Events Affecting the Development of Nursing Education in Indiana

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Executive Director

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Indiana State Board of Nursing
Indiana Government Center South Building
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Indiana
The Board and its members get basically two kinds of questions. Those that deal with violations of the nurse practice act and those related to the rules for the nursing education institutions in the State of Indiana.

Many of the ones that relate to the interpretation of the Nurse Practice Act are difficult ones to give an answer. What a person asking wants to know is an exact answer to a specific situation and the practice act will often only give general guidelines. All we can do is say what has happened before with similar situations but until we have a full hearing with their situation, we can not give anyone an exact answer to their question. Some want the Board to give a legal opinion for a particular procedure, skill or nursing activity. This is not a function of the Board. We do not give legal opinions as a Board or through our legal counsel.

The nurse practice act was written with more general statements. One can not enumerate all the likely possibilities without missing something. Thus, we settled for a more general rule which also brings its own set of problems. This way we have the possibility to incorporate some of the newer skills of nursing as they become more standard in our practice without having to rewrite the nurse practice act every few years.

The second line of questioning is along the line of interpreting the rules for schools of nursing. One question asked is if the change a school is making is a major change and if it is necessary for the Board to rule on it. We tried to clarify this one with the last rule change under 848 IAC 1-2-16 item (i). Please check the rules and statute first.

Another question deals with whether the current listing of required courses in the curriculum all require a “C” grade or above for a current student. During this transition time of having students in a curriculum during the time of this rule change, the following is what I have been telling schools that ask this question.

1. If the student has started the course prior to the official update time of the rules – the old rules apply.
2. If the students starts the course after the rules are in effect – the new rules apply even though the student started the curriculum under the old rules.

The key word here is the time the course was started not when a student started in the curriculum.

A third question deals with the type of degree a nursing faculty needs to have to teach in the nursing program. 848 IAC 1-2-13 and 14 tends to raise questions for some of you. The intent of this ruling was that all faculty teaching nursing courses that require nursing expertise should have a master’s degree in nursing if in the RN program (a BS if in an LPN program). Persons teaching in other courses, which are also part of the nursing curriculum, but don’t require nursing expertise need to have a Master’s degree in their respective areas. These “other” courses are usually interpreted to be the physical, biological, or social sciences.

These questions, as well as others, will continue to have vague areas so, if in doubt, do as you have been – call or e-mail IPLA, and we will respond.

Mervin R. Helmuth, R.N., M.N.
Past Board President
Meet the Board

Welcome the new Indiana State Board of Nursing President

**Laurie Peters, MSN, RN**

*President, Indiana State Board of Nursing*
*Associate Professor, Nursing*
*Ivy Tech Community College*

**EDUCATION:** PhD in Educational Leadership and Administration, Indiana State University (in progress); MSN, Nursing, Ball State University, 1998, FNP Specialty; BSN, Nursing, Indiana University, Kokomo, 1991.

**PROFESSIONAL ORGANIZATIONS:** North Central Indiana Regional Healthcare Skills Alliance, 2002-Present; Indiana State Board of Nursing, 2000-Present; Indiana State Nurses Association, 2000-Present; Sigma Theta Tau International Honor Society for Nurses, 1990-Present.

**AWARDS:** President's Community Based Job Training Initiative Grant, 2005; Health and Human Services Administration Federal Grant, 2004; Kokomo/Howard County "Elizabeth M. Foster Award Honoring Trailblazing Women", 2004; Kokomo Tribune "Difference Maker", 2003; Who's Who Among America's Teachers, 2002; Glenn W. Sample Award for Excellence in Instruction, 1999; President's Award for Excellence in Instruction, 1999; Kokomo Academy of Women Award, 1999.

**PROFESSIONAL APPOINTMENTS:** Louisiana State Board of Regents Nursing Consultant, 2005-Present; Indiana State Board of Nursing, 2000-Present - Currently serving as President; National Council of State Boards of Nursing PN Practice Analysis Panel of Experts, 2003; Board surveyor for nursing program accreditation.
Nursing Care Malpractice Part One discussed what is medical malpractice and the Indiana laws regarding medical malpractice. This article will discuss what happens if I get named in a lawsuit and should I have my own malpractice insurance. We all make mistakes just because we are human beings.

What Happens If I Get Named In A Lawsuit?

