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June 2013 Vol. 20 No. 12

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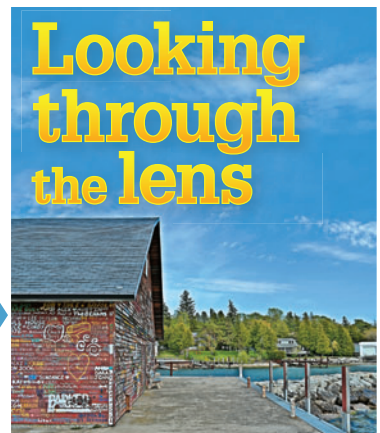
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Long before she was a travel nurse, Sherry Atwell, had an eye for photography. Now, she uses travel assignments as an opportunity to create destination art.

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YOUR VOICE

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05.13 Question of the Month

Given the chance, is there a nursing specialty that you would pursue?



YOLANDA RICHMOND

Nephology...my Dad was a dialysis patient and hated it! He often skipped treatment and fussed about the staff. I often wondered could they really be that bad, I wanted to make a difference.

April 29 at 11:02am via mobile · Like

VALARIE WONDER

Home care. Its just my niche. I love every minute of being a home care nurse.

April 29 at 11:16am · Like

JOYCE HEBBERT

Labor and Delivery

April 29 at 4:25pm via mobile · Like

AMY REYNOLDS

been an RN since '86. worked floors, tele, ICU/CCU, ER. last 15 years in the OR. that's the great thing about nursing- you should never get bored, there's always the opportunity for a new challenge!

April 29 at 6:58pm · Like

TINA MEADOR

I would like to try my hand at ICU

April 29 at 10:48pm · Like

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TO 10 STATES TO TRAVEL

Most healthcare travelers will tell you that they have the unique opportunity to experiment with different cities, towns, and environments. However, some states stick out more than others for assignments.

Have a favorite state for an assignment? Let us know at:

HealthcareTraveler.com/TopStates

TOP 7 NURSING SPECIALTIES

Last month we profiled seven strong performers in the nursing industry: ICU, neonatal, dialysis, OR, telemetry, labor and delivery, and ER nursing.

Is there a specialty that we overlooked? Let us now at:

HealthcareTraveler.com/Specialties

YOUR HEALTH

A recipient of the prestigious IDEA Lifetime Achievement Award, Kathy Smith has enlightened millions about the virtues of physical fitness. You can catch her column in the next issue of *Healthcare Traveler*.



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Twitter Talk

Other people & organizations tweeting about issues that matter to you. Find out who was saying what about National Nurses Week that happened in May.

STEVE P RICHTARITSCH
@STEVERMT

I'm at St. Mary's Hospital in Kitchener Supervising my students for #nurseweek #massagetherapy. An excellent way to give back to nurses!

HAND TO HOLD

@ATX_HANDTOHOLD

Sending virtual hugs to the #NICU nurses who cared for our babies. We love you! #NurseWeek

THE JOINT COMMISSION
@TJCOMMISSION

Did you know many #TJC employees are nurses? We'd like to honor them for #NurseWeek 2013 pic.twitter.com/CkuFw5AARz

SEN. ROBERT MENENDEZ

@SENATORMENENDEZ

It's Nat'l #NurseWeek & we must cont boosting nursing workforce. Signed letter recently abt nursing development prgms: 1.usa.gov/10j8OxK

MY LEG, MY CHOICE

@MYLEGMYCHOICE

Eight Types of Nurses You Never Knew Existed [#woundnurse](http://ow.ly/kSFJt) #NurseWeek

YALE-NEW HAVEN HOSP

@YNHH

It's National Nurses Week. Let us know how a nurse has made a positive impact on your life: on.fb.me/ZKUzTe #nurseweek



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Travelers know best

The old idiom of “Mother knows best” is a maxim that can be applied to almost any situation except when you’re referencing Father’s Day.

Basically the lesson is: If you want an expert on a subject, go to the person that knows best. In the world of healthcare traveling, travelers know best, especially issues that impact their careers the most.

They know what salaries are competitive, what staffing firms deal squarely, what hospitals are considered good assignments sites, and what specialties hold the best opportunity in the market.

In our main story, “Travelers tap hot-button issues,” we queried readers about the professional topics that they considered the most pressing. Once a list was tallied, we asked six travelers to provide their take on on a range of topics including:

- pay
- education, and
- licensure

What happens within nursing during the next 20 years is anyone’s guess. There’s the philosophy that many nurses are old and will retire soon, just when the wave of baby boomers hits retirement age themselves, requiring more nursing care. Some staffing experts believe this trend will spur high demand for qualified nurses — both permanent staffing and traveling.

Of course, nothing is simple for long. The Patient Protection and Affordable Care Act places increased emphasis on a competent healthcare corps that includes better-educated nurses playing more prominent roles in patient care. Education, credentialing, and licensure are part of a growing nursing industry, as travelers know.

Opinions vary, however. The hot-button issues that one traveler finds pressing, might leave another traveler cold. Is there an issue that affects your livelihood as a healthcare traveler? Let us know at: HealthcareTraveler/TravelerIssues. ■

YOUR VOICE



What travel industry issue is most important to you?

Answer at [Facebook](https://www.facebook.com/HealthcareTraveler/TravelerIssues) by going to HealthcareTraveler.com/TravelerIssues

David J. Bennett

David Bennett

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Demand for travelers varies near and far

The demand for travelers in both specialties and locations changes regularly, from year to year. We asked **Becky Kahn**, division president of local staffing and strategic accounts for AMN Healthcare, to weigh in on where healthcare traveling opportunities are thriving.

Geographically, where are nurses and other travelers currently finding the most career opportunities?

Kahn: We track where our travelers are placed by state, and it varies depending on the time of year. Right now the top four states are Florida, New York, California, and Texas. In part that's because those areas have large populations, but with Florida and Texas, it's also because those are states that retirees flock to during the winter months. This summer, we'll probably see more orders for places in the Northeast like Boston and New England as retirees return home and people vacation in those areas.

Let's single out Arizona, which has seen a steady stream of retirees go there in the winter the last few years. Is demand for travel nurses in that region following that trend?

Kahn: While we have seen some slight increases in Arizona, demand is still relatively low there, as the economy and other state issues have lessened the number of visitors going to Arizona for the winter. Texas has become the new Arizona and Florida, and demand there has increased overall.

So these seasonal fluctuations are normal for the travel industry?

Kahn: Yes. Using travelers makes perfect sense when they know their census is going to increase for three or four months, and then fall back to

normal levels. They can use travelers when their need is at a peak, and then return to their usual staffing levels when the census drops back down.

What states have you seen decreased demand?

Kahn: There seems to be fewer orders coming out of the Midwest. We expect it's because of the unemployment rate; hospitals are able to hire and keep more permanent nurses.

What nursing specialties are seeing more travel opportunities now?

Kahn: Currently the top five are: ICU, ER, OR, telemetry, and med/surg. It's interesting that med/surg has made its way into the top five, because that's usually where hospitals have been able to place new grads. We think this is an indicator that more nurses who have been working permanently are returning to traveling.

Does demand fluctuate seasonally when we are talking about nursing specialties?

Kahn: Somewhat. We didn't have a big flu season this year, but sometimes that's a factor. We're starting to see an increase for labor and delivery because more babies are born in the summer. And, we're getting a lot of orders for ER nurses. We think that's due, in part, to more unemployed and uninsured patients using the ER as their entry into the healthcare system.

What areas are nurses in especially short supply which travelers can fill the void?

Kahn: In some of the very highly specialized areas such as PICU, NICU, and pediatric OR, it's very hard to find travelers to fill positions. ■

Editorial Advisory Board

Healthcare Traveler's Editorial Advisory Board was established to provide the magazine with input from industry leaders to help develop editorial content. Members are chosen by the magazine's editors to offer insight into the topics covered by *Healthcare Traveler*, and to provide a voice and leadership for the healthcare traveling industry.

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Nurse communication can improve other measures, says study

A new study released by Press Ganey Associates indicates that hospitals could potentially affect 15 percent of their value-based purchasing (VBP) incentive payments by focusing on bettering nurse communication.

In the second of its *Performance Insights* series, Press Ganey identified nurse communication as a “rising tide measure.” According to the company, when hospitals improve nurse communications with patients, they will likely see associated gains in other scores: responsiveness of hospital staff, pain management, communication about medication, and increased overall patient experience scores.

The report, *The Rising Tide Measure: Communication with Nurses*, is based on an analysis of more than 3,000 U.S. acute care hospitals using publicly available data.

The company says there is a growing body of evidence that suggests performance on the Hospital Consumer Assessment of Health Care Providers and Systems survey, which includes a Communications with Nurses dimension, is strongly associated with hospital performance on other Centers for Medicare and Medicaid Services payment programs.

The report focuses on improvement efforts on the communication with nurses dimension is an opportunity to maximize VBP incentive payments

and improve hospital performance on other pay-for-performance incentives.

For more on the benefits of positive communication in nursing, go to Jennifer Fink’s column in the May 2013 issue of *Healthcare Traveler*.

ANA pushes agenda to solve nursing staff challenges

The American Nurses Association (ANA) is convening a staffing conference, *Fostering Innovative Staffing Solutions*, later in the year to help empower nurses to discover, learn, and create inventive solutions to the complex challenge of determining and delivering appropriate nurse staffing.

Co-hosted by the American Nurses Foundation, the conference in Washington, D.C. will provide attendees with new tools, strategies, approaches, and other practical solutions to help nurses develop staffing plans that will elevate patient care and foster more efficient, affirming work environments.

The day and a half conference takes place November 8-9 at the Washington Hilton. Conference attendees can expect engaging multimedia presentations on nurse staffing experts on real-life examples of specific staffing solutions. Attendees will also learn about the latest technological advances in staffing designed to optimize staff, reduce costs, and improve patient outcomes. ■

Legislative Corner

Nurses welcome RN-to-patient staffing ratio bill

National Nurses United, the nation’s largest organization of nurses, today greeted the re-introduction of a bill in the House of Representatives by Rep. Jan Schakowsky of Illinois – appropriately during Nurses Week – that would set specific limits on the numbers of patients each RN can care for in hospitals throughout the U.S.

