**PROPOSED RESOLUTIONS**

**IANS 2017**

1. **IN SUPPORT OF INCREASING EDUCATION AND AWARENESS REGARDING DISINFECTING PORTABLE ELECTRONICS AS STANDARD ENVIRONMENTAL CONTROL**
2. **IN SUPPORT OF INCREASING PARENT EDUCATION REGARDING THE IMPORTANCE OF EARLY DETECTION AND FOLLOW-UP OF INFANT HEARING IMPAIRMENTS**
3. **IN SUPPORT OF NURSE RESIDENCY PROGRAMS TO COMBAT NEW NURSE TURNOVER IN HEALTHCARE INSTITUTIONS**
4. **IN SUPPORT OF COMBATING LOW NURSING SCHOOL ACCEPTANCE RATES DUE TO LACK OF EDUCATORS**
5. **TO SUPPORT AWARENESS OF MASSAGE THERAPY FOR PAIN AND ANXIETY ASSOCIATED WITH BREAST CANCER**
6. **IN SUPPORT OF IMPLEMENTING A MEDICATION NON-ADHERENCE RISK ASSESSMENT TOOL**
7. **IN SUPPORT OF WELLNESS INITIATIVES FOR NURSING STUDENTS**
8. **IN SUPPORT OF INCREASED EDUCATION ON CARE OF PSYCHIATRIC PATIENTS IN NON-PSYCHIATRIC SETTINGS**
9. **TO ENCOURAGE STUDENT- PROFESSOR INTERPROFESSIONAL RELATIONSHIPS TO INCREASE MENTORING AND RELATIONSHIPS WITHIN THE NURSING CURRICULUM**

**Resolution # 1**

**TOPIC: IN SUPPORT OF INCREASING EDUCATION AND AWARENESS REGARDING DISINFECTING PORTABLE ELECTRONICS AS STANDARD ENVIRONMENTAL CONTROL**

**SUBMITTED BY: Mercy College Association of Nursing Students, Des Moines, IA**

**AUTHORS: Nicholas Bunger, Marley Drake, Lisa Judd, Mary Claire Li, Daniel McCoy, Lars Vinz, Jordan Wallace, Ellie Youngwirth**

WHEREAS, as portable electronic devices (PEDs) present during patient interactions potentially serve as modes of transmission in the chain of infection, the functionality, practicality, and increased usage of PEDs within healthcare subsequently warrant concern (Khan, Hayakawa, Levine, Rao, Reyes-Sacin, Riederer, & Szpunar, 2015); and

WHEREAS, of fifty-three cell phones surveyed, 83% had pathogenic bacteria at initial testing, 8% had pathogenic bacteria after disinfection, and 75% had pathogenic bacteria one week later (Chamberland, Kaar, Patel, & Shakir, 2015); and

WHEREAS, studies have revealed that more skin bacteria have been found on PEDs than any other device. The high operating temperatures of PEDs, in addition to device storage conducive to populating bacterial growth, present potential for possible transfer of toxic bacteria and opportunistic infections from person to person (Kahlon, Manchanda, Narang, Singh, & Walia, 2014); and

WHEREAS, bacteria isolated from mobile phones of hospital care workers (HCWs) were more antibiotic resistant compared to non-HCWs phones. Bacterial strains sampled from mobile phones of HCWs included: *S. epidermidis, S. aureus, P. aeruginosa, E. coli, S. proteus, S. pneumoniae, K. pneumoniae,* and *A. baumannii* (Ekwunife, Mofolorunsho, & Nwankwo, 2014); and

WHEREAS, over 50% of HCWs are estimated to use PEDs in the clinical setting including during times of assessment requiring direct contact with persons served (Berthelot et al., 2016); and

WHEREAS, a 2013 survey of physicians in the United States revealed that 65% affirm that PEDs pose a risk for spreading bacteria in hospitalized patients as a result of poor hand hygiene, multitasking at the patient’s bedside, and ignorance of potential risks (Ballard, Davis, Manning, & Sparnon, 2013); therefore be it

