**Newspapers named**

Lynne T. Braun, RN, PhD, CS, and Patricia Messmer, RN, BC, PhD, FAAN, recently joined Marlene Ruiz, RN, MA, as editorial advisors for *Excellence in Clinical Practice*. As advisors, they will author guest articles on issues and trends in nursing clinical practice and submit story ideas relevant to clinicians.

Dr. Braun is an associate professor with Rush University College of Nursing and a nurse practitioner in the Rush Heart Institute Preventative Cardiology Center in Chicago, III., and has served on the Honor Society of Nursing’s International Public Relations Committee. Dr. Messmer, a recent Founders Award recipient for excellence in nursing practice, is an associate for nursing research with Mount Sinai Medical Center & Miami Heart Institute.

**Preventing coronary heart disease in yourself and your patients**

By Lynne T. Braun

Despite a 26 percent death rate decline between 1988 and 1999, coronary heart disease remains the single largest killer among American men and women.

This reduction can be attributed to several facets of cardiovascular care, such as earlier access to medical care, improved medications and medical interventions, and public education regarding risk factor reduction. Although it is imperative that risk reduction strategies are employed by patients with known coronary heart disease (CHD), the greatest impact will be achieved in preventing the onset of CHD in susceptible individuals.

In May 2001, the National Cholesterol Education Program (NCEP) released updated guidelines titled Adult Treatment Panel III, or ATP III, which portray a more aggressive approach to preventing cardiovascular care.

**Honor Society of Nursing Sigma Theta Tau International**

**EXCELLENCE in Clinical Practice**

First Quarter 2002 Volume 3, Number 1

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**Translating differences into quality health care**

A Bosnian refugee is referred for counseling due to clinical depression that is attributed to post-war stress. A Somali woman misses her prenatal appointment that was scheduled on a Friday afternoon because she needs to go to the mosque for prayer. A Spanish interpreter arrives at the emergency department and finds that the patient he was called for speaks only Concho, a Guatemalan dialect. A Viennese immigrant delays seeking care for chest pain because he is uncomfortable utilizing the 9-1-1 emergency system.

Similar situations impacting health care access are occurring more frequently as communities across our nation are becoming more diverse. Furthermore, the extent of patient diversity is no longer limited to major metropolitan areas. Smaller urban communities are also experiencing a rapid influx of individuals from numerous regions around the world. The current environment in other countries necessitates emigration for political, religious and economic reasons. The United States may be the first stop for an immigrant or a "stepping stone" between a refugee camp and another foreign resettlement community. Thus, health care providers are finding themselves faced with the challenge of meeting the needs of patients from a myriad of ethnic, linguistic and religious groups.

Caring for these patients goes beyond the "cultural sensitivity" concepts learned in nursing school or during continuing education seminars. It is no longer sufficient to be merely aware of the characteristics of one particular culture, such as Hispanics or Native Americans. Nurses now often need mental ability to shift among different patient cultures, skills to identify cultural or linguistic resources in the community, and the ability to communicate effectively with an interpreter.

Legal and ethical considerations also specifically impact health care delivery to these patients who need communication assistance. Most providers understand the requirements of the Americans with Disabilities Act (ADA) as it pertains to the use of professional sign language interpreters for deaf or hard-of-hearing clients. Health care agencies are becoming increasingly aware of the requirement to comply with Title VI of the Civil Rights Act of 1964. Guidelines for this statute have recently been issued by the Office of Civil Rights, which oversees the mandatory provision of free oral and written language services to Limited English Proficient (LEP) patients. The Health Care Financing Administration (HCFA), the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), professional codes of ethics and professional licensure guidelines address clinical requirements for confidentiality and safety, both of which can be threatened without adequate communication. Therefore, regardless of...
The nurse who would be queen

Melodie Chenevert, accepting the Edith Moore Cablepand Award for Excellence in Creativity, began her speech in a tasteful but dull navy blue suit. As the audience watched, she dashed from the stage and returned as the undisputed quick-change Queen of Nursing. She told them, “You can’t buy an outfit like this off the rack.”

“Actually, it was years in the making. Over the last eight years I collected bits and pieces and fragments of what I knew they would eventually become... if anything!”

“Basically, I ended up splicing a man’s Mardi Gras costume bought for $20 in New Orleans about six years ago with a robe bought for $10 at a flea market in Maryland. The crown is a slightly embossed tea corgy I bought in downtown’s Heathrow Airport about eight years ago.”

“I would never have gotten to model these royal rags for you if it weren’t for two lazy nurses from Ohio who nominated me for the Founders Award for Creativity: Chris Brugar and Mary Beth Modic. If I had my career to live over, I would like to grow up to be just like them.”

