

Send your ideas to name  
eNews to  
[karen.flowers@sharp.com](mailto:karen.flowers@sharp.com)  
by **May 30, 2021**

# NAME YOUR eNEWS

Quarterly e-news published by the Terrence and Barbara Caster Institute for Innovation

Spring 2021

enhanced collaboration | best-practice sharing | lifelong learning



## From Laurie Ecoff...

Though our frontline response to the COVID-19 pandemic has been top-of-mind, the Caster Nursing Institute staff have been working behind the scenes in support of the tremendous, inspiring work of nurses at Sharp. Welcome to the inaugural issue of [Name TBD], quarterly enews highlighting the transformational work of nurses throughout the Sharp system.

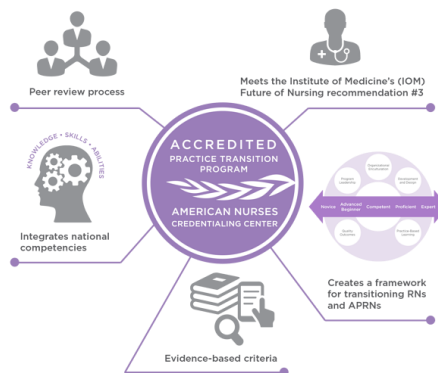
[Learn more](#)

## Sharp Receives ANCC PTAP Accreditation with Distinction

In 2020, the Sharp Nurse Residency Program (NRP) was awarded accreditation from the American Nurses Credentialing Center (ANCC) Practice Transition Program. The accreditation assures there is a peer review process in place; meets the Institute of Medicine's Future of Nursing recommendations; creates a framework for transitioning RNs and APRNs; is founded upon evidence-based criteria; and integrates national competencies.

[Learn more](#)

## TOP BENEFITS



## Our Professional Practice Model in Everyday Nursing Practice

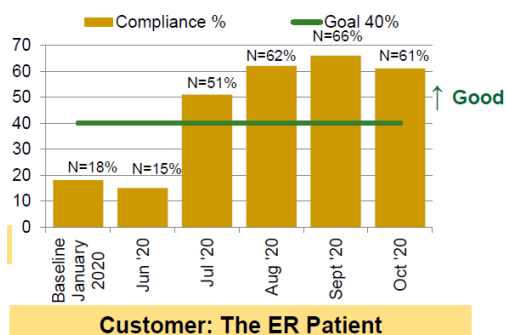
A single, shared system Professional Practice Model (PPM) guides nursing practice at all levels and settings across the Sharp HealthCare system. The PPM was designed by clinical nurses and clinical and administrative nurse leaders from each entity system-wide. Learn more about how the PPM is applied in everyday practice at our hospitals.

[Learn more](#)

## Nursing Research Outcomes

Sharp has the distinction of having 44 doctoral-prepared nurses (33 full-time) in various roles throughout the Sharp system. Fifteen nurses are currently pursuing doctoral degrees. Recent research completed at Sharp resulted in the development of a valid and reliable patient engagement survey; use of indirect calorimetry to assist in the early identification of sepsis; and the use of Animal-Assisted Therapy in antepartum patients to decrease negative emotions and improve overall well-being.

[Learn more](#)



## Spotlight on Clinical Quality Improvement: Samantha Tarin

Samantha Tarin of Sharp Chula Vista Medical Center recently earned a Lean Six Sigma Green Belt. She led a clinical team to improve door-to-EKG times for STEMI patients. The improvement interventions resulted in increased compliance and decreased average door-to-EKG times.

[Learn more](#)

## 2020 Nursing Scholarship Recipients

To date, the Caster Nursing Institute has granted 286 nursing scholarships equaling \$1,299,000 in funding. In 2020, 47 nurses received a total of \$199,000 in scholarships.