HR 1907, the Safe Nurse Staffing for Patient Safety and Quality Care Act, establishes minimum RN ratios for every hospital unit at all times. It proposed legislation also provides whistleblower protection to assure that nurses are free to speak out for enforcement of safe staffing standards.

The bill complements Senate legislation, S 739, re-introduced last month by California Sen. Barbara Boxer.

Both bills are modeled on a California law that studies have documented has saved patient lives, improved the quality of care in multiple other ways, and reduced nurse burnout keeping the most experienced RNs at the patient bedside.

“Rep. Schakowsky, Sen. Boxer, and the co-sponsors have earned the thanks of patients and nurses throughout the country for standing up for the one staffing reform that has the greatest immediate impact on protecting patients and saving lives. In California we have seen the results,” says Deborah Burger, a California RN and co-president of NNU, which is the lead sponsor of both HR 1907 and S 739, in a prepared statement.

In addition to the two national bills, NNU is sponsoring or supporting patient protection act, nurse ratio campaigns in the District of Columbia, Florida, Illinois, Massachusetts, Michigan, and Texas.

CALENDAR OF EVENTS

AHNA’s 33rd Annual Conference: Oceans of Possibilities June 5-8, 2013 — Marriott Waterside, Norfolk, Va.

This annual conference of the American Holistic Nurses Association will explore possibilities for nurses to deepen their

influence in all healthcare settings, provide information on the role of nurses in the Affordable Care Act and point to innovative strategies for transforming a nursing practice.

www.ahna.org



Parking costs are often part of overall housing expense

Finding a rental home or apartment that includes monthly parking can reap considerable savings.

For many renters living in congested, fast moving cities, including healthcare travelers on assignment, paying for a simple concrete space costs almost as much as leasing an apartment. A parking space is considered an amenity and can cost anywhere from \$150 to \$500 per month, per car.

Before you commit to signing your lease while on your next assignment, confirm if parking is free for all. Many communities offer one parking option per rental, usually an assigned space.

If you were renting a larger two-bedroom apartment, you would need to discuss if an additional space is available at no charge. If the building you are moving into offers parking, discuss what sort of parking facility the community has. It is very important to get the answers to some key questions:

- Is the parking facility an enclosed garage or an outdoor lot?
- Does the outdoor lot offer covered parking?
- How safe and secure is the parking structure?
- How far away is the parking from my apartment?
- Are private garages offered? If so,

what is the cost?

- Can the assigned space accommodate both my car and motorcycle?
- Can I utilize my parking space for storage?
- Are there height/length restrictions in the garage area?
- Are parking spaces assigned to each tenant?

If you find an apartment or sublet you are interested in and it does not offer parking, discuss with your landlord or broker if there is competition with nearby street parking and if parking permits are needed.

In the parking zone

A lack of curbside parking in many cities leaves automobile owners driving around neighborhood blocks for hours. If you are lucky to land a spot with or without a meter, look for posted signs and know that each sign's enforcement zone extends for 100 feet in each direction.

In Los Angeles, they replaced the older coin meters with new smart meters that accept cash and credit cards. These smart meters are programmed to not accept payment during restricted parking times and will alert you if you happen to park during a tow-away time period.

If you want to avoid the possibility of multiple parking tickets or getting your car towed, you may need to buckle down and find a nearby garage that offers monthly parking. Most parking lots are open to negotiation on pricing.

Many garage or lot signs have you inquire within for the monthly rate. To avoid circling the blocks for hours looking for an available garage, con-

sider parking search engines. There are many easy to use websites available nationwide, such as; ParkingSpotter.com and BestParking.com where parking lot and parking garage owners post available spaces by the day or month.

Most department of transportation agencies offer online maps that show the approximate location of city parking lots, too. Motorists can search by address or region. For example, San Francisco has a program from SFMTA [San Francisco Municipal Transportation Agency] called SF Park that assists drivers with real time information about where parking is available so drivers can find open spaces. There is even a free app where you can check parking availability and pricing right from your smartphone.

I recently housed an RN in San Francisco who was flabbergasted by the high parking garage rates. He is living in a beautiful studio apartment in the Pacific Heights area; the monthly parking [attached to building] is more than \$375 a month, which does absorb a chunk of his housing budget. However, he sees this costly parking space as a worthy investment as he doesn't have to park blocks away from his residence and he doesn't have to park at the hospital, which charges a high daily parking rate.

Parking at the workplace

If you want to make your daily commute less stressful, leave your car in the garage and take public transportation into work. Check with your employer if the hospital you are assigned at charges for daily parking. Some of the medical centers can charge up to \$22 per day.

Attention travelers

Have a question for Nora about housing? Send it to dbennett@advanstar.com and it could appear in the next edition of "Housing Hints."

Urban parking rates vary

Midtown and downtown Manhattan were the two most expensive places in the United States to park in 2012, with median monthly rates at \$562 and \$533, respectively, according to Colliers International's annual survey of parking rates in North America. To simplify the list, we omitted all Canadian cities.

The next most expensive U.S. city to park is Boston at \$405, 28 percent less per month than midtown Manhattan and well above the national average of \$166.26 per month. The top 10 U.S. cities with the top monthly parking rates are:

New York (Midtown)	\$562.00	Chicago	\$289.00
New York (Downtown)	\$533.00	Seattle	\$285.00
Boston	\$405.00	Washington, D.C.	\$270.00
San Francisco	\$375.00	Honolulu	\$230.00
Philadelphia	\$313.25	Los Angeles	\$220.93

Check with hospital's website for parking details and rates. As with most hospitals, they do offer details on public transportation to the facility, as well as route and site maps.

The problem of parking has become more difficult as populations expand in both big and small cities. While you can try to get lucky with off street parking, invest in a nearby parking garage that will not only guarantee a spot for you, but save you time and make your commute less stressful by cutting down on your driving time. ■

Nora Adams is director of corporate housing for Emerald Health Services in Marina del Rey, Calif.



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Travelers tap hot-button issues

Today, healthcare travelers must be better-educated, more versatile professionals. With change comes challenges, as our panel of travelers explains.

Anne Baye Ericksen

With only six months left until the Patient Protection and Affordable Care Act (ACA) is put into practice, the healthcare industry is preparing to adapt.

For example, over several years, hospitals nationwide have been analyzing and installing electronic medical records (EMRs) systems — based on the principle that electronic records provide the combined benefit of securing patient information and cutting down healthcare costs — ahead of the 2014 deadline.

As a result, administrators are trying to gauge whether current staffs will be capable to accommodate the new technology, not to mention the prospective influx of new patients that the ACA is expected to usher into the country's healthcare rolls during the next decade as health insurance mandates take effect.

Hospitals and health systems continue to equip and staff themselves in the wake of a slowly rebounding economy, which pushed hard at operating budgets and shifted hiring trends. The healthcare industry continues to deal with complex and evolving circumstances, including the employment of healthcare travelers who remain on call due to staffing shortages in most regions.

But what does it all mean for individual healthcare travelers? Will ACA implementation boost your earning potential or create a conundrum for career advancement? Have EMR projects created opportunities or an extra burden of having to learn even more technology when moving from one hospital to the next?

Healthcare Traveler wanted to know travelers' take on these and other relevant topics so we asked six healthcare travelers from different parts of the country to weigh in on where the traveling industry stands now, and what hot-button topics loom on the horizon. Some topics they also voiced their concerns regarding:

- salaries,
- EHRs
- their own health insurance needs,
- education, and
- licensure.

How would you describe the vitality of the healthcare travel market today?

Brian Koetkemeyer: The recession hit surgical technologists very hard. But since the economy started to pick up about two years ago, the travel market has been fair.

Judy Starr: I personally have not had an issue of finding jobs, but when I talk with seasoned travelers, they say business is picking up.

Vicki Moore: The market does seem to be growing. I took a permanent position when opportunities dropped off a few years ago. The reason I came back to traveling last year is because there seemed to be more assignment availability in my specialty. I think there will continue to be a trend of filling short-term positions because hospitals may not want to fill a full-time position until they can prove that long-term staffing need.

Panel participants



Brian Koetkemeyer Staffing firm: **Accountable Healthcare Staffing, Boca Raton, Fla.**; Home state: **Kansas**; Specialty: **surgical technologist**; Years in practice: **30**; Years as a traveler: **15**



Vicki Moore, RN, PALS, ACLS Staffing firm: **Medical Solutions, Omaha, Neb.**; Home state: **Wisconsin**; Specialty: **post-anesthesia care unit, pre- and post-operative, same-day surgery**; Years in practice: **34**; Years as a traveler: **4**



Maggie O'Leary, RN, BSN Staffing firm: **On Assignment, Calabasas, Calif.**; Home state: **Illinois**; Specialty: **neonatal intensive care unit**; Years in practice: **5**; Years as a traveler: **3**



Jody Prestine, RN Staffing firm: **CRU48, Boca Raton, Fla.** Home state: **Michigan** Specialty: **progressive care and telemetry** Years in practice: **27**; Years as a traveler: **12**



Anna Siwczak, RN, ACLS, PALS, TNCC Staffing firm: **HRN Services Inc., Glendale, Calif.** Home state: **Michigan**; Specialty: **emergency** Years in practice: **7**; Years as a traveler: **4**



Judy Starr, RN, BSN, CPN Staffing firms: **Medical Solutions, Omaha, Neb., and Randstad Healthcare, Woburn, Mass.** Home state: **Pennsylvania**; Specialty: **pediatrics** Years in practice: **9**; Years as a traveler: **2**

Maggie O'Leary: Even though they continue to be short staffed, hospitals are not taking the time to train new graduates because it costs so much money. I think they would rather have a traveler fill in temporarily than hire new grads they have to train.

In your opinion, what is the biggest concern for travelers today?

Koetkemeyer: Consistency in pay; I would say there's been a 5 to 10 percent drop in pay rates.

