Nurses are part of the communities in which they work, so it is imperative that resilience training starts with them, such as in nursing programs or during facility orientations. I would have liked to see the article incorporate more strategies that nurses, nursing programs, or employers can implement to ensure that frontline nurses responding to disasters have the resilience they need to provide care for others and to contribute to community resilience.

Sharilyn M. Gasparrelli, RN, CNOR
Durham, NC

KEEPING ASSESSMENT SKILLS SHARP
In reading “Identifying Hospitalized Patients at Risk for Harm: A Comparison of Nurse Perceptions vs. Electronic Risk Assessment Tool Scores” (April), it is evident that nurse perception of patient risk is exceedingly greater than the perception of electronic assessment tools currently in use. The authors mention that patient assessment is the first step of the nursing process taught in nursing school, but what if those skills fall by the wayside? Even long-tenured nurses could benefit from workshops centered on patient assessment techniques, as there is always room for growth and development in the fast-paced medical profession.

Joshua Valenzuela
Fresno, CA

THE HUMAN MICROBIOME
Congratulations to the authors of “Health and the Human Microbiome: A Primer for Nurses” (July). The article is one of the clearest explanations of this complex topic that I’ve seen. In the past year, I’ve heard a couple of speakers talk about current microbiome gastrointestinal research and have been following the topic. The vaginal site information is relatively new to me. I think the article may stimulate more interest from others.

I taught advanced pathology to advanced practice nursing students for many years and tried to help them see the links between science and the clinical setting. Some topics, such as in-depth genetics, were more difficult than others. This article does a wonderful job of translating science to clinical practice, especially with the labor and delivery examples. Keep up the good work, AJN!

Angela P. Clark, PhD, RN, ACNS-BC, FAAN, FAHA
Faculty Emeritus, University of Texas at Austin; Past President, American Heart Association, Capital Area Division, and National Association of Clinical Nurse Specialists; Edge Runner, American Academy of Nursing

HELPING PREGNANT SMOKERS QUIT
Smoking and smoking cessation are global issues, especially when it comes to pregnancy (“The Experiences of Pregnant Smokers and Their Providers,” June). Health care providers need to have more open discussions with their patients and come from a place of understanding, empowering patients to make better choices. When patients feel that their health care team genuinely cares about their well-being, they are more receptive. Providers’ tone should shift from “You should stop smoking for A, B, C reasons” to educating patients and letting them know that the staff is there to help them get the best quality care, including advice on smoking cessation.

Daniel G., via ajonoffthecharts.com

CRITICAL THINKING DURING TIME-OUT PROTOCOLS
In “Forever Hold Your Peace: When Preprocedure Safety Concerns Are Missed,” I was taken by the author’s unheeded concerns about her overly low heart rate before colonoscopy, and the nearly fatal results (“Viewpoint, July). I’m concerned that medical teams too often fail to note patients’ specific concerns despite the serious dangers that could result. I have seen in a number of nursing textbooks the axiom that the patient knows more about her or his body than anyone else. Close attention to patient concerns before a procedure should unequivocally be added to time-outs and I hope it will be in the very near future.

Charles Lott
Ithaca, MI

NATURAL DISASTERS AND RESILIENCE TRAINING
Everyone is affected by natural disasters in some shape or form (“Climate Change and Mental Health,” April). No matter one’s stance on climate change, there is no denying that natural disasters happen and that nurses are uniquely positioned to respond holistically to such occurrences. While the authors mention building resilience as an acceptable way to support the community, they don’t address providing resilience training to nurses or how resilience is developed at an individual level.

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AJN welcomes letters to the editor regarding recently published articles, although critiques of original research may be submitted at any time. Submissions must be typed, contain fewer than 300 words, and must include the correspondent’s name, city and state, phone number, and e-mail address. Please include no more than three references for any statistics or studies cited. Letters will be edited for length, clarity, and accuracy. Submission of a letter will constitute the author’s permission to publish it, although it doesn’t guarantee publication. Letters become the property of AJN and may be published in all media. Send letters to AJNLetters@wolterskluwer.com, or AJN Letters, Wolters Kluwer Health, Inc., 333 Seventh Avenue, 19th Floor, New York, NY 10001, or (212) 886-1206 (fax).