[Learn more](#)





### Recognizing Excellence: Ecoff Named President of ACNL

Laurie Ecoff, PhD, RN, NEA-BC, CNL, Vice President of the Terrence and Barbara Caster Institute for Nursing Excellence, was recently installed as President of the Association of California Nurse Leaders (ACNL). She served as President-Elect of the ACNL for 2020, one of the busiest times for nurses in recent history. As President for 2021, Laurie will help guide the ACNL into the post-pandemic era and offer guidance to nurse leaders navigating the transition. Click **Learn more** to see a list of other regional and national appointments to nursing organizations.

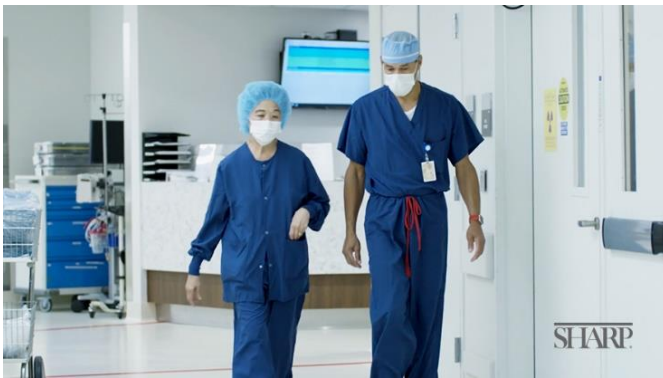
[Learn more](#)

### Highlights from the 6<sup>th</sup> Annual IRIC

The 6<sup>th</sup> Annual Interprofessional Research & Innovation Conference was held virtually on September 25, 2020. Over 600 participants representing various professions attended.

[Learn more](#)

**YEAR OF THE  
NURSE**  
2020  2021  
EXCEL • LEAD • INNOVATE



### Frontline Nurse Health and Resilience

Caring for others requires caring for yourself. COVID-19 has caused unanticipated stressors and strains experienced by nurses and other healthcare providers leading to unprecedented levels of stress. Read more for a list of resources that could help reduce your and your colleagues' stress and improve resilience.

[Learn more](#)

#### eNews Editorial Staff:

Laurie Ecoff, PhD, RN, NE-BC, CNL  
Vice President

Luc R. Pelletier, MSN, APRN, PMHCNS-BC, FAAN  
Clinical Nurse Specialist

Jaynelle F. Stichler, DNS, RN, NEA-BC(r), FACHE, FAAN  
Consultant Research and Professional Development

#### Web Design:

Jennifer Price

#### Contributors for this inaugural issue:

Laurie Ecoff  
Kim Failla  
Melodie Daniels  
Luc R. Pelletier  
Jaynelle F. Stichler

## From Laurie Ecoff...

"If you have knowledge, let others light their candles in it." Margaret Fuller

Welcome to the inaugural edition of the yet to be named Caster Nursing Institute enewsletter. As with the quote by Margaret Fuller, we hope through sharing information about Sharp nurses and nursing, you will gain awareness and understanding and ultimately knowledge that benefits you in some way.

The newsletter, quarterly to start, will offer stories about nurses and their achievements and nursing education, practice and research at Sharp. Our primary editor is Luc R. Pelletier and if you have an idea for a story please email Luc at [luc.pelletier@sharp.com](mailto:luc.pelletier@sharp.com).

We want your help in naming the newsletter and the person who submits the winning name will receive a \$50 gift card of their choice from Starbucks, Amazon, Target or Home Depot. Please submit naming ideas to Karen Flowers at [karen.flowers@sharp.com](mailto:karen.flowers@sharp.com). Deadline to submit is **May 30, 2021**.

### About the Caster Nursing Institute

The Center of Nursing Excellence (CONE), established in 2008, united Sharp HealthCare's (SHC) contributions to the future of the nursing profession through a strategic vision – advancing nursing education, practice and research – with the ultimate goal of improving patient care. Since 2011, CONE has offered scholarships to Sharp team members to obtain bachelors, masters or doctoral degrees in nursing.