“In her wonderful little book, Writing a Woman’s Life, Chris Brugar began her speech in a Heilbrun (1988) shares a secret. Growing up she loved reading detective stories and when she ran out of stories to read, she began writing them. As a professor of English literature at Columbia University, she knew she would never be granted tenure if she wrote anything as mundane and tacky as detective novels, so for many years she wrote under the pseudonym Amanda Cross. On the last page of that book she writes: I once titled an Amanda Cross detective novel Death in a Tempted Position, and it occurs to me now that as we age many of us who are privileged—not only academics in tenured positions, of course, but more broadly those with some assured place and pattern in their lives, with some financial security—may be in danger of choosing to stay right where we are, to undertake each day’s routine, and to listen to our arteries hardening. I do not believe death should be allowed to find us seated comfortably in our tenured positions... Instead, we should make use of our security, our seniority, to take risks, to make noise, to be courageous, to become unpopular.”

“Since Florence Nightingale laid the foundation for nursing, during more than 150 years ago, we have gathered bits and pieces and fragments, not just the two bits and pieces that this year’s Founders Award winners have, but the whole welter of bits and pieces that make up life.”


Fasten your seatbelt and get ready to... 

Launch into a New Professional Orbit

Professional Development

Conferences

These four conferences will give you the edge in establishing a successful career. You can take the courses in any combination. Start your adventure by attending the preconference for free, where you can visit exhibitors and earn continuing education hours.

Dates and Locations

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<td>Preconference</td>
<td>9/26/02</td>
<td>October 17-20, 2002.</td>
<td>$175 for one day; $275 for both days.</td>
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<td>Conference 1</td>
<td>10/19-22, 2002</td>
<td>October 19-22, 2002.</td>
<td>Registration fee for each track (3-4, $175 per day; Track 1 and Track 2, $275 per day).</td>
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<td>Conference 3</td>
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<td>December 15-19, 2002.</td>
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<td>1/10-13, 2003</td>
<td>January 11-15, 2003.</td>
<td>Registration fee for each track (3-4, $175 per day; Track 1 and Track 2, $275 per day).</td>
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Visit www.nursingsociety.org for hotel information and other details.

Chris Brugar and Mary Beth Modic pose with “queen” Melodie Chenevert, winner of the Honor Society of Nursing Founders Award for excellence in creativity. 

knowing exactly what professional nursing would eventually become.

“it is time for nursing to get its act together. It is time for us to take risks, to make noise, to be courageous, to become unpopular.”

“it is time for us to create a health care environment in which nurses rule!”

References


Connect with us:

Visit www.nursingsociety.org

Fees and Registration Information

$175 for one day, $275 for both days. 

Registration fees for each track include instructional materials and continental breakfast. Discount of 25% for students (both student ID and 10% for Sigma members). 

Amount Enclosed

Send payment to: Nursing Spectrum, PO Box 33130, Walnut Creek, CA 94597-1301

Contact us:

www.nursingsociety.org

For more information, please visit www.nursingorganizations.com

Call (800) 932-1877 or send email to service@nursingsociety.com

Conference 1 Career Development

Day One: Clinical Alternatives in Nursing 

By Donna Cardillo, RN, BS, Nursing Spectrum's "Dear Donna" 

―Don’t feel stuck in a rut. Reassess your current work with the most up-to-date and comprehensive seminar of its type. Over 60 career options available to nurses, including parish nursing, mental health, medical school teaching, fitness industry, pharmaceutical industry, occupational health, research nursing, V.A. V.E.N. care, and youth health.

Day TWO 

Be All You Can Be: Be Full Up Your Career 

By Donna Cardillo, RN, BS, Nursing Spectrum's "Dear Donna" 

―Maybe you’re happy with your career, but you’re not sure where to go from here. Or maybe you’re looking for the next step up or a way to change your skills. This seminar is for you. You’ll learn a way to assess your current skills, such as networking (how to REALLY do it), improving your business writing, working with your supervisor, and even how to boost nursing’s image too!

Conference 2 Leadership Development

Day ONE: Clinical Leadership — You Don’t Have to Be a Manager to Lead It 

By Gail Lingard, RN, BSN, MAN, NAPN 

―Every nurse is leader — a leader who can make changes in clinical practice to improve patient care — and hence — fulfillment. Track NOW or EXEMPLAR is for nurses who are ready to jump in and try your hand at being a leader. You’ll learn skills for effective change, the components of leadership and even how you can become a leader in nursing. 

Day TWO: 

Be A Leader! 

By Donna Cardillo, RN, BS, Nursing Spectrum's "Dear Donna" 

―You are a leader, whether you know it or not! This seminar is for nurses who want to take a proactive role in the development and growth of their own nursing leadership skills. You’ll learn skills for effective change, the components of leadership and even how you can become a leader in nursing.