Jody Prestine: Most travel assignments do not pay much more than what I could earn as staff. I could hire onto a local hospital at the top of the pay scale because of my 27 years of nursing experience. It's the flexibility of the traveling that keeps me on the road.

O'Leary: Pay rates have gone down so much. The rate for a job I applied for last year dropped by almost half six months later when it opened up again. Of course, location and cost of living have something to do with the rates. The majority of people who choose urban contracts do so because they want to experience city life, but it's expensive. Also, if you want to go to a popular area, hospitals will receive dozens of applicants to choose from because everyone wants to be there, and as a result, they may not pay top rates. Meanwhile, smaller community hospitals are paying more. I took a contract in Oceanside, north of San Diego, because it paid so much more than the contracts in San Diego, almost double.

Generally speaking, do you expect the Affordable Care Act to be a positive or negative change?

Koetkemeyer: I think it will be a good thing for healthcare. I have friends who work all their lives and can't afford health insurance the way it works now.

Moore: Everywhere you go, people with good insurance get surgeries, but those who do not have insurance or have high

deductibles postpone and wait to come in until it's almost too late. Like with total joint surgeries, a lot of people will wait until they qualify for Medicare, and by then, they are in such pain that it's affected their quality of life.

O'Leary: I also think it will be a positive thing. I work with a lot of parents who don't have insurance or not enough insurance and hospitals have to pick up the slack because the NICU is incredibly expensive.

How do you think the ACA will directly affect you?

Prestine: I've been wondering how the insurance requirement will work. I took six weeks off last summer so I lost coverage through my staffing company. Then I had to wait another six weeks to get insurance again because it didn't kick in on the first day of my next contract. It would make me feel better if I had uninterrupted health insurance.

O'Leary: I'm young and healthy, but if you have diabetes or live with chronic medical conditions and you're not covered, you can't get the things you need. Also, anything could happen that you need that insurance. Some companies offer insurance on Day One, but not everything is covered. Others

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What travel industry issue is most important to you?

Answer at Facebook by going to HealthcareTraveler.com/TravelerIssues



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offer it after a 30-day period, but by then, your contract is halfway over. There's going to be a change for a lot of travelers when everyone is required to have health insurance at all times. We'll see how that develops.

Starr: I had insurance through my spouse, and when that ended, I had to figure out a different method. We went a couple of months without it, but I decided to purchase my own policy. It's portable and not as expensive as you might think.

Koetkemeyer: When you are between contracts or switch staffing companies you either go without or sign up for COBRA coverage, which can be ridiculously expensive. I pay out of pocket for a personal policy. It's easier for me because sometimes I use different agencies. Some companies will reimburse you and I appreciate that. In a perfect world, though, I think staffing companies should come together to offer one type of health insurance for the whole industry. That could keep costs down because all travelers would be covered by the same carrier.

More and more hospitals are installing electronic health records. Has that influenced the demand for travelers?

O'Leary: Conversions are a hard thing. Regular staff is pulled off bedside duties to train and the hospital needs extra staff to keep treating patients. I think more travelers will be needed as more hospitals go online.

Moore: Two of my recent assignments were because the organizations were changing to new computer systems—one was just going electronic from paper charting and one was switching programs. It might take a few more years for all facilities to officially convert to EHRs, and once they all have, the need for travelers could decline.

There's been a national push for nurses to be bachelor's (BSN) degree-prepared. Has that movement hit the travel industry, too?

Starr: I knew hospitals would be pushing for it, so I was proactive before I left my permanent job and I got my certification and BSN.

Anna Siwczak: I'm still in school for my degree, so some hospitals won't take me because I don't have it yet. The push for nurses to go back to school for their degrees may become a bigger problem for some travelers in the future.

Prestine: I don't know of one BSN nurse who makes more money than I do, and I'm not BSN. Nor have I had a bit of trouble getting a job because of my years of experience. Also, at 55 years old, I would never recoup the thousands of dollars I would spend going back to school.

Moore: Getting the degree for us older nurses is frustrating; however, one great thing about travel nursing at our age is that our years of experience make us more marketable.

Is there anything new with licensing that affects your ability to secure assignments?

Starr: In fact, the biggest issue I have about traveling is finding an assignment in a state I have a license for or a state that would help me obtain a license quickly.

Prestine: What gripes me is that there ought to be a national nursing license. We're all held to the same standards.

Moore: My home state is a Compact state, but I have found that a lot of Compact states don't have travel jobs for my practice area. Some states are going to border opportunities, like Wisconsin and Minnesota. Within 24 or 48 hours, you can get a border license so Wisconsin nurses can work in Minnesota.

Siwczak: I'm not part of the Compact so I have to apply for a license wherever I go. Massachusetts was easy and I had it within four weeks. Some places are more difficult, like Texas and California.

Recently, the traveling industry received a significant black mark when a radiologic technologist traveler was charged with exposing patients to hepatitis C. Since then, have you noticed any change in permanent colleagues' attitudes toward travelers because of the negative press?

Starr: When I heard about that, I thought, whoa! However, there have been no accusations or strange looks. In fact, I have not heard it mentioned by any staff nurses.

Siwczak: What I have heard is that some hospitals are laying off nurses and bringing in travelers. That can create hostility because the staff sees you taking a job. You may have certifications, years of experience, and have worked with kids and adults, but they just see you as someone else coming in where their friend used to work and they consider you, as a traveler, to be expensive.

Moore: One hospital I worked at never had travelers, and at first, the nurses were afraid we were there to take their jobs. When they realized we were there to help them get through a difficult time, we became friends and good co-workers, and they begged us to stay. In fact, a couple of travelers did stay.

Koetkemeyer: There has always been some animosity when you're coming in for a short time. For example, doctors can get frustrated that they have to train new people every three months. But that's not in all places, and most negatives are overcome by the many positives.

Prestine: I have been fortunate that I've been warmly received everywhere I've gone. I've never been dumped on with the worst cases. I've never been ostracized or ignored. The only time that happened was when I went back to being a staff nurse at the same hospital where I previously worked. As a staff nurse, I had awful treatment.

Have orientations associated with new assignments changed in terms of better information and detail? Any suggestions

on how they can be improved, or recruiters can better prepare travelers before they set out?

Koetkemeyer: It's hit or miss. Some places have no orientation whatsoever, while others give you the full hospital orientation. I would like to see a structured traveler orientation that's an abridged version of the staff orientation.

Moore: I think some hospitals struggle with just how much information to give travelers. With my current assignment, I received some policy and procedure and departmental information before I started the job. I even got paid 10 hours to have the paperwork done before I arrived, which was good because I had to hit the floor the first day. Being a traveler, though, it's your job to be able to come in and hit the ground running.

Prestine: The repetition used to bother me. Then I got to thinking, this hospital doesn't know me. I know I'm a damned good nurse, but they need to know that I can do a good job.

How would you rate your company's benefits? Is there something you'd like to see added or expanded?

O'Leary: A lot of agencies don't understand how hard relocating is. They pay for flights or reimburse travel expenses, but it never covers everything. Then again, a lot of travelers

don't ask for help because they don't want any extra service to be deducted from their pay. I think it's more a matter of talking to your agency and they will probably be happy to help.

Starr: Right now what they are doing is good, but maybe they could offer a little more incentives. One company I worked with initiated a bonus program based on the hours you work. Incentives like that help.

Koetkemeyer: I do wish they offered sick and vacation days.

Finally, how confident are you in the future of the healthcare travel industry?

O'Leary: It's a great field. I get to see different hospitals and different ways people do things.

Moore: There will always be a need for travelers.

Prestine: We're a well-trained source of support for hospitals needing a short-term staffing boost. There can be a lot of reasons for a short-term bump, so a supply of well-trained clinicians who are willing to be flexible and share their expertise will always be in demand and appreciated. ■

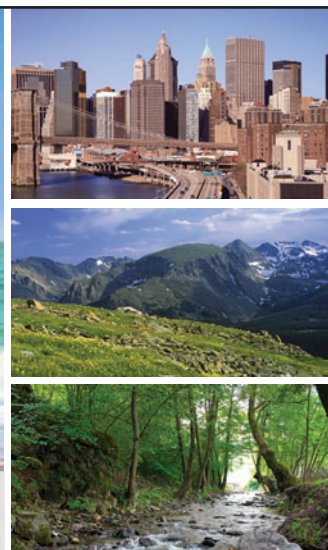
Anne Baye Ericksen is a freelance writer who has contributed to Healthcare Traveler since 1996. She resides in Simi Valley, Calif.



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Looking through the lens

Sherry Atwell combines her work as a travel nurse and a professional photographer to produce lasting memories.

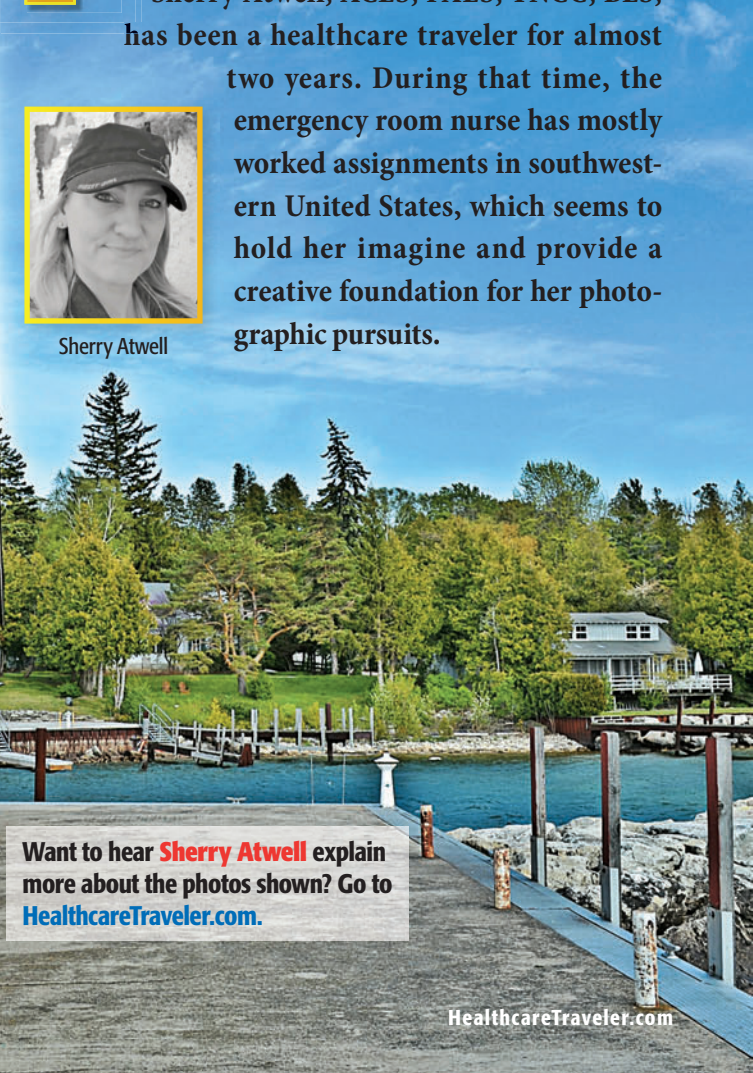
David Bennett

For some, work can be relaxing. For others, hobbies can turn into work.