RESOLVED, standard environmental infection control precautions, including routine device cleaning, be implemented in the clinical setting by all individuals involved in patient interactions and providing cares as determined by regulations set forth by the best suited deciding agency; and be it further

RESOLVED, that IANS advocate for the discontinuation of unauthorized PED use from areas of service to highly susceptible patient populations, such as the ICU, NICU, and the OR; and be it further

RESOLVED, that patient education on the infection risks associated with PEDs be provided as a standard infection control precaution and as an additional measure during times of peak infectious incidences; and be it further

RESOLVED, that IANS sends a copy of this resolution to National Student Nursing Association, Occupational Safety and Health Administration, Center for Disease Control, Institute for Healthcare Improvement, The Joint Commission, American Nursing Association, National League of Nurses and all others deemed appropriate by the Iowa Association of Nursing Students Board of Directors.

**Resolution # 2**

**TOPIC: IN SUPPORT OF INCREASING PARENT EDUCATION REGARDING THE IMPORTANCE OF EARLY DETECTION AND FOLLOW-UP OF INFANT HEARING IMPAIRMENTS**

**SUBMITTED BY: Mercy College Association of Nursing Students, Des Moines, IA**

**AUTHORS: Nicholas Bunger, Marley Drake, Lisa Judd, Mary-Claire Li,**

**Daniel McCoy, Lars Vinz, Jordan Wallace, Ellie Youngwirth**

WHEREAS, approximately 3 in 1,000 newborns in the United States are affected by hearing loss (Morini, Golinkoff, Morlet, & Houston, 2017, p. 80); and

WHEREAS, much work still needs to be done to ensure that all children are screened for hearing loss by one month of age, diagnosed by three months of age, and enrolled for interventions by six months of age, per the Early Hearing Detection and Intervention (EHDI) 1-3-6 guidelines (Yoshinaga-Itano, Sedey, Wiggin, & Chung, 2017, pp. 1-2); and

WHEREAS, only 50-66% of children meet the EHDI 1-3-6 guidelines (Yoshinaga-Itano et. al., 2017, pp. 2-3); and

WHEREAS, most hearing impairments are noticed by parents and school hearing screens even after the child had passed the Newborn Hearing Screen in the hospital (Dedhia, Kitsko, Sabo, & Chi, 2013, p. 119); and

WHEREAS, children who are not identified to have hearing impairments by the age of 12 months struggle to reach age appropriate speech and language goals by the ages of 3, 4, and 5 (Fulcher, Purcell, Baker, and Munro, 2012, p. 1792); and

WHEREAS, there is a lack of stressing the importance of detecting hearing loss by health professionals to parents, and parents need specific guidance on hearing loss intervention (Fitzpatrick, Grandpierre, Durieux-Smith, Gaboury, Coyle, Eunjung, & Sallam, 2016, pp. 34-38); and

WHEREAS, even when newborn hearing screens are effectively implemented, parents fail to obtain follow-up care for approximately 36% of children with potential hearing impairments (Hunter, Meinzen-Derr, Wiley, Horvath, Kothari, & Wexelblatt, 2016, p. 2); and

WHEREAS, one-third of newborns who fail their newborn hearing screen do not receive adequate diagnosis or intervention due to lack of follow-up care compliance (Hunter, Meinzen-Derr, Wiley, Horvath, Kothari, & Wexelblatt, 2016, p. 1-2); and

WHEREAS, a study conducted utilizing the Women, Infant, and Children Program (WIC) found that after guidance, education, and rescreening, WIC intervention participants showed a reduced incidence in failure of follow-up care at 9.6% compared to 28.7% in the non-intervention participants (Hunter et. al., 2016, p. 1); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) support increasing education to parents on the importance of early detection and follow-up intervention of hearing impairments during infancy; and be it further

RESOLVED, that IANS encourage nurses to advocate for their patients by educating parents during well-child visits about the early detection and follow-up of hearing loss in children; and be it further

RESOLVED, that IANS send a copy of this resolution to the National Student Nurses Association, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, and all others deemed appropriate by the IANS Board of Directors.

