: 918-342-1222, Sapulpa:
918-224-7403

**INTEGRIS Hospice, Inc. & the INTEGRIS
Hospice House:** Ruth Ann Frick, Vol.
Coordinator, 405-848-8884

Hospice of Owasso, Inc.: Todd A. Robertson,
Dir. of Marketing, 877-274-0333

Humanity Hospice:
Kay Cole, Vol. Coordinator 405-418-2530

InFinity Care of Tulsa: Spencer Brazeal, Vol.
Director, 918-392-0800

Indian Territory Home Health & Hospice:
1-866-279-3975

Interim Healthcare Hospice: 405-848-3555

Image HealthCare : 6116 S. Memorial Tulsa,
Ok. 74133 (918) 622-4799

LifeChoice Hospice: Christy Coppenbarger,
RN, Executive Director. 405-842-0171

LifeSpring In-Home Care Network: Terry
Boston, Volunteer and Bereavement Coordinator
405-801-3768

LifeLine Hospice: April Moon, RN Clinical
Coordinator 405-222-2051

Mercy Hospice: Sandy Schuler, Vol.
Coordinator, 405-486-8600

Mission Hospice L.L.C.: 2525 NW Expressway,
Ste. 312 OKC, OK 73112 405-848-3779

Oklahoma Hospice Care: 405-418-2659
Jennifer Forrester, Community Relations Director

One Health Home Health in Tulsa:
918-412-7200

Palliative Hospice: Janet Lowder, Seminole, &
Sabrina Johnson, Durant, 800-648-1655

Physician's Choice Hospice: Tim Clausing,
Vol. Coordinator 405-936-9433

Professional Home Hospice: Sallisaw:
877-418-1815; Muskogee: 866-683-9400; Poteau:
888-647-1378

PromiseCare Hospice: Angela Shelton, LPN -
Hospice Coordinator, Lawton: (580) 248-1405

Quality Life Hospice: 405 486-1357

RoseRock Healthcare: Audrey McCraw,
Admin. 918-236-4866

Ross Health Care: Glenn LeBlanc, Norman,
Chickasha; April Burrows, Enid; Vol. Coordinators,
580-213-3333

Russell Murray Hospice: Tambi Urias,
Vol. Coordinator, 405-262-3088; Kingfisher
405-375-5015; Weatherford-580-774-2661

Seasons Hospice: Carolyn Miller, Vol. /
Bereavement Coordinator, 918-745-0222

Sequoyah Memorial Hospice:
Vernon Stone, D. Min. Chaplin, Vol. Coordinator,
918-774-1171

Sooner Hospice, LLC:
Matt Ottis, Vol. Coordinator, 405-608-0555

GRANT

Continued from Page 8

occurs when the immune system attacks its own healthy tissues as if they were harmful invaders. In the case of NMO, the body primarily attacks the optic nerves and spinal cord, resulting in inflammation that can cause severe pain and vision loss.

Unfortunately, Tallman's first bout of vision loss was only the beginning. She also became paralyzed from the waist down in June 2015. She slowly rehabbed from a wheelchair to a walker and then a cane before walking independently by the end of the year. In early 2016, she even went completely blind for two weeks.

"Even when things are good, I never see totally. My vision, especially in my right eye, is different every day," said Tallman, a Claremore, Okla., resident and patient at OMRF's Multiple Sclerosis Center of Excellence, which specializes in MS and related conditions like NMO.

MS Center Director Gabriel Pardo, M.D. diagnosed Tallman with NMO, and she comes to Oklahoma City four times per year for treatment and evaluation.

"Going blind is a horrible experience, but I have met people far worse off than me," she said. "The work being done at OMRF is unbelievable. I trust that they are making tremendous progress, and the news of this new funding is very encouraging for people like me."

OMRF's MS Center clinicians work with onsite researchers who investigate the origins of the disease, and they share information back and forth.

In the lab, Axtell and Lessard are digging into NMO's root causes to speed diagnosis and improve treatment options.

"NMO is a really uncommon, devastating disease that looks a lot like MS in terms of symptoms and clinical signs," said Axtell. "But it's very different from MS when it comes to treatment and how potentially destructive it can be."

Axtell said symptoms are often more severe after an NMO attack than MS itself, and the disease can also invade regions of the brain and brain stem, which can be particularly catastrophic.

"It's a lot more inflammatory than MS, and it can actually lead to severe disability and even death, depending on where the inflammation occurs in the brain and spinal cord," he said. "An attack there can shut down all normal functions, like breathing."

Currently there is no approved therapy for NMO and early diagnosis is critical to minimize life-long consequences and even death.

According to the National Multiple Sclerosis Society, approximately 4,000 people the U.S. have NMO, and it occurs 80 percent of the time in women.

"This is a very poorly understood disease, and we're looking at genetic and immunological approaches to study it," said Lessard. "We're hoping to use this funding to better understand it and make some headway in learning how to treat it."