Sherry Atwell, ACLS, PALS, TNCC, BLS, has been a healthcare traveler for almost two years. During that time, the emergency room nurse has mostly worked assignments in southwestern United States, which seems to hold her imagine and provide a creative foundation for her photographic pursuits.



Sherry Atwell



Want to hear **Sherry Atwell** explain more about the photos shown? Go to HealthcareTraveler.com.



Atwell likes black and white imagery; an example is the Cloud Gate in Chicago (left). For more color, here's the majestic forms of Georgia O'Keeffe's home at Ghost Ranch in Abiquiu, N.M.; and the Old Mesilla Village, Las Cruces, N.M. (lower); (opposite page) a decorated barn in Door County, Wis.

In her spare time, Atwell, a professional photographer when she isn't working emergency, captured the essence and diversity of the rural region on film.

The richness and diversity of the land's ruggedness, which comes in the form of flat and grassy plains found in Texas, and Oklahoma, or the Rocky Mountains that run through New Mexico, have been natural photo backdrops for Atwell. She has explored small towns and national parks, and the region is also home to some of the oldest Hispanic communities in the United States, many of which date to the 16th and 17th century.

Depending on where you go, southwestern architecture and culture is on equal display, which Atwell has captured in a growing portfolio. She explains that her work as a travel nurse has provided a great opportunity to grow her second occupation.

Atwell, who got into serious photography while in college, launched Atwell Photography in her hometown of Austin, Texas in 2009. Recently she

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Looking through the lens



Atwell makes the simple unique, like her take on this Good Friday cross (left) erected at Tome Hill, N.M.; a welcoming sign in Austin; authentic footwear of El Paso; a balloon festival in Albuquerque, N.M. and turtles resting in Honolulu.

» continued from page 15

came back from a visit to Istanbul, Turkey, where she says she “got some amazing shots. Very interesting place to visit.”

The travel nurse, who is also into painting and mountain biking, shared some of her work with *Healthcare Traveler*. She says because the traveling lifestyle provides opportunities to take in different assignment locations, and their individual visual appeal, the chances for travelers to sharpen their skills behind the lens are abundant.



Atwell began her photography career due to a keen interest that began at an early age.

“Photography has always been a passion of mine,” she says. “I bought my first camera when I was 14-years-old with my first paycheck that I earned. I then went on to take classes while in college and seriously considered it as a full-time career choice.”

Travel snaps

According to Atwell, balancing her travel assignments with her photography agenda is manageable as long as she plans ahead.

“I always use my time off to go and explore my surroundings, and the places that I think would be great picture taking sites,” she says. “If I happen to have a stretch of days off, a road trip is not out of the question and I will jump in my little gypsy wagon and explore different parts of the state that my assignment is in.”

Once on location, her subject focus runs from architecture, to cultural icons, to natural wonders. However, people acting ordinary tops her list of preferred subjects.

“I really don’t have a preference,” Atwell says. “I enjoy taking pictures of anything that catches my eye. I do love to capture people in their natural form and doing everyday activities though.”

She explains that one advantage of photography is capturing a spontaneous moment for all time. However, to get the detailed images suitable for framing, some planning and preparation are in order. The more complex the subject, the more time you should plan ahead for the optimal photograph.

“I usually have an idea of what I want to snap, but what really makes a better picture is when you discover something unexpected to take a picture of,” Atwell says. “Of course, bringing all your equipment with charged batteries always helps too. If your battery runs out, you’re not taking any pictures that day.”

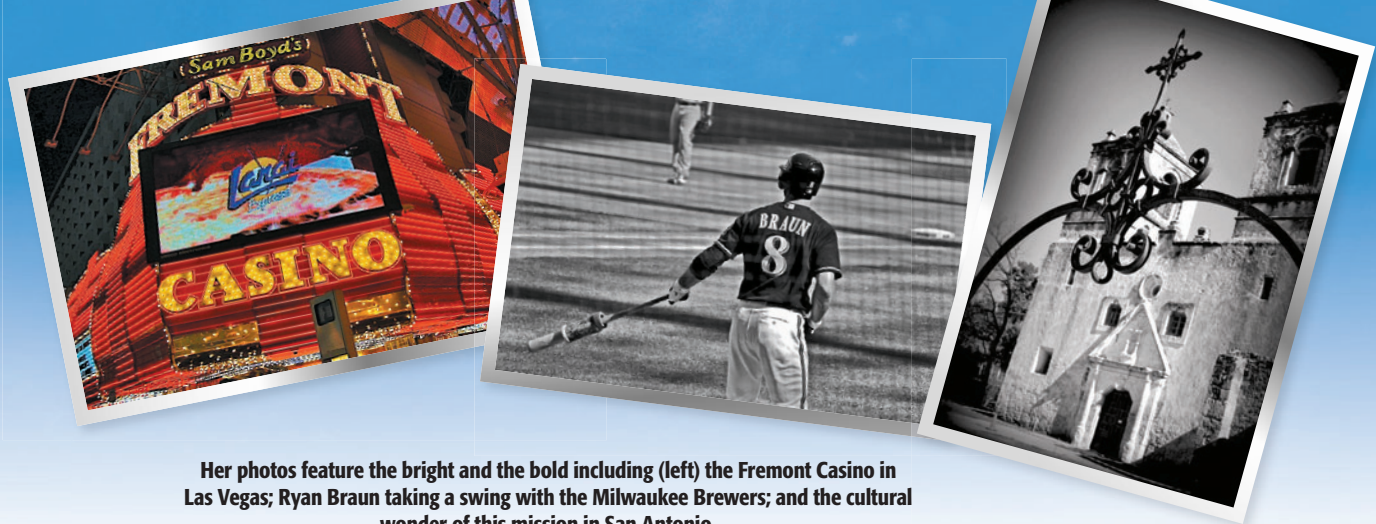
“I usually carry a zoom lens for far-away subjects and a few different filters,” she continues. “The camera I am using right now is a basic Nikon D3100 that is easy for anyone to use. It doesn’t cost a lot of money and is easy to travel with.”

Up to Alaska

While she has explored the rural outlay of the southwestern United States, Atwell longs to take her practice and camera gear up north where the country is even more rugged and picturesque.

“Alaska has been on the top of my list for a while now. I am hoping to get an assignment there this summer, or during the Iditarod dog races,” she says.

Whether you are a healthcare traveler who likes to stay close to home or go to the outer edge of civilization, Atwell explains that taking photographs on a serious basis isn’t always fun, and can even be stressful at times.



Her photos feature the bright and the bold including (left) the Fremont Casino in Las Vegas; Ryan Braun taking a swing with the Milwaukee Brewers; and the cultural wonder of this mission in San Antonio.

“I was recently in Taos, New Mexico and traveled six hours to get pictures of the Taos Pueblo and find out when I was there that it was closed for pictures because a ceremony was going on at the time,” she says. “I decided to drive up and just take a look from my car. I was able to snap a few pictures from the backside of the Pueblos. Unfortunately as I was leaving the reservation, I was stopped to have my camera checked for pictures. I was asked to delete the two pictures I took. Just glad they didn’t take my camera, which they have a right to do, apparently.”

So after developing a creative eye, and taking thousands of photographs, what advice does she have for the beginner interested in travel photography?

“Buying a good basic camera is a must first off and then signing up for a basic photography class to learn how to use that camera,” Atwell says. “Then after that, go out and take LOTS of pictures. The more practice you get, the better photographer you will become.”

This holds true if you’re a more experienced shutterbug also.

“Just practicing your picture taking skills and having good composition is a must. Looking at other photographers work also helps to make you a better picture taker by seeing how they created the make up of that picture,” she says. ■



Degenerative Check Disease

(Bi-weekly shaftitis)

A condition characterized by the unpleasant and unexpected discrepancy between a traveler’s agreed upon pay and actual paycheck. (See also: *Unpunctual Check Disease*.)

Typical symptoms include double-, triple-, and quadruple-takes upon initially viewing paycheck. (Indeed, many travelers mistakenly get repeated eye examinations before the disease is accurately diagnosed.)

Historically, treatment has been limited to the application of steady pressure on the current staffing company. But in

recent years, a new staffing company known for its integrity has pioneered a cure based on weekly (as opposed to bi-weekly) pay periods and an in-house payroll service that promptly resolves all pay issues. Condition should immediately improve after calling 866-806-0342 or visiting www.trinityhsg.com.