In 2019, CONE transitioned to the Terrence and Barbara Caster Institute for Nursing Excellence, after the Caster Family Trust provided a naming gift to support nursing initiatives at Sharp. Scholarship recipients are now designated "Caster Scholars" to recognize the Caster's philanthropic support of the scholarship program. Abbreviated Caster Nursing Institute, the leadership team (below), works in collaboration with Chief Nursing Officers and other nursing leaders to establish programs in support SHC's almost 7,000 nurses.

The Caster Nursing Institute, organized under four Centers of Excellence, each with a unique focus, works to accomplish strategic initiatives such as the creation of one system nursing Professional Practice Model in 2019 and one system Nurse Residency Program, nationally accredited in 2020 – and recognized with a People Pillar Award in 2021.

#### Caster Nursing Institute Leadership Team

- Laurie Ecoff, Vice President
- Kim Failla, Director Nursing Workforce Transitions
- Karen Flowers, Administrative Assistant
- Luc R. Pelletier, Clinical Nurse Specialist
- Jaynelle F. Stichler, Professional Development Consultant

Warm Regards!



## Sharp Receives ANCC PTAP Accreditation with Distinction

New graduate nurses experience high levels of stress during their transition to practice. Consistent with the National Academy of Medicine Future of Nursing Report Recommendation 3: Implement nurse residency programs, Sharp HealthCare (SHC) hospitals (Sharp Chula Vista, Sharp Grossmont, Sharp Mary Birch, Sharp Memorial and Sharp Mesa Vista) established nurse residency programs (NRPs) from 2009 to 2011. In 2015, a system NRP Steering Committee formed to standardize programs elements (under the Center of Nursing Excellence, now the Caster Nursing Institute). Committee goals included:

- Aligning program elements to create one system NRP
- Identifying NRP outcomes metrics
- Seeking accreditation through the American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP).

The system NRP launched on August 1, 2018. The committee submitted the application for PTAP accreditation on October 1, 2019. On February 1, 2020, the team submitted a 500-page self-study, which answered rigorous criteria and additional criteria for “accreditation with distinction.” Representatives from the five hospitals (nurse residents, preceptors, and nurse leaders) participated in a Virtual Visit on March 20, 2020 where appraisers clarified, verified, and amplified standards.

On April 2, 2020, representatives from the ANCC PTAP called to tell us the SHC NRP had been awarded **Accreditation with Distinction**. This signifies the highest recognition by the ANCC accreditation program. The accreditation is for four years and requires an annual report and update about cohorts, numbers of new graduate nurses and NRP outcome metrics. These metrics must exceed benchmarks, and if not, require an action plan. Sharp is now one of only 183 PTAP-accredited programs in the country.

The initiative received recognition through a SHC CORE Award, announced in February 2021. CORE award recipients included Kim Failla, Laurie Ecoff, Amanda Gastelum-Munoz, Christina Kelley, Courtney Kendal, Karen Friedrichs, Sara Wren, Suzanne Flohr-Rincon and Tanna Thomason. They also received the People Pillar Award for their work in gaining ANCC PTAP Accreditation.

NRP graduates are making their mark in everyday practice. NBC San Diego recently interviewed Sharp Memorial Hospital MICU nurse Deanna Okajima and filmmaker Claire Imler about Imler’s new documentary, “Exposure,” which explores how nursing has changed because of the pandemic. Click [here](#) to view the interview and documentary.

## Our Professional Practice Model in Everyday Nursing Practice

A single, shared system Professional Practice Model (PPM) was implemented in 2019, having been developed by a redesign team including frontline nurses, managers and clinical and administrative leaders. The new PPM has been instrumental in guiding nursing practice at all levels and settings across the SHC system.

The graphical illustration of the new model is the atom – a source of energy, central to all living things and fits with Sharp’s vision to be the best health system in the universe. Person-centered care is at the heart of everything we do, and the electron rings of the atom create a heart from all perspectives or direction. Person-centered care is surrounded by SHC’s values – caring, safety, innovation, excellence and integrity. Five components complete the model: engaged leadership, professional role, inquiry and innovation, professional growth and meaningful recognition.