Conference 3 Exceptional Nursing Practice 

Day ONE: Clinical Practice Excellence 

By Dr. James O’Shea, MD, PhD, Founders Award Winner for Excellence in Clinical Practice 

―At the request of health care organizations, Voices For Health added

Conference 4 Advanced Practice 

Day ONE: Advanced Practice in Nursing 

By Dr. James O’Shea, MD, PhD, Founders Award Winner for Excellence in Clinical Practice 

―At the request of health care organizations, Voices For Health added

Conference 5 Interprofessional Practice 

Day ONE: Interprofessional Practice 

By Dr. James O’Shea, MD, PhD, Founders Award Winner for Excellence in Clinical Practice 

―At the request of health care organizations, Voices For Health added

Conference 6 Nursing and the Business Environment 

Day ONE: Nursing and the Business Environment 

By Dr. James O’Shea, MD, PhD, Founders Award Winner for Excellence in Clinical Practice 

―At the request of health care organizations, Voices For Health added
New honor societies chartered

New chapters in 12 states and three nations will add more than 3,000 members

The following honor societies have been welcomed into the Honor Society of Nursing: Sigma Theta Tau International by the House of Delegates session at the biennial convention in Indianapolis, Indiana University College of Nursing, Bloomington, Indiana; Carson-Newman College, Jefferson City, Tennessee; Clarke College, Dubuque, Iowa; Dalhousie University School of Nursing, Halifax, Nova Scotia, Canada; Florida A&M University, Tallahassee, Florida; Framingham State College, Framingham, Massachusetts; Mount Carmel College of Nursing, Columbus, Ohio; Northern Kentucky University, Highland Heights, Kentucky; Presentation College, Aberdeen, South Dakota; Shenandoah University, Winchester, Virginia; Southeastern Louisiana University School of Nursing, Hammond and Baton Rouge, Louisiana; Southern Adventist University School of Nursing, Collegedale, Tennessee; University of Sao Paulo at Ribeirao Preto College of Nursing, Ribeirao Preto, Brazil; University of Ulster and Houghton School of Nursing and Health Practice, Enniskillen, Northern Ireland; Winston Salem State University, Winston Salem, North Carolina.

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Great support shown for research funds

Silent Auction, Fitness Walk/Run again successful contributors

Nurse researchers around the world will benefit from the generous show of support from colleagues and friends who willingly gave gifts and dollars to the annual Board of Directors Silent Auction and the Fitness Walk/Run.

Gifts poured in from chapters and individuals to create an intriguing array of more than 100 items for convention participants to bid on at the Silent Auction. The event raised more than $11,000, and buyers benefited by purchasing items ranging from historical nursing textbooks and regional creations to original watercolors and jewelry.

The Walk/Run raised more than $5,200 as 351 fitness enthusiasts contributed funds for research. The Alpha Chapter from the Indiana University School of Nursing provided the sponsor and volunteers for this year’s event.

Wyeth-Ayerst sponsored the CyberCafe, giving convention attendees the opportunity to view online demonstrations of services available on the Honor Society of Nursing Web site, www.nursingsociety.org. Demonstrations included the Virginia Commonwealth University and The University of Akron for research funds.
PREVENTING CORONARY HEART DISEASE FROM PAGE 1

or the internal arterial layer. Numerous epidemiological studies identify elevated LDL cholesterol as a major cause of CHD, and clinical trials show that lowering LDL cholesterol reduces CHD events and mortality.

Therefore, the initial goals of therapy are stated in terms of LDL cholesterol and adjusted according to the presence of CHD (or CHD equivalents) and the number of risk factors (Table 1). In other words, the LDL goal of someone with CHD will be different from the LDL goal of someone with risk factors but no CHD.

In people without CHD or CHD equivalents, the new guidelines direct caregivers to calculate a 10-year risk score. This approach allows better targeting of aggressive treatment to people who will most benefit from it.

Embracing a healthier lifestyle

ATP III recommends a multifaceted lifestyle approach to CHD risk reduction. The essential components of therapeutic lifestyle changes are listed below. Nurses in all facets of cardiovascular care should spend a great deal of time educating patients on lifestyle changes designed to reduce their risk of CHD.

1. Diet. Saturated fat should be less than 7 percent of total calories and cholesterol intake should be less than 200 mg per day.
2. Lower LDL cholesterol by consuming plant stanols/sterols (2 g per day) and increased viscous (soluble) fiber (10-25 g per day).
3. Weight reduction/management.
4. Increased physical activity.

When making these lifestyle changes, particularly the exercise, it’s important to consider scheduling these new habits into a day. Also, regimens such as this may not work for everyone. In other words, every minute of exercise counts—take stairs instead of an elevator or park farther away from the destination. It all counts.