**Resolution # 3**

**TOPIC: IN SUPPORT OF NURSE RESIDENCY PROGRAMS TO COMBAT NEW NURSE TURNOVER IN HEALTHCARE INSTITUTIONS**

**SUBMITTED BY: University of Iowa Association of Nursing Students, Iowa City, IA**

**AUTHORS: Cheyenne Kimbell, Jamie Hunter, Eliza Griggs, Anna Eisenzimmer**

WHEREAS, a recent study has shown that the internal nurse turnover rate is 30% in their first year of hospital work, which is much higher than previous findings of 17.5% (Kovner, Djukic, Fatehi, Fletcher, Jun, Brewer, & Chacko, 2016); and

WHEREAS, the economic toll on health care institutions is extremely high, as seen by the loss of approximately $5.9 to $6.4 million in nurse turnover costs per year for an acute care hospital with over 600 beds. The cost is even higher for total yearly organizational costs at $1.4 to $2.1 billion (Kovner, Brewer, Fatehi, & Jun, 2014); and

WHEREAS, nurse turnover costs include the recruitment of new RNs, orientation and training new hires, terminating old contracts, and potential medical errors affecting patient outcomes. Problems in non-economic areas such as adverse patient outcomes, less continuity of care, loss of productivity within healthcare teams, more time to manage and replace employees, and poor work environment or culture are also due to nurse turnover rates(Jones & Gates, 2016); and

WHEREAS, nurse residency programs (NRPs) are defined by Van Camp and Chappy as “structured post-licensure programs that are adopted by healthcare organizations and that incorporate didactic education, clinical support by an RN nurse preceptor, and mentorship to bridge the practice gap, with goals to decrease turnover rates and augment patient safety and care quality” ( 2017, p. 129-130); and

WHEREAS, the National Council of State Boards of Nursing report that NRPs “reduced turnover in that first year of practice...promoted professional growth... clinical decision making...leadership skills, satisfaction, and retention… and offer the new graduate nurses guidance and support to cope with the stressors in the first year of practice” (Al-Dossary, Kitsantas & Maddox, 2013, 1024-1028); and

WHEREAS, there are 125 hospitals in the Iowa Hospital Association, but there is only one Commision on Collegiate Nursing Education (CCNE) accredited nurse residency programs (IHA, 2017) and (CCNE, 2017); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) advocates for nurse residency and/or transition to practice programs and increases awareness of the benefits of these programs to nurses, hospitals, and patient welfare; and be it further

RESOLVED, that IANS and nursing programs at colleges throughout Iowa ally in support of more nurse residency and/or transition to practice programs being instituted by providing Iowa hospitals scholarly studies, resources and information about their diverse benefits to encourage the institution and formation of new opportunities; and be it further

RESOLVED, that IANS and nursing programs at colleges throughout Iowa ally in support of more nurse residency and/or transition to practice programs being instituted by providing Iowa hospitals scholarly studies, resources and information about their diverse benefits to encourage the institution and formation of new opportunities; and be it further

RESOLVED, that IANS creates informational resources, such as pamphlets and presentations, to be available to nursing students and current new graduate nurses, as well as hospitals, schools, conferences, and other healthcare settings to advertise the benefits and availability of these unique programs; and be it further

RESOLVED, that IANS send a copy of this resolution to the Iowa Hospital Association, Iowa Healthcare Collaborative, the Iowa Health Care Association, the University of Iowa Health Alliance, Iowa Action Coalition, the Iowa Nurses Association, Iowa League for Nursing, Iowa Board of Nursing, and all others deemed appropriate by the IANS Board of Directors.