Nurses have continuously improved care for their patients through studies and improvement projects. Here are three examples from Sharp Chula Vista Medical Center (SCVMC), Sharp Grossmont Hospital (SGH) and Sharp Mary Birch Hospital for Women and Newborns (SMBHWN).

The inquiry and innovation tenet of the PPM involves using a high reliability organization mindset, process improvement, and evidence-based practice demonstrating a questioning attitude to advance practice and innovation. Clinical nurses on the MSICU Unit Practice Council (UPC) at SCVMC identified an issue with percent perfect glycemic control. Because of a questioning attitude, reviewing process improvement opportunities, and implementing innovative evidence-based practice educational changes, the MICU-SICU UPC nurses were able to improve the percent perfect glycemic control percentage above the internal benchmark.

The 5 West UPC nurses at SGH reviewed readmission data and found that many of the readmissions were due to incisional pain. They reviewed their current discharge process and modified the educational pamphlet, *A Guide to Healing at Home*, to include post-op incisional pain education. Prior to the project, the readmission rate was 50%, but through UPC and unit leadership monitoring and support, the 30-day readmission rate decreased to 19%.

NICU clinical nurses at SMBHWN apply the PPM to ensure parental dignity, respect, active participation, and information sharing with the healthcare team. Clinical nurses engage parents to help them understand the importance of active parent participation to the newborn's recovery. Within the NICU, parent engagement and empowerment are essential, especially when infants are at risk of developing severe complications. Parents have increased satisfaction when allowed to participate in their baby's care. NICU clinical nurses identified a lack of focus on family participation, resulting in decreased patient satisfaction for the question: "NICU was Family Friendly." As a result of a new, evidence-based multifaceted approach developed by the clinical nurses (e.g., early kangaroo care, shift phone calls to parents, gestational age milestone card, revised visitation policy), NICU families were engaged and empowered as equal partners in the caregiving team in alignment with the PPM. There were significant increases in many of the satisfaction scores for the patient- and family-centered outcomes on the question "NICU was Family Friendly;" specifically in nurses respected parental role, manner of communicating, and nurses' encouragement of participation.

## Nursing Research Outcomes

### **Psychometric Testing of a Patient Empowerment, Engagement and Activation Survey**

#### **Caster Nursing Institute**

Patient or person-centered care has become a widely used philosophical framework and yet has varying definitions and characteristics. Person-centered care has been conceptualized by the American Academy of Nursing as patient empowerment, engagement and activation with studies citing positive patient, provider, and organizational outcomes.

In developing and testing this new instrument, the Patient Empowerment, Engagement, and Activation survey known as PEEAS, Jaynelle F. Stichler and Luc R. Pelletier worked with clinical nurse specialists and other clinical nurses throughout Sharp HealthCare to identify attributes of empowerment, engagement and activation. Survey items that best captured those attributes were developed. Internal and external national content experts helped to refine the survey items. Experts included nurse leaders, consultants for health care services, national directors of quality care organizations, and people who were recently patients. The initial survey included 24-items and three qualitative questions. The IRB-approved study used a mixed methods approach to test the instrument with patients.

A pilot study with patients (n=247) was conducted to test the instrument psychometrically. Further refinements were made resulting in the final 21-item PEEAS which was tested in a second study with 157 patients. The second study revealed a total scale Cronbach's alpha of 0.88. A principal components factor analysis supported the expected three factors for the total scale – named empowerment, engagement and activation. A regression analysis tested all other items on one item used as an outcome variable, which reads "I am ready to be discharged," based on the conceptual model. Several survey items were significant predictors of the outcome variable, such as "I am able to take my own medications;" and "I took part in plans to go home."

The PEEAS has potential utility when applied to the clinical setting. It can be completed by patients and support persons and used by clinical nurses to identify how activated, or ready for discharge, a patient is. The clinical nurse can also use the survey findings for his or her assigned patients to identify gaps in the patient's knowledge and skill, which can be reinforced before discharge. Nurse leaders can use aggregated survey data to assess the quality of patient empowerment, engagement, and activation on the patient care unit. A video summary of the study can be found [here](#).