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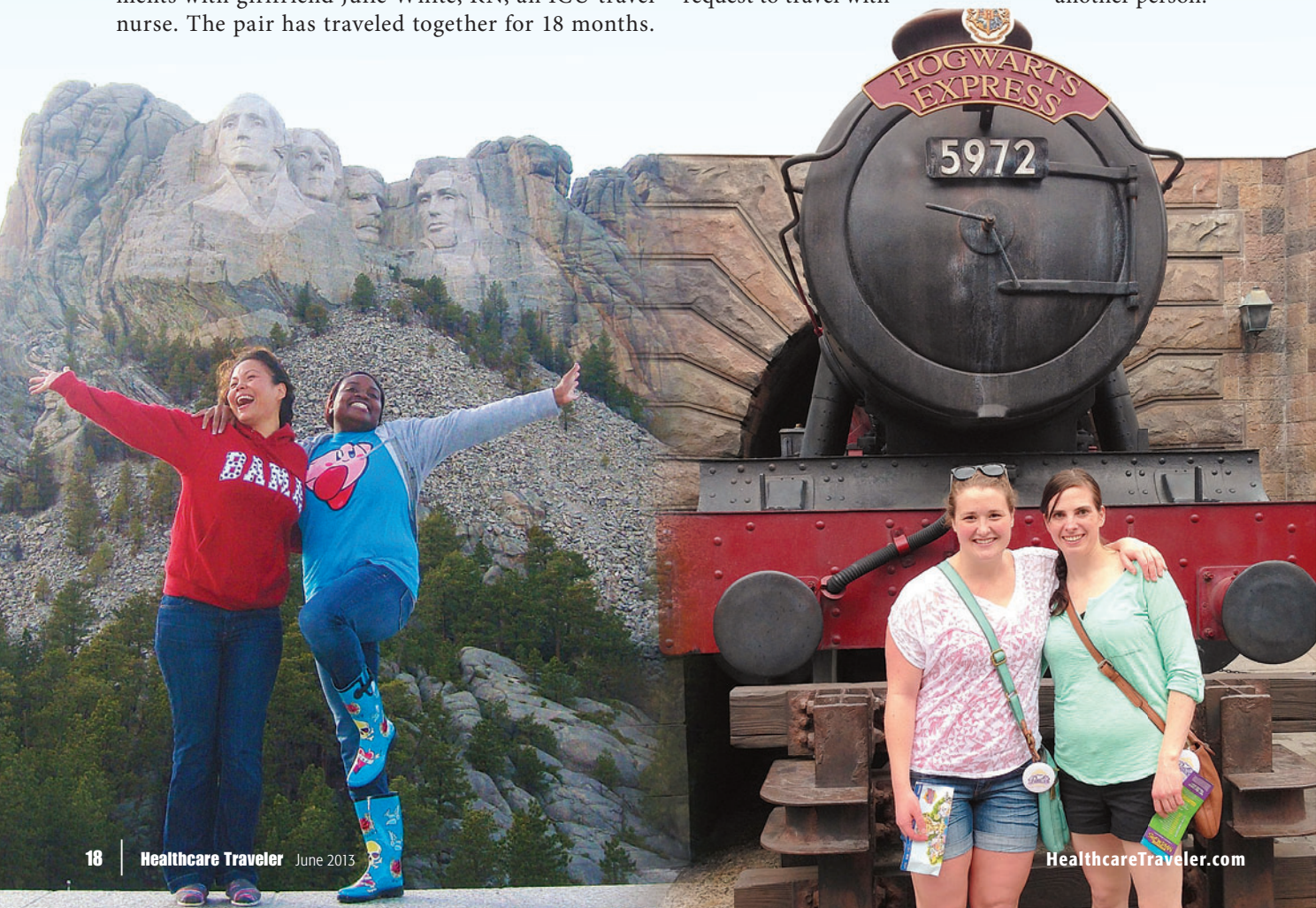
For many healthcare travelers, traveling to a new destination and a new work environment every 13 weeks is exciting, but is full of uncertainty.

Some travelers decrease the anxiety by traveling with a friend (or two); many pairs or small groups of fellow nurses and therapists work with the same recruiter and take assignments in the same city and even the same hospital. "When you go to a strange place where you don't know anyone, it's great to have someone to do something with from the start," says Justin Beal, RN, an emergency travel nurse, who travels on assignments with girlfriend Julie White, RN, an ICU travel nurse. The pair has traveled together for 18 months.

"Since most travel assignments are 13 weeks long, we get to start doing things right away, maximizing our time."

For the past year, Angela Leonardo, RN, and Courtney Shelton, RN, have traveled to assignments together, sharing shared their own adventures along the way, including horseback riding, hiking trips, and motorcycle rallies. They've also shared simple things together like attending concerts.

However, traveling with a partner is still new to a majority of travelers, according to one recruiter, who says that only a few travelers that his company assigns request to travel with another person.



“I find most RNs travel alone. However, there is a small percentage, about five percent, that prefer to travel with someone else,” says Miles Mattern, senior recruiter at Rise Medical Staffing in Sacramento, Calif. “Half of those people are open to taking a contract by themselves if needed; the other half won’t accept any contract unless they can travel with someone, be it a friend or significant other.”

Alison Hensel, regional director of recruitment for Advantage RN, a healthcare staffing firm based in West Chester, Ohio, finds that about 10 percent of her travelers ask to be placed with friends or loved ones on assignments. She recalls sending one pair of “Southern Belles” to Alaska for 13 weeks. “They had a ball,” she says. “Plus, they were able to leave their husbands back in North Carolina.”

If you’ve never considered partnering up with a fellow nurse or therapist on travel assignments, it may be worth considering. Those who do pair up find that it not only makes their assignments less solitary, but enhances them socially.

Pros of paired traveling

While having a wing man or woman there to explore a new city with is a big reason why travelers like to travel with a friend, security is also a major incentive.

“My mom was so glad when she found out I was traveling with a friend,” Leonardo says. “You always have someone to depend on. Secondly, you can save more money.”

Shelton also enjoys the instant companionship in each new city. “You don’t feel so alone in strange places. If you want to go out to eat, like Angela always does, you have someone to do it with. Also, we love our movie dates. I figured that since it was a new beginning, to do it with a friend would be perfect.”

Beal agrees that there is comfort in having his girlfriend there on assignments. “The plus side is you always have someone you can trust in a strange new city,” he says. “Even if you do make friends, they are still complete strangers. So it’s nice to know someone’s there to count on.”

Another traveling duo, Laura Matson, PT, DPT and Kelley O’Dell, PT, DPT, also enjoy the security of traveling together.

“I like to travel, however when in a new place, it can be intimidating to explore alone,” Matson says.

“Since one of my former PT school roommates and best friends was thinking of traveling as well, we decided we both would rather have someone else with us. This way we could explore more and feel comfortable.”

Shelton feels there are some things she would never experienced without Leonardo, and others that she would have done alone.

“I wouldn’t have gone horseback riding or hiking alone,” she says. “But I would have gone to see Mount Rushmore alone without a problem. Having a friend to travel with most definitely pushes you to do more things. I’m more of a homebody while Angela is always saying ‘let’s go here, let’s go there.’ But, it was my idea to go horseback riding.”



Justin Beal, RN, and girlfriend Julie White, RN, have found adventure on the road.

For Beal and White, traveling paired increases the potential for meeting even more new people at each new destination.

“We always seek to make new friends everywhere we go,” Beal says. “Our coworkers always know where the hot spots are and the best spots for sightseeing. Plus it’s nice to make friends from all over the country; a lot of the friends we’ve made from past assignments, we still keep in touch with to this day.”

Justin Hopkins, RN, who often travels with two close friends, says he doesn’t feel that traveling with another friend or two prevents him from interacting with new coworkers or people in another location.

“If anything, I feel that it makes it easier to connect with more people,” he says. “Many people are intrigued by travel teams and want to connect to learn more about it. Also, traveling with two other people many times means that we are connecting with two to three times the amount of people that one person could.”

None of the sets of friends feel that there are any negatives to partnering up for assignments – as long as you choose your travel companions carefully.

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Angela Leonardo, RN



Courtney Shelton, RN



Kelley O’Dell, PT, DPT



Laura Matson, PT, DPT

» continued from page 19

Teaming up

If traveling with a friend sounds appealing, there are some things to consider before hitting the road together



Justin Hopkins (left), Randi Licklitter, and Nathan Campbell often travel together.

“My travel companions and I were good friends for a few years before we decided to travel together.”

-Nathan Campbell, RN

– especially if you plan to share housing.

“Make sure you know the person’s personality. You would hate to travel with a person who loves to party and invite different people over when your personality isn’t like that,” Shelton says.

Beal adds that a potential travel buddy should be someone you trust and get along with well because “you’ll be spending a lot of time together” on an assignment that typically lasts 13 weeks.

“If your friend is someone you can only take in small doses, it’s not going to work,” Beal says. “And make sure you want to go to the same places together, and what you plan on getting out of these experiences is the same. For example, if you like to go hiking, and your friend is a couch potato you don’t want to find yourself hiking alone all the time, that’s why you’re traveling with a friend.”

Nathan Campbell, RN, who travels with friends Hopkins and Randi Licklitter, RN, agrees.

“Make sure you travel with a true friend,” he says. “My travel companions and I were good friends for a few years before we decided to travel together. You may not get the first assignment in the location you dreamed of, but having someone to share the experience with is even better. You definitely need to be compatible on multiple levels with your travel buddies. You need to be able to live with this person and interact with them on a daily basis.”

Finally, think about how flexible you’re willing to be about which assignments you take. You’ll have far greater success working with your recruiter if you’re open-minded. But if you’re committed to a certain city or type of assignment, there may not be room for a friend on your travels.

Combining assignments

So, you and a fellow nurse have decided to travel together. How do you go about getting placed together?

When reviewing assignments, remaining flexible is key.

“I have always been able to book my travel pairs either in the same facility or in the same city,” says Melanie Douglas Major, recruiting manager with Nurses Rx, a health-care staffing firm based in San Diego. “They need to be open to go where two positions are posting and be willing to take them both.”

Leonardo says that sometimes it’s been easy to find assignments with Shelton, while other times have been more challenging. “It just depended on the needs [of the client],” she says. “There were times when we easily found an assignment and times when we had

to wait a few weeks, which was fine because we got to spend time with family and friends.”