**Resolution # 4**

**TOPIC: IN SUPPORT OF COMBATING LOW NURSING SCHOOL ACCEPTANCE RATES DUE TO LACK OF EDUCATORS**

**SUBMITTED BY: University of Iowa Association of Nursing Students, Iowa City, IA**

**AUTHORS: Danielle Healey, Matthew Ellefson**

WHEREAS, in the past ten years, the average age of nurses employed in all inpatient and outpatient settings has “increased by nearly two years, from 42.7 years in 2000 to 44.6 years in 2010” due to a diminishing number of young nursing students entering the professional field ("Nursing Shortage," 2017); and

WHEREAS, “a nurse faculty shortage and financially strapped colleges and universities are limiting the ability of U.S. nursing schools to take advantage of historically high numbers of qualified applicants,” threatening an even greater nursing shortage in 2020” (Aiken, Cheung, & Olds, 2009, p. 1); and

WHEREAS, “U.S. nursing schools turned away 64,067 qualified applicants from baccalaureate and graduate nursing programs in 2016 due to insufficient number of faculty, clinical sites, classroom space, and clinical preceptors, as well as budget constraints. Almost two-thirds of the nursing schools responding to the survey pointed to a shortage of faculty and/or clinical preceptors as a reason for not accepting all qualified applicants into their programs ("Nursing Shortage," 2017); and

WHEREAS, while “7% of nurse faculty positions nationwide remain vacant, 78,000 applicants to bachelor and advanced-degree nursing programs were turned away last year because there weren't enough faculty available to teach them. The New York-based Jonas Center for Nursing Excellence estimated that each nurse educator position left vacant could affect the care of 3.6 million patients if the number of nurses each instructor could teach is considered along with the number of patients for whom those nurses could provide care” (Robeznieks, 2015); and

WHEREAS, “although they have known about the nursing faculty shortage for over a decade, institutions of higher education have also been structurally unprepared to meet the enormous demand for nurses after the passage of the Affordable Care Act. A lack of qualified professors is one thing; the lack of facilities, equipment, and funding to hire new faculty members is another” ("Five Factors," 2017); and

WHEREAS, “in Nevada, practicing nurses do not consider academic positions because of [the] wide discrepancy in pay [of educating vs patient care]. In Las Vegas, a [nurse practitioner (NP)] (MS prepared) earns $100,000–$120,000 for 40 hours per week. In contrast, according to the[American Association of Colleges of Nursing] 2008 faculty salary survey, a NP faculty member at the instructor level (typically MS prepared) on a 12-month appointment earns $73,765 ± $8,242 (Yucha, 2009)”; therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) improves incentives to become a nursing faculty member (salary, loan forgiveness, scholarships); and be it further

RESOLVED, that IANS recommends that the Health Resources and Services Administration (HRSA) expands loan repayment programs to incentivize nurses to become educators; and be it further

RESOLVED, that IANS increases awareness of the multiple loans and grants for nurses wishing to pursue nursing education through fliers, mass emails, and at conventions; and be it further

RESOLVED, that IANS send a copy of this resolution to the Iowa Department of Public Health, HRSA, the Association of Community Health Nursing Education, the Association of Public Health Nurses, the Iowa Nurses Association, the American Association of Colleges of Nursing, and all others deemed appropriate by the IANS Board of Directors.

**Resolution # 5**

**TOPIC: TO SUPPORT AWARENESS OF MASSAGE THERAPY FOR PAIN AND ANXIETY ASSOCIATED WITH BREAST CANCER**

**SUBMITTED BY: Mount Mercy University Association of Nursing Students, Cedar Rapids, IA**

**AUTHORS: Cali Arbuckle, Casey Behm, Rebecca Boland, Madison Coates, Kennidee DeVilbiss, Alexis Duwa, Sydney Franks, Allison Heims, Lindsay Ireland, Mikaela Katz, Tessa Ostendorf, Karima Safsaf, Sarah Ternus, Sarah VanHoe**