### **Resting Oxygen Consumption in Sepsis (ROCS)**

#### **Sharp Chula Vista Medical Center**

The aims of the ROCS study, conducted by Julie Graham, were to investigate the usefulness of metabolic monitoring, by way of indirect calorimetry, in critically ill patients with sepsis, specifically determining if oxygen consumption and energy expenditure are useful specific biomarkers for the identification of sepsis; and to investigate the specific metabolic needs of critically ill patients with sepsis.

Patient care decisions are made by assumptions of energy requirement and oxygen consumption. Technology is available to nurses and other interprofessional healthcare team members in the way of indirect calorimetric monitoring, which could inform caregivers of patients' specific metabolic needs. Oxygen therapy and nutritional therapies can be toxic to patients if given in excessive amounts while attempting to meet specific patient needs. Nurses may be able to use metabolic monitoring to overcome this potential toxicity in order to tailor patient-specific nurse interventions.

Oxygen consumption was statistically significant in sepsis patients when compared to non-sepsis patients ( $p = 0.026$ , Cohen's  $d$  0.618) and energy expenditure was statistically significant ( $p = .032$ , Cohen's  $d$  0.607). Predicted energy expenditure was statically significantly higher than actual energy expenditure ( $p < .001$ , Cohen's  $d$  0.527).

The study demonstrated that predictive equations significantly overestimate nutritional need. There is an abundant amount of current literature identifying the risks of over-feeding in critically ill patients including acquired conditions, prolonged hospitalization, infection and non-alcoholic steatohepatitis. Indirect calorimetry can be performed easily in the clinical setting by nurses and can contribute important clinical information in the assessment of patients with sepsis, which influences nursing care. It is recommended that hospital organizations seek the use of indirect calorimetry to assist in the early identification of sepsis.

### **Outcomes of Animal-Assisted Therapy in Antepartum Patients**

#### **Sharp Mary Birch Hospital for Women and Newborns**

The purpose of the study, according to Joanna Hunt, the principal investigator, was to evaluate the potential benefits of animal-assisted therapy (AAT) on feelings of stress, anxiety, and overall mood in

hospitalized antepartum women and generate new knowledge regarding the efficacy of animal-assisted therapy in hospitalized antepartum women.

While numerous studies have explored the effects of AAT in various patient populations, few investigators have examined the postulated benefits of AAT in the obstetric population. Because hospitalized high-risk antepartum patients commonly experience symptoms of depression and/or anxiety, AAT may pose a valuable adjunct to the nursing treatment plan for these patients.

An alpha factor analysis was conducted on the 23 items using Varimax rotation and Kaiser Normalization revealing five subscales (stressed, self-esteem, anxious, content, and angry). A reliability analysis was conducted revealing a Cronbach's alpha of .91 for the total scale and respectable Cronbach's alphas ranging from .78 to .91 for the subscales. Paired t-tests were used to determine differences between pre-intervention and post1 and post2 means for the total scale mean and all subscale means. Significant improvements in self-reported feelings were found on all subscales and the total scale from pre-intervention to post1- and post2- intervention ( $p < .000$ ). In the negative mood subscales (stressed, self-esteem, anxious, and angry), the immediate post-intervention mean was lower than the 48-hour post intervention mean suggesting the effectiveness of the AAT intervention was not sustained over time; however, the post2-intervention mean remained significantly lower than the pre-intervention mean. The positive mood subscale (content) increased significantly in both the post1- and post2-periods as compared to the pre-intervention mean suggesting the effectiveness of AAT in improving positive mood states (confident and satisfied). This demonstrates the significant differences in the means of each of the subscales and the total Antepartum Pet Therapy Questionnaire (APTQ).