It can be more challenging if you and your travel partner have different specialties. If this is the case, “you definitely have to be open with your location selection,” Beal says. “Plus we made sure to let them [our recruiters] know it wasn’t a necessity to be at the same hospital, just the same location. So, we gave them a couple different city choices we wanted to go, and it’s worked out so far.”

It can prove challenging when a pair wants the same facility and schedule, Hensel says. “It’s easier if they are flexible with schedules and shifts. Hospitals don’t want travelers making demands.”

Mattern says that placing pairs can be more challenging because of the variables involved.

“Certain hospitals won’t allow travel pairs because of the number of issues it can create,” he says. “Just as with any travel contract, timing has a lot to do with everything and the success of making a travel pair work. The biggest thing I look for in a travel pair is how flexible they are. The more flexible the travel pair is (location, shifts, unit, pay, housing, etc.) the easier it will be to place them. If the travel pair is more demanding in their requests (need to have the same shift, same schedule, amazing location or pay) the less likely they are to be placed somewhere together. As a recruiter, this simply isn’t worth your time as there is a pool of RNs out there who are much more flexible and easier to place.”

On the flip side, Mattern says that the process for pairs signing up for a recruiter together is just as simple as applying solo.

“They would go through the same hoops as if they were traveling alone (resume, references, checklist, and certifica-

For Your Information

- One defining quality of a successful traveling pair is flexibility.
- Housing for two can be arranged easily through a recruiter.
- Traveling partners should ensure that their personalities mesh.

tions). Assuming it looks like they both qualify to be placed, it's then a decision from the hospital or client as to whether they are both suitable for the positions that are open. It's easier when the travel pair has similar experience versus one RN having 20 years of experience and the other only having two years of experience. You may run into a situation where they want to take one RN and not the other."

Mattern suggests thinking through what you both want in terms of assignments, locations, and types of positions before working with a recruiter in order to save time. He also suggests that pairs think through what things they are willing to "bend" on in order to make it happen.

"Flexibility is important," Mattern says. "Unrealistic expectations will only lead them to working with the unrealistic/inexperienced recruiters."

Rebecca Urtz, an account executive with Utica, N.Y.-based Fortus Group, advises traveling pairs to tell their recruiter up front that they are hoping to take assignments in tandem.

"The recruiter will require the partner's contact information in order to assess the skills of that person as well," she says.

Several factors could make it possible that one may not qualify. If that is the case, the traveler who qualifies would be able to take on an individual assignment. If one traveler gets an offer and the other doesn't, then there is a decision to be made. One option is for the pair to still travel together

with only one taking the available assignment. Urtz says that housing can still be arranged for both friends.

"If the eligible traveler was to take on an assignment, our housing specialist would arrange accommodations for the traveler and his/her friend. This way, the in-eligible partner would be able to travel to the destination together," Urtz says.

While shared housing is a big incentive for some travel partners, others choose to occupy their own quarters.

"We have always had our own places," says Beal. "Since our schedules are never the same and some of the places that you can find yourself living in are small, it's best to have the space, especially because we both travel with pets."

If you do share housing, Leonardo urges pairs to take an inventory of their housing items before leaving. "It's good to know what the other person is bringing so you don't bring duplicate items," she says.

Shelton adds: "We didn't pack lightly for the first assignment but the next two assignments we did. But it worked out. Angela had items I didn't bring and vice versa."

Traveling with a friend can be one of the most rewarding decisions you make in your traveling career. Having a companion to keep you company while exploring different parts of the country has made traveling a more enriching experience for many. So, if you've ever found yourself lonely on assignments, or new to traveling and find the open road daunting, grab a friend and share your next assignment. ■

Denene Brox is a freelance writer based in Kansas City.

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BELLEVUE, WASHINGTON

POPULATION 122,737

Twilight is right for this traveler

Inspired by the books, **Latoya Leeks** loved absolutely everything about her recent assignment in Washington state.



Anne Baye Ericksen

In the Olympic Peninsula of northwest Washington State, a small town named Forks exists under a near-constant cover of clouds. It rains on this inconsequential town more than any other place in the United States of America.”

“It was beautiful, of course; I couldn’t deny that. Everything was green: the trees, their trunks covered with moss, their branches hanging with a canopy of it, the ground covered with ferns. Even the air filtered down greenly through the leaves.”

—*Twilight* by Stephenie Meyer

It was that description of Bella’s arrival in Forks, Wash. that pulled Latoya Leeks, CST, into the supernatural world of *Twilight* (she’s Team Jacob if you’re wondering). So when she was presented a contract at Overlake Medical Center in Bellevue, Wash., less than half a day’s drive from the real-life Forks, she was ecstatic.

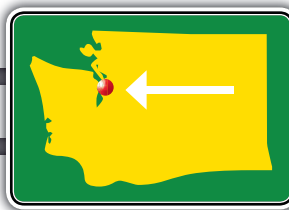
“I’m a huge *Twilight* fan, which is one of the reasons why I wanted to go to Washington state. I promised myself that if I was



Visitors can stroll Bellevue Botanical Garden, where flora grows in abundance.



The city of Bellevue exudes a rustic charm that Latoya Leeks, CST, found hard to resist during a recent assignment.



Average high temperature (July): **76°**



Average low temperature (December): **36°**



Average annual precipitation: **36.27 inches**

CITYSCAPE

At first glance, Bellevue, Wash., may appear to be just another suburb on the outskirts of a metropolitan center, in this area, Seattle. Upon closer look, however, you’ll find that this city has a personality all its own. With a population of more than 120,000, it’s the fifth largest city in the state and home to a variety of industries and big-name businesses, including Microsoft and Expedia. The retail and service sectors contribute greatly to the local economy, which has fared well during the recession. According to Census ACS, the median household income for the area was more than \$13,500 greater than the national median income in 2011.

ever to land an assignment in the Pacific Northwest, I would absolutely go to Forks,” states the certified surgical technologist who accepts mobile positions with On Assignment, a staffing company based in Calabasas, Calif.

The drive out to the peninsula definitely set a dramatic mood. “I drove through a rain forest and a Native American reservation, and it was beautiful,” Leeks recalls. “Then I went to the beach in La Push and just sat on some logs and looked around. The waves were rolling in and it was so colorful. I remember thinking, no wonder she wrote about this place. I felt like you could fall in love with the first thing that walked up to you.”

Of course, the whole *Twilight* experience wouldn’t be complete without heading into downtown Forks. “It’s literally the tiny town Meyer described,” Leeks says. “From what I could figure out, many of the townspeople had never heard of the books until visitors started showing up asking about places named in the

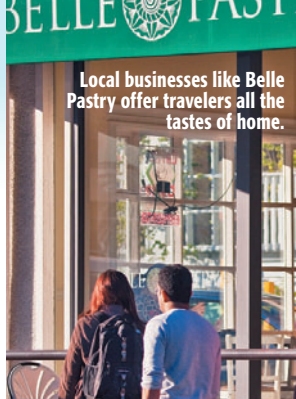
OUT & ABOUT

If you're idea of a great adventure is less about submersing yourself in nature and more about surrounding yourself with unique dishes or spirits, then you're in luck. Bellevue boasts a thriving entertainment district with a variety of restaurants and clubs.

Of course, you can't go to the Pacific Northwest without tasting the local seafood. **Seastar Restaurant and Raw Bar** highlights seasonal menu items like Dungeness crab or Alderwood plank salmon.

Get dressed up and enjoy a night on the town, starting with dinner and drinks at **Pearl Bar & Dining**. Whether an intimate dinner for two or a big group, the menu is sure to please all palates. But if you are going with a bunch of folks, reserve the Chef's table for a culinary showcase.

If the night's still young, check out the **Blue Martini Lounge** for an after-dinner concoction. There are 42 martinis on the menu. Go on a Thursday and partake in the free Salsa dancing lessons. More likely to drop in on a weekend? Dance to DJ music on Saturdays or listen to live entertainment on Sundays. Right around the corner is **Parlor Billiards & Spirits**, ranked No. 1 in the country by *Billiards Digest*, boasting 17 pool tables.



Local businesses like Belle Pastry offer travelers all the tastes of home.

WEEKEND EDITION

Shop 'til you drop at Bellevue Square, or for high-end swag, go to The Bravern. www.bellevuecollection.com or www.thebravern.com

Stop and smell the flowers, hundreds of them, at the Bellevue Botanical Garden. <http://www.bellevuebotanical.org>

You have been summoned to the Bellevue City Hall for the latest art exhibition. <http://www.ci.bellevue.wa.us/8495.htm>



stories," she says. "Now even the smallest stores have made *Twilight* some part of its name or sell the merchandise."

Although the latest movie installment, *The Twilight Saga: Breaking Dawn-Part 2*, had come and gone by the time Leeks began her contract in February, she made sure to rewatch all the DVDs after her excursion. "Having been to Forks made the movies more exciting somehow," she says.

CAPTIVATED

However, Leeks's interest in the Evergreen State extended beyond the *Twilight* references. She had long heard from fellow travelers about how wonderful the area was in terms of natural wonder and as an overall mobile experience. "Until you come here, you don't really get it. Even though it can be misting or raining frequently, beauty comes through the

nourishment of all that rain. On a sunny day, it just comes alive. Also, there's so much to do, both indoors and outdoors," says the traveler, who has been on the road for nearly three years.

Very early in her contract, Leeks took in some of the more famous attractions in Seattle.

"I went to the Space Needle and Pike Place Fish Market where they toss the big fish," she says.

One of her favorite experiences was a cruise around Puget Sound, including passing through the Ballard Locks that separate the Pacific Ocean from Lake Washington.

"I had never traveled through a locks system before," Leek says. "It was pretty amazing to see how the water rises and lowers to allow ships to move into the Sound.

"Then we went out on the open water, which gave us an amazing view of Seattle," Leeks continues. "It was a completely different perspective of the skyline. For a split-second, a lighthouse looked like it was sitting directly in front of Mount Rainier. The best part, though, was when we saw a sea lion sitting on a buoy eating a salmon. As we went by, it raised its head to look at us as if we were the tourist attraction. That was pretty cool."