WHEREAS, “pain is the most common complaint among patients with cancer and is experienced by 40% to 90% of patients;” in addition to pain, anxiety and stress are additional symptoms when patients learn about their cancer diagnosis and receive treatment (Kim, Kim, Lee, Lim, & Yeo, 2015, p. 298); and

WHEREAS, pain is among the top three physical symptoms experienced during breast cancer treatment, and anxiety is the second most reported emotional side effect (Barnett, Brems, Johnson, Metzger, & Parret, 2013); and

WHEREAS, in addition to pain, anxiety disorders are commonly experienced in breast cancer patients resulting in a decrease in quality of life, physical activity, sleep, and increased fatigue (Bell, Hopko, Lejuez, Ruba, & Shorter, 2016); in a study of 102 breast cancer patients utilizing a 0-10 anxiety scale, 75% reported significant anxiety (Aviado-Langer, 2014); and

WHEREAS, therapeutic massage is applying pressure to different muscles and connective tissues (Cassileth, 2014), creating "significant improvement in stress, anxiety, relaxation, insomnia, tension, pain, and energy after the first massage session” in breast cancer patients (Bauer et al., 2016, p. 84); and

WHEREAS, there are a variety of massage therapy techniques, such as Swedish and classical massage, manual lymph drainage, aromatherapy and scarf massage that can be utilized to decrease pain and anxiety following a mastectomy; the most effective massage movements are slow and gentle moving “in the direction of venous blood and lymph returning to the heart” (Andrzejewski et al., 2014, p. 295); and

WHEREAS, twenty minutes of therapeutic hand and/or foot massage performed during chemotherapy or biotherapy treatment significantly decreased patients’ perceptions of nausea, pain, anxiety and fatigue (Robison & Smith, 2016); and

WHEREAS, out of 692 analyzed massage therapy sessions, pain and anxiety decreased by a statistically significant amount; post-massage using a 0-10 symptoms scale, pain scale ratings went from 3.3 to 1.9, and anxiety ratings went from 3.9 to 1.7 (Fox et al., 2017); and

WHEREAS, massage therapy, which is a complementary treatment, in conjunction with conventional treatment, is recommended by the Society for Integrative Oncology to decrease pain and anxiety (Robison & Smith, 2016); therefore be it

RESOLVED, that Iowa Association of Nursing Students (IANS), nursing students, and nursing schools increase education on the benefits of massage therapy to decrease pain and anxiety in breast cancer patients; and be it further

RESOLVED, that IANS place an article about use of massage therapy to decrease pain and anxiety in breast cancer patients on the IANS website, if feasible; and be it further

RESOLVED, that IANS sends a copy of this resolution to the Iowa Nurses Association, American Nurses Association, the American Association of Colleges of Nursing, the National League of Nursing, the Iowa Board of Nursing, Iowa American Cancer Society, Iowa Nurse Practitioner Society and all others deemed appropriate by the IANS Board of Directors.

**Resolution # 6**

**TOPIC: IN SUPPORT OF IMPLEMENTING A MEDICATION NON-ADHERENCE RISK ASSESSMENT TOOL**

**SUBMITTED BY: Briar Cliff University, Sioux City, IA**

**AUTHORS: Brooke Kroeger, Ashley Henkenius, Callie Frisch, Toni Beck, Zach Vanderah, Morgan Bathke, Roha Abera, & Rebecca Taylo**

WHEREAS, “fifty percent of Americans do not adhere to their prescribed medication regimens, causing adverse health outcomes, emergency care utilization, high cost of care, and reduced workforce productivity” (Abbass, Revere, Mitchell, & Appari, 2017); and

WHEREAS, medication nonadherence is a very costly healthcare problem, estimated to cost the United States over a billion dollars each year (Beilman, 2013); and