There are two parties in a lawsuit, the plaintiff who is the patient who initiates the suit and the second party is the defendant, who is the doctor or healthcare provider who is defending himself in the case. The plaintiff has the burden of proof to prove that there is medical malpractice. The burden of proof is that it is more likely than not that the defendant breached the standard of care. The easiest example is by looking at the scales of justice. One side is for the plaintiff and the other is for the defendant. Plaintiff has met their burden of proof when the scale tips slightly to their side.

It is unlikely for a nurse to get named individually in a lawsuit. It is more likely that the employer will be named. As an employee of a healthcare entity such as a physician’s office, hospital, nursing home or home healthcare service, the employer is responsible for the acts of negligence of its employees. The only exception where an employer will not be responsible for the acts of a nurse
is if the nurse is acting outside the scope of his/her responsibility. For example, if the nurse is ordering medication without a physician’s order, the nurse is practicing medicine without a license and acting outside the scope of her responsibility. Although it is unlikely that a nurse will get named as a defendant in a lawsuit, it is possible that the defendant’s attorney will ask to take the nurse’s deposition. Even if a nurse is not directly named, this only affects payment and not the nurse’s own accountability. The nurse should still be proactive to avoid any implication of malpractice.

Whether or not to have your own malpractice insurance is a personal choice. The benefit of having your own malpractice insurance is that it gives you a right to have your own attorney present at a deposition.

What is A Deposition?
A deposition is simply a process where a witness is asked questions under oath. The court reporter takes everything down that the witness says. In a lawsuit, there should be no surprises. Both sides are entitled to get as much information as they can from anybody who has knowledge regarding the case. If a nurse is asked to have his/her deposition taken, the attorney for the employer will properly prepare the nurse for the deposition.

Should I Have My Own Malpractice Insurance?
Whether or not to have your own malpractice insurance is a personal choice. The benefit of having your own malpractice insurance is that it gives you a right to have your own attorney present at a deposition. If you choose to have malpractice insurance, it is imperative that you become a qualified healthcare provider under the Indiana Patients Compensation Fund. In Nursing Care Malpractice Part One, to have a healthcare provider’s liability limited to $1,250,000.00, one must voluntarily participate and be qualified under the Indiana Patients Compensation Fund pursuant to the Indiana Medical Malpractice Act (“Act”). This requires that your insurance company pay an additional premium so as to qualify you under the Act. Nursing malpractice insurance is relatively inexpensive. However, it is more expensive to be covered by the act. You must remember that the Act gives you certain benefits of limiting your liability so that there is no personal exposure. The Act also requires that your case must be presented to a medical review panel before it can proceed in court.

It is also advisable to have your own attorney if the hospital’s interests are different than yours. If your position was terminated over this incident or you feel like the hospital will not support you in the care that you provided, it is advisable to have your own attorney. In any event, it is advisable to seek the advice of an attorney should you get named in a suit or be asked to have your deposition taken because your testimony will be under oath and it can be given to the Indiana State Board of Nursing for further action if the Board deems necessary.

The best defense is a strong offense. By practicing defensive nursing care and charting thoroughly and being proactive with your care, it will save you a lot of time and trouble in the future. After a long day it is difficult to have the energy to sit down and chart, but imagine picking up a chart two to three years after the malpractice occurred and trying to remember what happened. I would challenge each one of you to pick up a chart that you wrote on six months ago and see how good your recollection is and see how well your notes protected you.

Lorie A. Brown, RN, MN, JD, of Brown Law Office, Indianapolis, Indiana (317) 465-1065 is a practicing nurse-attorney who represents nurses for licensing issues before the board and for contracting matters. The views expressed in this column are those of the author and do not represent the opinions of the Indiana State Board of Nursing or the Indiana Professional Licensing Agency. www.brownlaw1.com.
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RESERVED AD SPACE
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NEW AD TO COME
What is Nursing at a Higher Level?

It’s the expertise that comes from experience.

It’s the opportunity to really grow in your nursing career.

It’s an internship at St.Vincent Indianapolis and Carmel.

At St. Vincent Hospitals, nursing professionals are the key to a successful healthcare equation. Nurses bring dedication and commitment found only in a calling to care and they deliver unmatched expertise that comes from the hands-on experience of meeting patient needs every day. That’s why St. Vincent Hospitals puts in to practice the unique philosophy of “Nursing at a Higher Level” to attract and retain extraordinary nurses while offering them the opportunity to work in a supportive, progressive environment. “It’s our ultimate goal to be the premier facility for nurses in the area,” says Jean Meyer, RN, MSN, Senior Vice President and Chief Nursing Officer, Indianapolis Hospitals.