The findings of the study indicate that the benefits of AAT are not sustained over time. Therefore, to provide optimal benefits, AAT should be offered more frequently. Since antepartum stress and anxiety can impact both maternal and newborn health, AAT may offer a modality to decrease negative emotions and improve overall well-being. AAT should continue to be offered as an adjunct therapy on PSCU, with increased frequency when possible to sustain and maximize the positive effects of the intervention.

## Spotlight on Clinical Quality Improvement: Samantha Tarin

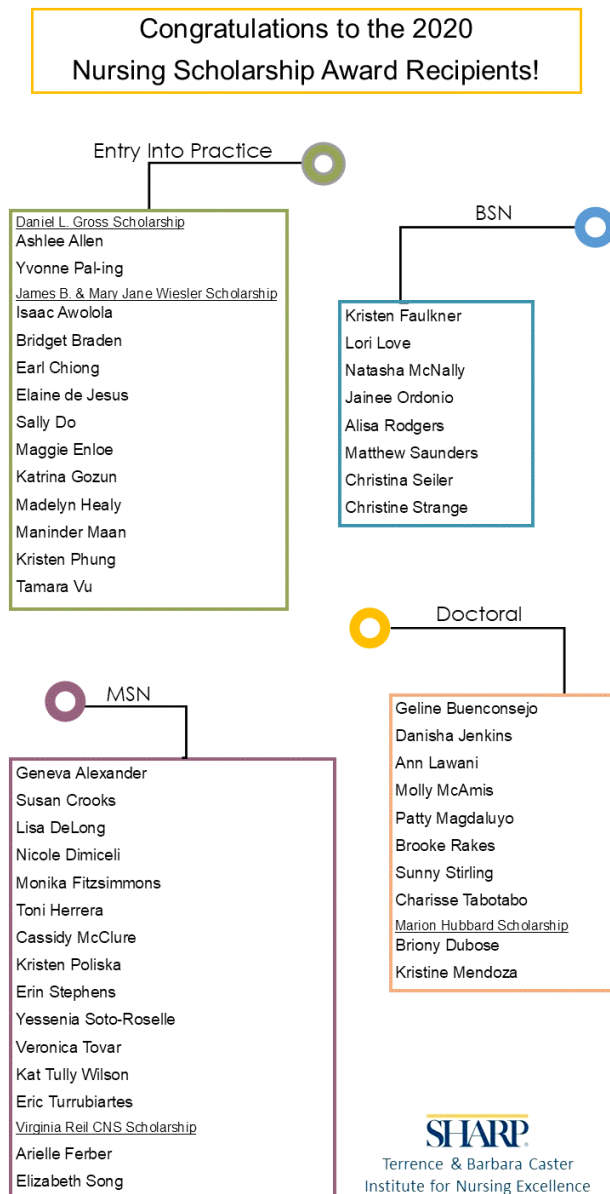
Samantha Tarin of Sharp Chula Vista Medical Center conducted a Green Belt project from January – October 2020. Her goal was to increase door-to-EKG compliance for completing EKGs within 10 minutes of door time. Her team consisted of Andrew Moyers (Black Belt), Christy Johnstone, Ashlyn Thexton, Brittany Carroll, Joshua Litan, the Triage Team and the ER HCP Team. They applied evidence-based practices of moving the ER Tech to the ER lobby, changing the triage workflow, and providing staff education on atypical symptoms of acute coronary syndrome. Initial compliance with the national standard was 18%; after the initial intervention, compliance grew to 51%; current compliance is 61%. Prior to the workout, the door-to-EKG time was 44 minutes. In October 2020, average time for door-to-EKG was 31 minutes.

The presentation of results can be found [here](#) (presentation starts at 39:16). For this work, Samantha earned a SHC Certified Lean Six Sigma Green Belt.



## 2020 Nursing Scholarship Recipients

The Caster Nursing Institute provides scholarship assistance to registered nurses (RNs) and non-nursing



team members (entry into practice) seeking to advance their education to BSN, MSN or doctorate in nursing from an accredited nursing program. Scholarships are funded through the generous philanthropic contributions of SHC donors. Each year, the Caster Nursing Institute scholarship selection committee awards as many scholarships as the available funds allow.