COMMUNITY MINDED

Beyond sightseeing and occasionally dropping into Seattle to visit museums

» continued on page 24



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On Assignment

» continued from page 23

and other cultural venues, Leeks was content to hang out in Bellevue. For one thing, it satisfied her need to watch the latest Hollywood releases. "There were at least 10 theaters within 15 minutes of my apartment and another 10 within 30 minutes," says the self-professed movie buff.

Leeks also enjoys live theater and made a point to go to the local comedy club. "I saw Michael Winslow's show. He's the comedian who did all the noises in the *Police Academy* movies, and he was great," recalls Leeks.

But it's the city's diversity that really struck a chord with her. "There's a melting pot culture here. There are people from everywhere and they all blend together," she explains. "For example, just in my apartment building, my neighbors are Russian, there are Canadians down the hall, fellow travelers are staying here as well as some elderly and young people. It's a friendly community."

That friendliness extended into the workplace, too. Leeks says the staff at Overlake Medical Center was more than generous in helping her acclimate. "I have not been treated like an outsider here. They even helped me study for my certification exam, and when I passed, we all celebrated with cake and ice cream," she says.

MEDICAL DIRECTORY

Although its medical profile isn't as expansive as Seattle's, Bellevue residents don't have to head into the city to find full-service healthcare. With approximately 350 beds, **Overlake Medical Center** ranks as the city's largest hospital. The center is a Level III trauma center and often the first line of care for patients transported in from eastern Washington state. In addition to emergency, medical/surgical, and intensive care departments, the facility offers heart catheterization, neonatal intensive care, and psychiatric care. Outpatient services include chemotherapy, physical rehabilitation, and wound management.

Seattle Children's Hospital runs the **Bellevue Clinic and Surgery Center** for families in east King County. Children and teens needing treatments in everything from audiology to nephrology, otolaryngology to vascular anomalies — a total of more than 30 specialties — can find the care in Bellevue. Physicians from the parent hospital also practice at this campus so patients and families don't have to compromise quality for convenience.

Group Health Cooperative is one of a handful of healthcare organizations where its customers have a say in its management. For more than 65 years, the cooperative has been governed by a board consisting of its own health plan members. The **Group Health Bellevue Medical Center** is staffed by Group Health Physicians, an acclaimed medical group that represents 75 specialties and subspecialties.

Photos: courtesy of Visit Bellevue Washington



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The indoor climbing gym Stone Gardens offers the most gripping experience in Bellevue. The site caters to expert and novices climbers alike.

FAN FAVORITE

Between breathtaking scenery, a plethora of activities — including her *Twilight* quest — and the neighborly residents, Leeks cites this assignment as one of her favorites. Indeed, she didn't hesitate when offered a contract extension so she could experience the region in a whole new light during the summer.

"My coworkers have all volunteered to help me do something fun every weekend this summer. I really want to fully explore everything the area has to offer," she says. ■

Anne Baye Ericksen is a freelance writer who has contributed to Healthcare Traveler since 1996. She resides in Simi Valley, Calif.



What assignment have you found inspiring?



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RESOURCES

Visit Bellevue Washington, 11100 NE 6th Street Bellevue, WA 98004, visitbellevuewashington.com

Washington State Department of Health, Town Center East, 101 Israel Rd SE, Tumwater, WA 98501, (360) 236-4580, doh.wa.gov

Department of Health Nursing Care Quality Assurance Commission, P.O. Box 47864, Olympia, WA 98504, (360) 236-4700, doh.wa.gov/LicensesPermitsandCertificates/NursingCommission.aspx

Washington State Department of Health, Surgical Technologist Credentialing, P.O. Box 47877, Olympia, WA 98504, (360) 236-4700, <http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/SurgicalTechnologist.aspx>

Washington Board of Physical Therapy, P.O. Box 47877, Olympia, WA 98504-7877, (360) 236-4700, doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/PhysicalTherapist/ApplicationsandForms.aspx

PARKING IT

If you want to see the splendor of the Pacific Northwest, there's no better jumping-off point than Bellevue. Are you a nature buff? You have a choice of three national parks and a National Recreation Area within a short drive. There's hiking, camping, and fishing in **North Cascades National Park**. If you want a more laidback day in the mountains, climb aboard the Lady of the Lake for a scenic transport to Stehekin, a neat little town stashed away in the middle of the **Lake Chelan National Recreation Area**.

To the east sits **Mount Rainier National Park**. The active volcano is the most glaciated peak in the Lower 48 states and its melt-off feeds six major river systems. Summertime on the mountain is a colorful landscape of wildflowers. But don't waste time; by late August, frost extinguishes the hot hues. However, it's right about that time when the foliage begins its magnificent transformation into fall colors.

Between Bellevue and the Pacific Coast lies **Olympic National Park**. If you're not a mountain person, there are ocean tide pools to explore. Or maybe you'd like to be enveloped by the awesome grandeur of the most ancient forest in the country.

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On the road again

A healthcare traveler for nine years, Ron Evans embraces the mobile lifestyle fully. He prefers to haul a 5 x 8 utility trailer behind his Nissan Armada to every assignment. This gives me all the comfort features of home. He's often toyed with the idea of getting an RV, but so far has found his set-up satisfactory. A Michigan native with three

tours in Vietnam under his belt, Evans works either ER or ICU contracts, which, he says, provides him a variety of choices when it comes time to scout a new assignment with his current company, LiquidAgents. When Evans isn't on assignment, you'll still find him somewhere on the road.

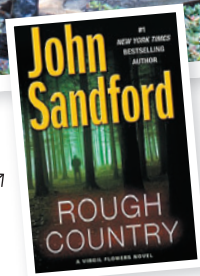
#1 TRAVEL ESSENTIAL: That's a toss up between my laptop and my GPS. I'd be lost without either. I must have my GPS to get me where I'm going and get around while I'm there. Also, I need my laptop to let me know what's going on in the world and to stay in touch with family and friends throughout the country.

FAVORITE ASSIGNMENT DESTINATION: I've been an RN for 26 years, traveling for about a little over 9 years now and have worked 27 different assignments in 20 different states, so it varies. I'm currently headed to Wisconsin in a couple weeks for my next assignment, in my 21st state. (This includes Washington, D.C. and the Vietnam War Statue.)

TASTE OF HOME: Well traveling with everything I own, I pretty much have a



taste of home everywhere I go. But I have some recipes that I pull out and fix; it's always nice having your favorite foods. I enjoy crawfish étouffée and sometimes it's a little hard to come by, so I pick on the old standby of steak, lobster, and shrimp. I have some great recipes for a variety of foods. I fell in love with Cajun foods while I was working in New Orleans.



NIGHTSTAND READS: I enjoy reading John Sanford's "Prey" and "Virgil Flowers" series. I got hooked on them while working in Minnesota as he writes about murder mysteries in that area. It was fun to read about locations I was familiar with, not to mention the locals turned me on to him. I also read J.D. Robb's "In Death" series about futuristic murder mysteries. As both of these authors put out two books a year in these series, it gives me four new books to read.

MOBILE TUNES: I listen to all kinds of music, but have found country music to be my main stay. You can pretty much find a country station everywhere you go in the country, except in Stamford, Conn., I spent seven months there and never found one. But for those times I can't pick up a radio station — like out in the desert of Nevada between Las Vegas and Reno — I will listen to several of my CDs. I enjoy listening to Zydeco, Cajun, oldies from the 50s and 60s, Enya, and of course some of my country favorites like Reba, Shania Twain, and Tim McGraw.



PERSONAL TOUCHES: I travel with everything I own so I guess everything is a personal touch. But, I have eight house plants that go from place to place with me, plus a chime wall clock is always hung on the wall, no matter what type of housing I have — be it an apartment or extended-stay hotel.

CHERISHED KEEPSAKES: Because I have limited room when I travel, I don't have a lot of large objects. I collect refrigerator magnets from each state I have worked in and they are on my refrigerator at every place I go. This gives me a little something to remember every place by and familiarity at the same time.

What's in your bag?

Healthcare Traveler would like to hear about the personal and practical items you take on assignment. Contact David Bennett at dbennett@advanstar.com.

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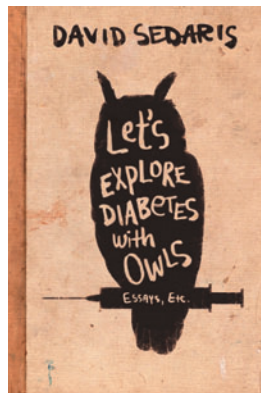
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Daniel Davidson

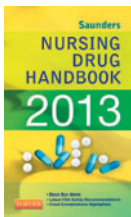
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Barbara Hodgson, RN, OCN, and Robert Kizior, BS, RPh

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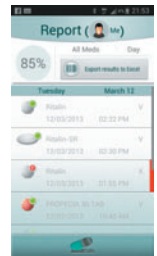
- This ICU help site is considered a long-time and reputable resource within the critical care community. Materials found on icufaqs.org include most ICU nursing topics like EKG reading, vents, chest tubes, sedation, and bedside emergencies.
- One of a few sites routinely mentioned by the American Association of Critical Care Nurses.



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- Free.
- www.webmd.com

Emotion Select

- Part of the 'Spotlight Autism' app series, Emotion Select helps children on the Autism Spectrum Disorder or those suffering other social delays practice learning and identifying emotions. After reviewing illustrations for joy, sadness, anger, surprise, and fear, children are given the chance to anticipate and apply them in 'real life' social situations.

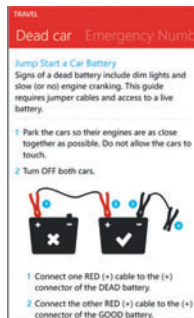


order or those suffering other social delays practice learning and identifying emotions. After reviewing illustrations for joy, sadness, anger, surprise, and fear, children are given the chance to anticipate and apply them in 'real life' social situations.

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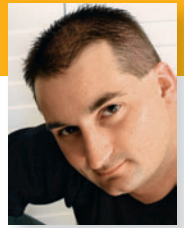
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Housing high on most lists

To me, there is no feature more important on my assignment than where I will be living.