And that hard work and the potential in these research efforts fills Tallman and other NMO patients with hope.

"The work OMRF is doing is a great example of the steps scientists are taking in the fight against NMO and diseases like it," said Tallman. "Some day, through medical research, we can put an end to this."

The grant, number 1R56 AI118787-01A1, from the NIAID is a part of the National Institutes of Health.

St. Anthony Names John Hurst Director of Antibiotic Stewardship

St. Anthony Hospital recently appointed John Hurst to the position, Director of Antibiotic Stewardship.

Hurst earned his doctorate in pharmacy from the University of Oklahoma College of Pharmacy. He also completed a Pharmacy Practice Residency at the University of Alabama Birmingham Hospital, and an Infectious Diseases Pharmacy Residency at the Medical University of South Carolina.

Prior to accepting his new position, Hurst was the Clinical Pharmacy Specialist of Infectious Diseases at St. Anthony.



John Hurst.

The Hospice Directory above does not represent a list of all Hospice facilities statewide. For a complete list visit www.ok.gov/health



**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*

Q. My husband and I have been married for 8 years and have discussed marriage counseling but I think we have so many resentments that divorce may be the only answer. Marriage is really hard; I think we are both really tired. How is it possible to have a healthy, happy marriage?

--- Jodie

A. It is possible to have healthier marriages but it does require an ongoing investment; it doesn't just happen, nor does it happen if only one spouse is doing all the work.

Drs John and Julie Gottman, clinical psychologists have created The Seven Principles That Prevent a Marriage From Breaking Up, even for those couples who seemed headed for divorce.

1. ENHANCE YOUR LOVE MAP

Emotionally intelligent couples are intimately familiar with each other's world. They have a richly detailed love map -- they know the major events in each other's history, and they keep updating their information as their spouse's world changes. They know each other's goals, worries and hopes.

2. NURTURE FONDNESS AND ADMIRATION

Fondness and admiration are two of the most crucial elements in a long-lasting romance. By reminding yourself of your spouse's positive qualities -- even as you grapple with each other's flaws-- and expressing out loud your fondness and admiration, you can prevent a happy marriage from deteriorating.

3. TURN TOWARD EACH OTHER

In marriage people periodically make "bids" for their partner's attention, affection, humor, or support. People either turn toward one another after these bids or they turn away. Turning toward is the basis of emotional connection, romance, passion and a good sex life.

4. LET YOUR PARTNER INFLUENCE YOU

The happiest, most stable marriages are those in which the husband treats his wife with respect and does not resist power sharing and decision making with her. It is just as important for wives to honor and respect their husbands. But our data indicates that the vast majority of wives -- even in unstable marriages -- already do that. Too often men do not return the favor.

Due to the length of this list, #5 Solve your solvable problems, #6 Overcome gridlock and #7 Create shared meaning will be in next weeks column, as well as the Four predictors of divorce. Give some thought to the first four and think about how you are incorporating these ideas in your marriage. Lets do everything possible to save marriages before all attempts have been exhausted.

Bone and Joint Hospital at St. Anthony Uses Innovative Robotic System for Total Knee Procedure

Bone and Joint Hospital at St. Anthony is the first in Oklahoma to offer the Mako Total Knee procedure. Performed using the Mako Robotic-Arm Assisted Surgery System, the Mako system is a surgeon-controlled robotic arm technology that enables more accurate alignment and placement of implants.

The Mako Robotic-Arm Assisted Surgery System provides three dimensional pre-surgical planning, as it details the technique for bone preparation as well as a customized approach. "The Mako Total Knee procedure is an innovative technique available to patients who suffer from degenerative knee diseases such as osteoarthritis. It enables surgeons to personalize the total knee procedure to achieve optimal

results," said Corey Ponder, M.D., orthopedic surgeon at Bone and Joint Hospital at St. Anthony.

Using the robotic-arm technology allows the surgeon to precisely execute the procedure based on an individualized CT scan of each patient's own unique anatomy. During the Mako Total Knee procedure the robotic-arm assisted surgery system provides visualization of the joint and biochemical data, to guide the bone preparation and implant positioning to match the pre-surgical plan.

"Bone and Joint Hospital at St. Anthony is proud to be the first in Oklahoma to have this innovative technology. It is part of our commitment to provide our community with the best care possible," said Dr. Ponder.

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NURSE + TALK

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What is your intention for the new year? Kramer School of Nursing

"My intention of the year is to be that of acceptance, love and kindness."



Pam Boeck, RN,
clinical instructor

"I hope to maintain a sense of balance between professional career and a personal life."



Dia Campbell-Detrixhe, RN, A.P.

Each week we visit with health care professionals throughout the Metro



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We're putting together a parish nurse program. Next year we are going to start making home visits."



Debbie Meiklejohn, RN

"To be a member of a care team and to provide care to parishioners who contact us."



Mike Tedrick, RN

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