People also need to understand the components of heart healthy diet and read labels when you shop. It may be useful to have at least a single appointment with a dietician or nutritionist to perform diet history and identify the target areas where changes should be made. And moderation is the key. Favorite foods shouldn’t be eliminated—just moderated.

Hospitalized patients in your care

When patients are admitted to the hospital for a coronary event, a lipid panel should be obtained within 24 hours. The guidelines recommend that patients be discharged on drug therapy if the LDL cholesterol is ≥ 130 mg/dL. However, many clinicians would institute LDL-lowering drug therapy for an LDL cholesterol ≥ 100 mg/dL. The rationale for early treatment is twofold:
1) To begin risk-lowering interventions as soon as possible.
2) To avoid a “treatment gap” if outpatient follow-up care is inconsistent.

Beyond LDL cholesterol lowering

In addition to LDL cholesterol, another treatment target is the metabolic syndrome, a constellation of risk factors associated with insulin resistance—elevated triglycerides, low HDL cholesterol, overweight/obesity, elevated blood pressure and elevated fasting glucose. The first line of therapy is weight loss and aerobic exercise, both of which improve all of these factors and lower insulin resistance. Once weight loss and exercise efforts are maximized, the guidelines recommend diligent treatment of all lipid and non-lipid risk factors if they persist despite lifestyle changes.

An elevated triglyceride level is an independent CHD risk factor separate from the risk associated with high LDL cholesterol. ATP III identifies non-HDL cholesterol (total cholesterol minus HDL cholesterol) as a secondary target of therapy in persons with high triglycerides ≥ 200 mg/dL. The non-HDL cholesterol goal should be set at 30 mg/dL higher than the LDL cholesterol goal. For example, if the LDL cholesterol goal for a patient with diabetes and high triglycerides is < 100 mg/dL, the non-HDL cholesterol goal is < 130 mg/dL. A high triglyceride level is treated by intensification of a weight loss and physical activity program with the addition of drug therapy if necessary.

For more information

The new cholesterol guidelines are exciting and impressive. Visit our website for nurses interested in preventive cardiovascular care. The full report may be found in the Journal of the American Medical Association 2001, 285:2486-2497. Additional information, including clinical resources, may be obtained by contacting the Preventive Cardiovascular Nurses’ Association, Inc. at 800-831-5683 or www.pcna.net.

Lynne T. Braun, RN, PhD, CS, is an associate professor with Rush University College of Nursing and a nurse practitioner at the Rush Heart Institute Preventative Cardiology Center in Chicago, Ill.

Table 1.

LDL Cholesterol Goals and Cutpoints for Therapeutic Lifestyle Changes and Drug Therapy in Different Risk Categories

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>LDL Goal</th>
<th>LDL Level to Initiate Therapeutic Lifestyle Changes</th>
<th>LDL Level to Consider Drug Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHD or CHD risk equivalents (10-year risk ≥ 20%)</td>
<td>&lt; 100 mg/dL</td>
<td>≥ 100 mg/dL</td>
<td>≥ 130 mg/dL</td>
</tr>
<tr>
<td>2+ risk factors</td>
<td>&lt; 130 mg/dL</td>
<td>≥ 130 mg/dL</td>
<td>10-year risk 10-20%</td>
</tr>
<tr>
<td>0-1 risk factor</td>
<td>&lt; 160 mg/dL</td>
<td>≥ 160 mg/dL</td>
<td></td>
</tr>
</tbody>
</table>

*Clinical CHD, symptomatic carotid artery disease, peripheral arterial disease, abdominal aortic aneurysm, diabetes

Assess the risk

A second critical step in determining the intensity of therapy is risk factor assessment. The major risk factors, other than LDL cholesterol, that may modify LDL goals are:

1. Age: Men who are ≥ 45 years or women who are ≥ 55 years.
2. Family history of premature CHD in a first-degree relative male < 55 years or female relative < 65 years.
3. Hypertension. Blood pressure is ≥ 140/90 mmHg or person is taking antihypertensive medication.
5. Low HDL cholesterol (< 40 mg/dL).
6. A low level of high density lipoprotein (HDL) cholesterol is a risk factor since HDL is considered to be cardioprotective. HDL particles carry cholesterol from the periphery back to the liver where it can be metabolized. ATP III increased the low HDL cholesterol category from < 35 mg/dL to < 40 mg/dL.

Diabetes is not included as a risk factor because it is considered a CHD risk equivalent. Patients with diabetes and significant vascular disease are placed in the highest risk category regardless of how many risk factors they have. Preventive strategies will be as aggressive as though they have known CHD with an LDL goal < 100 mg/dL.

Renew your membership today!

Here are three easy ways to keep your Sigma Theta Tau membership active:

1) Log on to www.nursingsociety.org
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3) Send renewal form by mail or fax

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