“St. Vincent is a great place to work for a number of reasons—especially for nurses,” says Anne Coleman, RN, Executive Director of Women’s Services. “St. Vincent is a great place to work for a number of reasons—especially for nurses,” says Anne Coleman, RN, Executive Director of Women’s Services. “These reasons include the quality of care we deliver to our patients; the promotion of a family environment for our associates rather than simply a work environment; and the creation of many opportunities for our nurses. We encourage our nurses to climb our clinical ladders, which keep nurses at the patients’ bedside while giving them other opportunities for growth beyond patient care. Not only do they grow professionally, they’re also rewarded financially.”

St. Vincent’s passion for continued learning and career development is evident in their commitment to “Nursing at a Higher Level”. These unique internships were created to give new graduates from nursing schools the kind of hands-on experience they could only get in a hospital setting. Discover how St. Vincent takes nursing to a higher level at every stage of a career.

Student Nurse Internship Program

Sara Cole, RN, Nurse Recruiter Consultant, notes that most student nurses work sparingly in clinical settings as they are completing their formal education.

The Student Nurse Internship Program, available at St. Vincent Indianapolis Hospitals, helps to remedy this by offering the student nurse an opportunity for a more concentrated clinical experience. The program is held mid-May through August and is tailored to student nurses who have completed their junior year of school and will be entering their senior year in the fall.

Graduate Nurse Residency Program

An education in nursing offers individuals a wonderful and broad array of experiences and opens doors to a wide variety of opportunities for new nurses. This can make it difficult for new graduates to know which area of nursing would best fit their passion, skills, knowledge and work style preferences.

“I’m really glad I did the Graduate Nurse Internship, because without knowing what each unit was like, I might have chosen an area that was all wrong for me,” says Emma Hosteler, a Medical/Surgery nurse at St. Vincent. “I got to work on six different units and pick my top three choices. I’ve had a lot to learn, but I work with wonderful nurses and wonderful supervisors. Everyone is so encouraging and they’re always helpful and ready to answer questions. I got a
“Also, with a broader view of what’s available,” says Emma, “I’ll have a better idea of the opportunities if I decide to shift my focus later in my career in the future.”

St. Vincent has developed innovative internships that allow talented new grads to pursue opportunities in the specialty areas of Surgery and NICU – departments that some hospitals refuse to take graduate nurses because they lack the on-the-job training necessary to work in these areas.

**Surgery Nurse Intern Program**

Surgery Nurse Intern Program, available at both Carmel and Indianapolis hospitals, offers an exciting opportunity for nurses to expand their field of nursing. A six-month program that begins in June/July and January each year, these are designed for experienced or graduate nurses who want to prepare for perioperative nursing practice. The internship includes intensive training, didactic classes, learning surveys, labs, and supervision by a clinical nurse preceptor. Michelle DeStefano, RN at St.Vincent Carmel, says, “I had worked in the recovery room at Carmel Hospital as a student and knew I wanted to work in surgery after completing my degree. During the surgery internship at Carmel Hospital, all the associates worked with me, giving me as much time as I needed to learn and ask questions. I was placed in a variety of surgery rooms and felt well prepared when I left orientation. I love the people I work with and my job at St. Vincent Carmel Hospital.”

**NICU Internship**

This is a twelve-week program for graduate or experienced nurses, generally offered in January and June. It provides intensive training and detailed clinical orientation by NPs, OTs, PTs, RTs, and neonatologists at St.Vincent Women’s new, state-of-the-art, 75-bed Newborn ICU.

St. Vincent believes in growing and developing its nurses and exhibits this belief through its core values- service, reverence, integrity, wisdom, creativity, and dedication. At St. Vincent "Nursing at a Higher Level" is being achieved through the growth and development of the nurses of today and tomorrow.
Board Meetings

The Indiana State Board of Nursing meets on the third Thursday of every month. The meetings begin at 8:30 a.m. and continues until business has been completed. The public is invited to attend. It is not necessary to notify the Board if you wish to attend.