WHEREAS, quality health care insurance coverage increases patients’ compliance with their prescribed medication treatment, however, those who do not have adequate insurance coverage or any at all struggle with being able to afford costly medications and often do not adhere to their medications (Beilman, 2013; Brundisini, Vanstone, Hulan, DeJean, & Giacomini, 2015; Jean-Slaughter, 2012); and

WHEREAS, employment status, yearly income, and education level correlate to patients' adherence to their medication treatment, along with the high cost of medications (Beilman, 2013; Brundisini et al., 2015; Lucca, Ramesh, Parthsarathi, & Ram, 2016; Jean-Slaughter, 2012; Tamblyn, Eguale, Huang, Winslade, & Doran, 2014); and

WHEREAS, side effects associated with various medications can lead patients to refuse to take their medications, especially those taking psychiatric medications (Lucca et al., 2016; Jean-Slaughter, 2012); and

WHEREAS, patients who have less access to transportation are less likely to refill their prescribed medications and follow their complete medication regimens than those who either have their own vehicle or have a relative to drive them (Lucca et al., 2016; Syed, Gerber, & Sharp, 2013); and

WHEREAS, physical limitations such as cognitive, hearing, and vision impairments influence to patients' abilities to abide by their prescribed medication therapy (Smith et al., 2017); and

WHEREAS, counselling interventions with clinical pharmacists have been noted to be promising for enhancing medication adherence and improving medication outcomes in patients (Ryan et al., 2014); and

WHEREAS, a need for an intervention to improve medication adherence is a priority for health care to reduce overall healthcare costs, ensure health in all populations, and prevent complications (Beilman, 2013; Lucca et al., 2016; Smith et al., 2017; Tamblyn et al., 2014); therefore be it

RESOLVED, the Iowa Association of Nursing Students (IANS) further studies and develops a medication non-adherence risk assessment tool with the guidance of relevant personal that seeks IRB approval to implement this tool to decrease the prevalence of medication non-adherence; and be it further

RESOLVED, the Iowa Association of Nursing Students (IANS) encourages nursing students and nurses to complete a medication nonadherence risk assessment on every patient prior to discharge with a score that indicates the need for follow-up with case managers and clinical pharmacists; and be it further

RESOLVED, that IANS includes insurance coverage, employment status, yearly income, education level, side effects associated with medications, transportation access, and physical limitations as noted above, in the Medication Nonadherence Risk Assessment Tool, in addition, to any other substantiated by literature; and be it further

RESOLVED, that IANS encourages hospitals to include the non-adherence risk assessment tool in their electronic health care software systems that flags an at risk patient, depending on their score, and sends alerts to the case managers and clinical pharmacists requiring their assessment, education, and documentation; and be it further

RESOLVED, that IANS encourages hospitals and facilities to provide education to nurses, case managers, and clinical pharmacists on the appropriate usage and protocol for the medication nonadherence risk assessment tool; and be it further

RESOLVED, that IANS send a copy of this resolution to Iowa Nurses Association, Iowa Hospital Association, Iowa Association of Colleges of Nursing, National Student Nursing Association, Iowa Clinical Pharmacy Association, American College of Clinical Pharmacy, Case Management Society of America, Healthcare Information and Management Systems Society, and all others deemed appropriate by the IANS Board of Directors.

**Resolution # 7**

**TOPIC: IN SUPPORT OF WELLNESS INITIATIVES FOR NURSING STUDENTS**

**SUBMITTED BY: Briar Cliff University, Sioux City, IA**

**AUTHORS: Tobechukwu Ezimora, Luis Torres, Flora Mugeni, Zeynab Omar, Katherine Nguyen, Jon Pinkelman**

WHEREAS, consequences of poor health behaviors among nursing students include absences due to illness, poor public image that can affect the credibility of the nurse and the nursing profession, and decreased quality of care among nurses with unhealthy behaviors who may not be willing to discuss the same behaviors for patients (Wills & Kelly, 2017); and