When I first started in travel nursing years ago, it was common for staffing companies to house two travelers together in a two-bedroom apartment.

Of course, some travelers like the buddy system.

(See Denene Brox's article "Two for the Road, page 18) However, for most individual travelers, not all housing is the same and you should be vigilant in expressing your needs to

your recruiter or housing rep.

Open to options

Two primary housing options are extended-stay hotels and one-bedroom apartments typically located within an apartment complex.

Extended-stay hotels are exactly what they imply, a hotel room, but with amenities like full kitchens, flat screen TVs, washer/dryer service, and weekly maid service. Your linens and cookware are often provided, ideal for nurses who prefer to fly to their destination and with just a few suitcases.

Many have free local calling and WiFi, services that nurses staying in one-bedroom apartments must typically arrange for themselves. You will have to check each residence site to gauge amenities like workout rooms or pools, but extended-stay hotels can be fine for light travelers.

I prefer companies that arrange one-bedroom apartments for their travelers. On average, these accommodations will be a bit nicer.

You will be responsible for having a phone line, cable TV, and internet access. The week before you

get there, call ahead and see if a manager can allow service people in before you arrive.

Beginning with stipends

Many travelers like to take a stipend and then find reasonable places to rent and pocket the extra income. Sites like housing-travelnurses.com and certainly Craigslist have made finding affordable housing much easier for the travel nurse.

I recently saw a useful post on Healthcare Travelbook by a travel nurse named Dori., who stated she often posts an ad, in the area where her assignment will be — something like: "Travel nurse needs temporary housing." She touches on the possibility of a canceled contract or extending her stay, and avoiding the chance of being held to a lease.

Doris pays weekly and states that she isn't willing to pay first or last month's rent due to all the references she retains. Despite her stipulations, she told me she always has tons of replies. ■

David Morrison, RN, is a Phoenix-based travel nurse and the author of the book "The Travel Nurse's Bible: A Guide to Everything on Travel Nursing."

3 TIPS FOR YOUR KIT

- 1 Know your housing options up front
- 2 Pack wisely
- 3 Two primary housing options are extended-stay hotels and one-bedroom apartments

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Lamar University

Karin Marcus

Founded in 1923, Lamar University is one of the fastest growing universities in the Lone Star State. Recently, Lamar ranked #2 on *U.S. News & World Report's* Best Online Graduate Nursing Programs for 2013.

Online programs

Offered through the JoAnne Gay Dishman Department of Nursing, Lamar's online nursing programs offer adult learners the flexibility to meet their educational goals. Providing alternative options for working RNs, the university's Center for Distance Education and the Center for Academic Partnerships, have tailored the online nursing programs to meet the emerging needs of working nurses.

Currently, the university offers a Bachelor of Science in Nursing (BSN) degree and a Master of Science in Nursing (MSN) degree program. Students at the MSN level may choose from one of two specialties: Nursing Administration or Nursing Education. Lamar's nursing programs are approved by the Texas Board of Nursing and accredited by the National League for Nursing Accrediting Commission.

RN-to-BSN. An ideal avenue for the career-oriented nurse, this program was developed to assist RNs in earning a baccalaureate degree. The program's curriculum builds upon previous education and experience by further developing students' leadership and problem solving skills. Graduates are prepared to deliver care to individuals and families in a wide range of health care settings.

Offered in the fall, spring, and summer, the program can be completed in as little as 13 months. Coursework is delivered via an online management system allowing participants the flexibility to log on and access material

anytime. Students select clinical projects in one of three areas: leadership and management, compromised health states, and community health.

Graduation requires the completion of 120 credit hours, 30 of which must be earned through Lamar. Students seeking entrance to the BSN program must first be admitted to Lamar University. Prospective students must have an unencumbered RN license, a minimum GPA of 2.5, and completion of all prerequisite courses. Students apply online at ApplyTexas.org. In addition, official transcripts from all colleges and universities must be provided for acceptance purposes. Transfer credits from other institutions will be evaluated on an individual basis.

Master of Science in Nursing. Lamar's MSN degree program prepares RNs for advanced specialty roles in today's swiftly changing healthcare environment. This 36-hour program can be completed on a full or part-time basis. The university offers two MSN specialties: Nursing Administration and Nursing Education.

The **Nursing Administration** track focuses on imparting information essential to organization, management, leadership, health care policy, and economics. The supporting courses from the College of Business (economics, marketing, and financial accounting) can also be completed online starting in Fall 2013. Students work with expert administrators in a clinical setting. Graduates will be prepared to take on management positions at hospitals and other healthcare organizations.

Teaching vital skills, the **Nursing Education** track provides registered nurses with the knowledge to become skilled educators in academic settings or in staff development areas. The plan of study focuses on measurement and evaluation, curriculum development, learning strategies and theories, role

For More Info

Lamar University

4400 MLK Boulevard, PO Box 10009, Beaumont, TX 77710, (409) 880-7720

Technical Requirements:

Lamar uses Blackboard, an integrated web-based course management and delivery system. To fully participate in web-based courses, distance learners should meet Lamar's basic computer hardware and software requirements including Internet access (DSL, cable, or satellite are suggested). PC users need Microsoft Office (Word and PowerPoint) and a computer with a browser. Required software includes Mozilla Firefox, Adobe Reader, Adobe Flash Player, and Java.

development, and evaluations. Practicum experiences provide opportunities for students to work with expert faculty and gain more clinical experience.

Candidates for the Master's program must have a BSN degree from an accredited program, an unencumbered RN license, and a GPA of 3.0 or higher. GRE or MAT scores are not required unless the GPA is below 3.0. Completion of a college statistics course within the last five years, with a grade of C or better is required.

Candidates apply online at ApplyTexas.org. In addition, official transcripts from all colleges and universities attended must be provided for acceptance purposes. Graduate students may transfer up to six hours from another university or college with approval of the graduate director.

For further information about the online nursing programs offered through Lamar, visit dept.lamar.edu/nursing/ or call (409) 880-7720 so speak to an admissions adviser. ■

Karin Marcus is a freelance writer living in North Woodmere, N.Y.

your shift

Jennifer L.W. Fink, RN, BSN, is a registered nurse & freelance writer from Milwaukee, Wis.. Her work has appeared in a variety of publications, including *RN*, *Nursing Spectrum*, *Scholastic Parent & Child*, and *Ladies' Home Journal*.



Low-tech care is just good nursing basics

It's the little things that often make a difference, especially when we're considering the rudimentary nursing principles of patient care.

My mom recently spent five days in an intensive care unit after a bowel obstruction nearly took her life.

When I first visited her bedside, she was completely dependent on the technical prowess of the nurses caring for her. An endotracheal tube and ventilator controlled her breathing. A nasogastric tube sucked out the secretions pooling in her stomach. Three different IV medications controlled her blood pressure, an arterial line measured the ever-changing results, EKG leads telegraphed her heart rhythm, and a line of loose staples partially closed her midline abdominal incision.

She — and the rest of our family — depended on her nurses to monitor and respond to her vital signs. To control her pain, to change her dressing, administer her medications, and keep her physicians informed of any changes in her condition.

As a nurse, I well understood the work going on behind the scenes to keep

my mother alive. But as a family member, I was impressed less by her nurses' technical skills than by their bedside manner.

High-tech modern medicine may be responsible for saving my mother's life, but low-tech nursing skills helped preserve my family's sanity during a crisis.

Before I flew to my mom, I was desperate for information. My dad had phoned earlier. "Bad news," he said. "Your mom is in intensive care."

A caring and compassionate nurse called me later that day (with my parents' permission) to fill me in on the details. I later learned that he'd spent his entire day responding to alarms in my mom's room and pushing medication to keep her organs functioning.

When I arrived at the hospital a day later, her nurse introduced herself and greeted me warmly. She updated me on my mother's condition and answered every question I asked.

She involved me in my mother's care by allowing me to tuck the pillow behind my mom's back when she turned my mom onto her side. While that may seem like a little thing, that low-tech touches,

a nursing basic, meant everything to a daughter who wanted to help her mom.

But what was meaningful, and to my mom, was the way the nurses anticipated her needs and made her comfortable.

Sure, the nurse kept a close eye on my mother's oxygen saturation, and worked closely with the respiratory therapists to make sure that her vent settings were optimal and appropriate. But she also carefully cleaned my mom's mouth and applied petroleum jelly to her sore lips — a low-tech touch that I knew my mom, a former nurse, fully appreciated.

The ICU nurses gently bathed my mom each evening, timing their evening care for when we, her family, had returned home. Although she couldn't express her gratitude at the time, she told us after her breathing tube was removed how wonderful her bed bath and back rub had been the day before.

When my mom first expressed shock, grief, and anger over her brand-new, unwanted colostomy, it was a nurse who provided essential emotional support — and called a chaplain to provide further comfort to my mom and dad.

Drips and tubes and high-tech surgical intervention may have kept my mother alive, but low-tech nursing care kept my mom comfortable and helped us cope. ■



Do you have your own low-tech nursing techniques?

Answer at [Facebook](#) by going to [HealthcareTraveler.com/NursingTechniques](https://www.healthcavotraveler.com/nursingtechniques)

TIPS FOR LOW-TECH NURSING 101

- 1 Let them know you're there.** Even if the patient is unconscious. Even — especially — if the family is overwhelmed. Smile, ask what they need, and let them know how you plan to help.
- 2 Provide personal care.** It's tough to prioritize bed baths and mouth care when you're juggling a full load of patients. But such non-essentials are essentially important to patients who have spent the day in bed.
- 3 Use personal touch.** The power of human touch cannot be overestimated. I've held patients' hands and offered hugs to patients and family members.
- 4 Respect personal boundaries.** Some people aren't comfortable with physical touching, so take your cues from the patient and family — but don't assume. It's always a good idea to ask.
- 5 No substitute for quality care.** Technical advances have been a boon to patient care, but aren't substitutes for solid nursing basics, including essential emotional support.



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