March 16, 2006
April 20, 2006
May 18, 2006
June 15, 2006
July 20, 2006
August 17, 2006
September 21, 2006
October 19, 2006
November 16, 2006
December 14, 2006

The 2006 meetings will be held in the Auditorium of the Conference Center, Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. If you have any questions about attending a meeting you may contact the Board at (317) 234-2043 or via e-mail at pla2@pla.in.gov

Meeting agendas will be available 6 days prior to the meeting at www.pla.in.gov Click on the “calendar & news” link.
While conducting some research for my doctoral program, I became interested in knowing when and what events influenced the development of nursing education in Indiana. Below is a summary of my findings.

Pioneering women in the early 1820’s in Indiana had little to no formal education or training. Occupations such as homemaking and farming were predominant (Chambers, 1994). Nursing care for the sick was provided by members of the family or, in some areas of the United States, by religious orders in Catholic and Protestant hospitals (McDonnell, 1994b; Pickrell & Backer, 1994). Unfortunately, it was not uncommon that untrained and often unscrupulous individuals provided nursing services to the sick. It was not until the mid 1800’s that education for women became a more acceptable endeavor (Solomon, 1985). Parallel to the national scene of that time, the first Indiana training school for nursing education opened in Indianapolis in 1883, known as the Flower Mission Cottage and Training School for Nurses (McDonnell, 1994b).

**The Early Years**

Men and women began settling in Indianapolis in the 1820’s (Gabin, 1994). During the mid 1800’s women were not only involved in sustaining their families, many formed groups to address religious reform, culture enhancement and public health and welfare. Some of these groups demonstrated the diversity, growth and changing culture occurring in Indianapolis during the 1800’s. Clubs such as the Indianapolis Benevolent Society, the Women’s Rights Association of Indiana (later named the Indiana Women’s Suffrage Convention), the German Protestant Orphan’s Association and the African American Women’s Bethel Society provided examples of such growth and diversity. Frequent attention was given to raising public health and safety standards as well as the urban populations’ access to health care.

Women’s political and social power were the basis for the formation of the Women’s Improvement Club (WIC) of Indianapolis in 1903 (Gabin, 1994). This group was one of the driving forces behind the effort to attack tuberculosis among the African American population in Indianapolis. During this era,
healthcare for African Americans was virtually non-existent, especially because of the lack of funding from local and government sources. To battle this problem, the WIC established an outdoor camp for African American tuberculosis patient's, began nurses' training for African Americans, and raised funds for food, supplies and nursing care. By the 1920’s, healthcare for the African American population was inclusive of preventative care, but continued to lack in services for African American tuberculosis patients.

Before the Civil War, nursing care was typically considered a domestic responsibility provided in the home by family members (Pickrell & Backer, 1994). Basic, substandard care for the destitute, the most vulnerable in society, was often the case as nursing care was sporadic and poorly defined. Although some women professed to be nurses

**Nursing was often crude and indifferent, lacking in organization and discipline.**

who worked for non-family members for income, they did so without formal training and often used unscrupulous methods.

Environmental conditions, poor sanitation and poor hygiene led to diseases such as cholera, malaria, tuberculosis, small pox, venereal disease and typhoid fever. As the population in Indianapolis grew, an outbreak of smallpox emerged in the mid 1800’s. An attempt to establish a hospital in Indianapolis at this time was unsuccessful (Allen, 1980). The need for organized training methods to include provision of textbook education, longer training courses and an organization to advance nursing and nursing education was evident.

The 1860’s brought significant change for women who were left in charge of farms and businesses as men fought in the Civil War (Chambers, 1994). Contagious disease became common as more men died from illnesses rather than wounds (McDonnell, 1994a). During the war, the need for nursing care for Indiana soldiers was imperative. Chambers indicated many women and Sisters in religious orders volunteered and offered their services as nurses, but conditions such as sanitation

![Nurses from Union Hospital (Terre Haute) in 1900.](image1)

![Dr. Wishard (center with hat) posed with nurses in front of City Hospital (Indianapolis) in 1887. In Indiana State Nurses Association Records, 1887-1979 (No. M0380). Indianapolis: Indiana Historical Society.](image2)
remained deplorable and the need for more nurses prevailed. As one nurse writes regarding her experiences in the Army:

There had never been women in the army and the idea did not appeal to the army surgeon. So nurses, please remember that we were not put in the army because the medical department wanted us, but because the mothers of the American soldiers had demanded that the government prepare themselves to give their sons the intelligent care that is necessary to the sick. Unpreparedness was rampant every place. (Craig, 1933, p. 1)

The experiences of the Civil War and increasing public interest further emphasized the need to develop standardized training programs for nurses. This movement was further assisted by socially prominent women whose family members had served during the war.