WHEREAS, society expects nurses to be mentors for good health in order to be viewed as credible and reliable (Blake & Harrison, 2013); and

WHEREAS, according to Gillen (2014), student nurses are not being taught to care for themselves, therefore they are not confident enough to address issues such as smoking cessation or a healthy diet with their patients - nurses who are overweight would not likely address having a healthy diet with their patients, just as nurses who smoke are less likely to discuss smoking cessation with patients; and

WHEREAS, research supports that nurses are fulfilling the obligation of teaching self-care to patients, but they are not successful in promoting self-care with regard to their own personal health; unlike their professional counterparts, nursing students often do not take the time to care for themselves properly. (Ashcraft & Gatto, 2015); and

WHEREAS, nurses who practice positive self-care behaviors and who are healthy, both personally and professionally, become better role models, educators, and patient advocates (Ashcraft & Gatto, 2015); and

WHEREAS, in 2016, nurses were deemed the “most trusted profession in the United States” according to 84% of respondents on the Gallup poll (2016); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) advocates for the implementation of a guideline for improved wellness of nursing students incorporated throughout the curriculum for new nursing students; and be it further

RESOLVED, that the health and well-being of nontraditional nursing students be encouraged as the numbers of these students grow, such as extended activity center hours, including late evenings and weekends, to better meet the needs of nontraditional nursing students and facilitate their participation; and be it further

RESOLVED, that nurse educators consider expanding concepts of health promotion in nursing school curricula and explore innovative methods of fostering student participation in self health-promoting activities; and be it further

RESOLVED, that IANS encourages constituent of school chapters to participate in the Healthy Nation Healthy Nurses survey for nursing students to learn about own health risks and pick a focus to improve on; and be it further

RESOLVED, that IANS send a copy of this resolution to the American Nurses Association, National League for Nursing, American Association of Colleges of Nursing, National Organization for Associate Degree Nursing, Sigma Theta Tau International, American Academy of Nursing, Health Occupations Students. Association, Nursing Organization Alliance, and all others deemed appropriate by the IANS Board of Directors.

**Resolution # 8**

**TOPIC: IN SUPPORT OF INCREASED EDUCATION ON CARE OF**

**PSYCHIATRIC PATIENTS IN NON-PSYCHIATRIC SETTINGS**

**SUBMITTED BY: Grand View Nursing Student Association, Des Moines, IA**

**AUTHORS: Alexx Scheidecker, Alyssa Stripe, Taya July, Hunter Nossaman, Sarah Fuhs**

WHEREAS, the number of inpatient psychiatric beds nationally has decreased from 500,00 to 114,000 in the years 1970 - 2010, and between 2014 and 2016 the number of psychiatric patients arriving in the emergency department shot up 31% in the Mission Health’s Emergency Departments (Meyer, 2017, p. 1); and

WHEREAS, an analysis comparing nurses’ responsibilities to their education showed that there was insufficient training done on caring for patients with severe mental illness (SMI) and a lack of resources for training (Hardy & Huber, 2013, p. 18); and

WHEREAS, SMI patients have life expectancies two decades less than a person without an SMI, and screening of common comorbidities could improve the life outcomes of patients with SMIs (Happell, Nankivell, Platania-Phung, & Scott, 2013, pp. 210-211); and

WHEREAS, the SMI Health Improvement Profile provides training on health assessments of patients with SMI, but there is no further education or literature available for nurses for training on how to care for a patient with an SMI (Happell et. al., 2013, p. 211); and

WHEREAS, in a qualitative study of emergency department nursing staff readiness to handle a patient having a psychotic episode, a nurse stated that she was ready, but felt the staff would not be able to provide adequate care for an SMI patient (Goode, Melby, & Ryan, 2014, p. 34); and

WHEREAS, nurses who completed a training seminar, prepared by the Northamptonshire Healthcare Foundation Trust, that included ten four-hour training sessions to improve their knowledge and skills relating to care of patients with SMI rated their skills and knowledge to be improved significantly (Hardy & Huber, 2013, p. 18-22); and