A competitive scholarship application demonstrates alignment with SHC strategic priorities for nursing practice, nursing education and career progression within the organization, with a focus on retention of scholarship recipients.

Priorities for granting scholarships include the following degrees:

- Entry into Practice: BSN, MSN (Gross and Wiesler scholarships)
- RN to BSN (Caster Nursing Institute Scholarships)
- MSN: leadership and clinical nurse specialist (Caster Nursing Institute and Reil scholarships)
- Doctoral: generation of new knowledge or translation of evidence into practice to improve patient outcomes (Caster Nursing Institute and Hubbard [PhD at USD] scholarships).

Application forms, recommendation forms and scholarship writing class information can be found at

<https://sharpnet.sharp.com/centerNursingEx/Information-on-Scholarships.cfm>. See [nursing scholarships and financial aid](#) for a list of additional financial assistance resources. The call for scholarship applications commences each year on **May 1**.

## Recognizing Excellence

Sharp nurses represent us through regional and national appointment on various boards and committees. Here are a few examples:

- Gabriella Malagon-Maldonado, PhD, DNP, RN, NEA-BC, is an active member of the American Nurses Associations' Professional Issues Panel on Barriers to RN Scope of Practice and the Scope and Standards of Practice Revision Advisory Committee
- M. Carmen Colombo, PhD, MBA, RN, NEA-BC, is a member of the executive leadership committee of the Council of Women and Infant Specialty Hospitals and the National Association for Behavioral Health
- Marlena Montgomery, MSN, MBA, RN, CEN, is co-chair of the ACNL Health Policy Committee, co-chair of the Health Services Capacity Management Committee with San Diego County, and a member of multiple California Hospital Association committees
- Caroline Etland, PhD, RN, AOCN, AOCNS, is a board member of the San Diego Coalition for Compassionate Care, the Healthcare Surfaces Institute and San Diego Advanced Practice Oncology Providers
- Christine Basiliere, MBA, RN, NEA-BC, is a board member of The Joint Commission Hospital Advisory Board
- Shu-Hui Hsiao, RN, is a board member of the North American Taiwanese Women's Association.

## Highlights from the 6<sup>th</sup> Annual IRIC

The Sharp HealthCare Collaborative for Inquiry & Innovations held the 6<sup>th</sup> Annual Interprofessional Research & Innovations Conference (IRIC) in a virtual environment on September 25, 2020. The traditional in-person research conference was converted to an electronic format, using innovative technology.

Presenters and participants celebrated Sharp's interprofessional research studies, evidence-based practice and performance improvement projects. This virtual conference demonstrated Sharp's commitment to innovation and excellence throughout the organization. Representatives from a variety of professions came together to be inspired by some of the best outcomes each profession has achieved.

Nine presentations were made and fourteen poster presentations were available for viewing. The presentations and posters can be found [here](#). **Save the date** for the 7<sup>th</sup> Annual IRIC on September 29, 2021 from 0830-1400 on Microsoft Teams.

## Frontline Nurse Health and Resilience

COVID-19 has presented many challenges – physically, emotionally and spiritually. There are several resources that can support frontline nursing staff in maintaining their mental health, address moral distress and foster resilience. Sharp's wellness and resilience resources can be found internally on SharpNet:

- [Caregiver wellness resources](#)
- [Mindfulness classes](#)
- [Sharp Best Health](#)
  - [Sharp Best Health by entity](#)
  - [Sharp Best Health Fitbit community](#)
- [Wellness extras](#)
- [Wellness programs and resources](#)
- [Wellness webinars](#)
- [Whil: Mindfulness and yoga at your fingertips](#)

External sites related to health, moral distress and resilience include:

Site name and URL	Short description
<a href="#">American Association of Critical-Care Nurses Resources for Moral Distress</a>	Moral distress is a complex and challenging problem that can have a significant negative impact on the healthcare team — from hindering one’s ability to advocate for patients to leaving a job or the profession. During a crisis or disaster, the frequency and severity of moral distress increase. Acknowledging and addressing moral distress is essential to preserving one’s integrity. It is important to identify, assess and address moral distress – and to seek assistance in working through it.
<a href="#">American Nurses Association COVID-19 Self-Care Package for Nurses</a>	As the coronavirus (COVID-19) pandemic impacts nurses and the entire health care community, the American Nurses Association remains unwavering in their commitment to all nurses. ANA has handpicked a package of free self-care courses to help nurses during and after this crisis.
<a href="#">American Psychiatric Nurses Association (with ANF, ANA, AACN, ENA, AORN) Well-Being Initiative</a>	Nurses are on the frontlines during the COVID-19 pandemic, providing crucial care in the face of unprecedented circumstances. Use these tools, recommended by other nurses, to easily and quickly boost resilience and manage stress.
<a href="#">Frontline Nurses WikiWisdom Forum</a>	Nurses are the backbone of American health care, and often its heart and soul. The COVID-19 pandemic is testing all of us, but nurses are on the frontlines. This WikiWisdom Forum was created so nurses fighting the Covid-19 pandemic can share their experiences with each other. This space will be available 24/7 until America exits this crisis.
<a href="#">Institute for Healthcare Improvement: Transforming Moral Distress into Moral Resilience</a> (webinar)	This program is part of the IHI Virtual Learning Hour Caring for Caregivers Special Series, delivered in partnership with Well Being Trust. What is moral injury? How can it be mitigated? What is the continuum of this experience and what interventions have demonstrated promise in helping caregivers heal from this trauma? This Virtual Learning Hour: <ul style="list-style-type: none"> <li>• Defines moral injury;</li> <li>• Provides tools and changes needed to mitigate and recover from moral injury; and</li> <li>• Discusses the building blocks needed to reclaim agency and better connect to values.</li> </ul>
<a href="#">Joint Commission Quick Safety: Developing Resilience to Combat Nurse Burnout</a>	Organizations have a responsibility to support nursing staff and address the causes of burnout. An emerging method to do this is by developing and fostering resilient environments and individuals. <i>Quick Safety</i> newsletters are issued by The Joint Commission to assist accredited organizations in improvement.
<a href="#">Moral Distress Education Project - University of Kentucky</a>	The Moral Distress Education Project began as a conversation between Drs. M. Sara Rosenthal and Maria Clay, who met at a bioethics conference. Both of their institutions were grappling with consultation and educational issues surrounding moral distress. This project is a self-guided web documentary. The goal of this project is to educate,

	<p>inform, and de-stigmatize moral distress to help the viewer process their own experiences.</p>
<p><a href="#">National Academy of Medicine Clinician Well-Being COVID-19 Resource Page</a></p>	<p>In the face of the unprecedented challenges created by the COVID-19 pandemic and the accompanying global public health emergency, the National Academy of Medicine’s <u>Action Collaborative on Clinician Well-Being and Resilience</u> is giving its attention to this issue.</p> <p>Even before the COVID-19 outbreak, many clinicians already faced burnout, as well as stress, anxiety, depression, substance abuse, and even suicidality. Now this crisis is presenting clinicians with even greater workplace hardships and moral dilemmas.</p> <p>These resources offer more information on how to support the health and well-being of clinicians during public health emergencies, including the COVID-19 response.</p>
<p><a href="#">National Alliance for the Mentally Ill (NAMI) Frontline Wellness: Healthcare Professionals</a></p>	<p>In the demanding field of healthcare, stressors are inevitable. From adjusting to unusual hours and extra shifts, to the trauma of losing patients — a nurse’s job is not easy. The COVID-19 pandemic has created added layers of uncertainty and increased loss, along with deep concern for well-being.</p> <p>Explore this page and take a moment to review signs that indicate it’s time to consider asking for support, as well as a range of resources created especially for frontline healthcare professionals. Find actionable tips on building resiliency and ways for families to get involved. Caring for others requires that nurses also care for themselves.</p>