Nursing was often crude and indifferent, lacking in organization and discipline. In a paper by Abbie Bryce (1920), second superintendent of the Flower Mission Training School, the early experiences for students in the hospitals were described as lacking knowledge of basic concepts of cleanliness and hygiene. Bryce writes:

... as you would now feel how horrible it was to see a very sick pneumonia case in the next bed to a Tubercular case and know the same thermometer would take both temperatures only dipped into a glass of water and wiped on a clean piece of an old sheet brought in to us by some kind visitor to be torn into small squares to use for such purposes ... we had many pneumonia cases and I never knew one that did not end in T.B. We lost most cases where the abdomen was opened, still did save some with the care we have learned to give. (p. 2)

In 1921, the Indiana State Board of Examination and Registration of Nurses was born, with mem-
bers appointed by the Governor (Burford, 1922). This board was authorized to employ an education director whose duty it was to visit nurses' training schools in Indiana and to give advice, aid and encouragement to such schools and nursing students to maintain high professional ideals, and keep them informed of the progressive technical methods such as to obtain in other states and countries, and look over records and ascertain the educational status of such schools and students as prescribed by the board of examination and registration of nurses. (pp. 6-7).

Burford states that for women in the military services, the board ruled that all nurses who had served in the Army or Navy of the United States, and were honorably discharged, were entitled to registration without examination

References


Indiana State Board of Nurses' Registration and Examination. (1949). *Textbooks to be used in the training schools of Indiana*. Indiana: Author.


## Disciplinary Actions

**Indefinite Suspension**—Indefinitely prohibited from practicing for a specified minimum period of time.

**Indefinite Probation**—License is placed on probation for a specified minimum period of time with terms and conditions.

**Renewal Denied**—The Nurse’s license will not be renewed therefore, she/he does not have a license to practice in Indiana.

**Summary Suspension**—Immediate threat to the public health and safety should they be allowed to continue to practice. Issued for a period of ninety (90) days but can be renewed with Board approval.

**Letter of Reprimand**—Letter issued by the Board to the Nurse indicating that what she/he did was wrong.

**Revoked**—An individual whose license has been revoked may not apply for a new license until seven (7) years after the date of revocation

Discipline for the previous quarter will be printed in each magazine addition in the future. Changes may occur before printing so the most accurate discipline information should be obtained on the license search feature of our website at www.pla.in.gov.

### November 17, 2005 Meeting

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<td>Lashondra McIntosh</td>
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<td>Cindy Mason</td>
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<td>Sonya Clayton</td>
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<td>Amanda Key</td>
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<tr>
<td>Betsy Eibling</td>
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### December 15, 2005 Meeting

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<tr>
<th>NAME</th>
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<tbody>
<tr>
<td><strong>Administrative Hearings</strong></td>
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<tr>
<td>Shannon Metry</td>
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<td>Rita Deschner</td>
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<td>Michael Russell Engle</td>
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<td>Heidi Sue Davies</td>
<td>27045120</td>
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<td>Yvonne Kerkes-Wood</td>
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<td>Peter Anthony Biggs</td>
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<td>Debra Stout</td>
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<tr>
<td>Deborah Seaver</td>
<td>28117716</td>
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</table>

*continued on page 21*
Located in the heart of the County, Howard Regional Health System is fast becoming the premier health care employer in the region, and for good reason. Our financial stability and local decision-making structure have allowed us to improve on our programs and services, as well as the lifestyle options and benefits we offer to our team. In addition to flexible scheduling and an attractive pension program, we provide unparalleled opportunities to grow your skills, your expertise, and your career.

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“I feel like they care about their employees.”

Amy Smith
Registered Nurse, Med/Surg
Howard employee since 2002

Howard Regional Health System
### December 15, 2005 Meeting

<table>
<thead>
<tr>
<th>NAME</th>
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<tr>
<td>Violet Lanae Thompson</td>
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<td>Jacklyn Francisco</td>
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<td>Diane Sue Fraker</td>
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### January 19, 2006 Meeting

#### Administrative Hearings

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<tr>
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<td>Mary Beth Hoffer</td>
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<td>Brian Douglas Montgomery</td>
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<td>Sharon Elaine Babb</td>
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<td>Kathy Sherlene Packer</td>
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<td>Tammy Renee McClish</td>
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<td>Rhonda Monday</td>
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• Resource Team
• Nursing Leadership

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- Stress Center
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- ICU

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