WHEREAS, an inservice was held on training for SMI patients and physical assessment allowing nurse to share their experiences with SMI patients. Breakout sessions were held for teach nurses how to better approach these situations. Participants took a pre and post-test which showed an improvement from an average of  4.47 to a 8.11 on a ten point scale (Hemingway, & Stephenson. 2014, p.245-247); therefore be it

RESOLVED, that Grand View Nursing Student Association write an article about the importance of specific training for psychiatric patients in a non-psychiatric setting to be published on the Iowa Association of Nursing Students (IANS) website and their news article; and be it further

RESOLVED, that IANS encourages hospitals and nursing school to use SMI training programs; and be it further

RESOLVED, that IANS encourages non psychiatric-setting health care facilities to offer all employees online/digital videos and trainings on effective care for psychiatric patients; and be it further

RESOLVED, that IANS encourages all pre-healthcare professional education tracks to include education about effective care for psychiatric patients in any healthcare setting; and be it further

RESOLVED, that IANS send a copy of this resolution to the Iowa Nurses Association, the American Nurses Association, the National Student Nurses Association, the Iowa Hospital Association, National League for Nursing, American Pharmacists Association, American Association for Respiratory Care, American Psychiatric Nurses Association, and all other organizations deemed appropriate by the IANS Board of Directors.

**Resolution # 9**

**TOPIC: TO ENCOURAGE STUDENT- PROFESSOR INTERPROFESSIONAL RELATIONSHIPS TO INCREASE MENTORING AND RELATIONSHIPS WITHIN THE NURSING CURRICULUM**

**SUBMITTED BY: Grand View University, Des Moines, IA**

**AUTHORS: Ashley Sibenaller, Alyssa Stripe, Samantha Stickels, & Mara Mooney**

WHEREAS, student-professor relationships allow discussion of career and personal decisions and promote connection on a more personal level than what students and professors would have in the classroom alone (Lewinksi, Wainwright, Gordon, & Derouin, 2016, p. 145-146); and

WHEREAS, faculty who inquire about their students’ challenges outside of the classroom are able to individualize their teaching techniques, innovate classroom strategies, and increase support and advocacy for students (Lewinski et. al., 2016, p. 143); and

WHEREAS, lack of communication between students and the professor can harm the interprofessional relationship, the learning experience, or weaken the learning environment (Altmiller, 2016, p. 118); and

WHEREAS, as professor-student relationships become more collaborative, students become active learners and feel more responsible for their education (Paige & Smith, 2013, p. 235) ; and

WHEREAS, students participating in mentoring activities yielded increased satisfaction in their career than students who did not engage in mentoring within their curriculum (Niakosari Hadidi, Lindquist, & Buckwalker, 2013, p. 157); and

WHEREAS, through the mentoring relationship, mentees are able to challenge and cultivate their nursing curriculum through their personal growth and professionalism which mentors helped them acquire (Niakosari Hadidi, Lindquist, & Buckwalker, 2013, p. 157-163); and

WHEREAS, studies show that student-professor relationships can increase the community within nursing programs and provide students with more communication with professors outside of the classroom (Lewinski et. al., 2016, p.145); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) provides education to nursing programs on the benefits of student-professor relationships outside of the classroom; and be it further

RESOLVED, that IANS encourage school chapters to implement a mentorship or interprofessional program to better facilitate the student-professor relationship; and be it further

RESOLVED, that IANS publish an article in the IANS newsletter and IANS website if feasible, and offer a breakout session at the annual IANS convention supporting interprofessional relationships between students and professors; and be it further

RESOLVED, that IANS send a copy of this resolution to the American Association of Colleges of Nursing, American Nursing Association, Iowa Nursing Association, National League for Nursing, National Student Nursing Association (NSNA), and all others deemed appropriate by the IANS Board of Directors.