

The Maryland Nurse News and Journal

The Official Publication of the Maryland Nurses Association
A State Nurses Association, Representing Maryland's Professional Nurses Since 1904.

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MNA President's Message

I am sitting here on New Year's Eve completing my President's Message (and I know you will not receive until early 2015), and it is amazing how quickly this past year has gone by. Has anyone noticed that as we age, that the years seem to go by so much faster than when we were children?



Janice Hoffman

When I began my tenure as MNA President in October in 2013, I made it a personal goal to visit all eight MNA districts during my two years, and as of December 3rd, I have now attended either a General Membership or Board meeting for each district. It is amazing the depth and breadth of expertise, talent, and leadership demonstrated by our MNA members. During my visits, I was impressed with the many activities at the district level, from the collection of charitable goods for those less fortunate, to the many outstanding educational sessions offered. The Maryland Nurses Association is an extraordinary example of excellence in professional nursing practice and service to the citizens of Maryland!

As we get ready for a very busy 2015 Legislative Session, in addition to a new Governor, there are many new legislators and representatives, from different parties, and we at MNA need to get out and meet with these new officials to make sure they know and support MNA. As those of you on the Legislative Committee are aware, there are many visits to make, correspondence to send, and phone calls to complete as we prepare for the 2015 Legislative Session. I encourage all MNA members, as well as registered nurses across the state, to contact their local and state elected officials to share the important work that registered nurses are committed to, as well as the relevant legislative matters that will be introduced this year.

Recently I ran in to a relatively new graduate nurse who had been very involved in professional and legislative issues as a student and a member of the Maryland Association of Nursing Students. Out of school for 18 months, she was ready to get involved in MNA, and has recently joined the Legislative Committee. I provide this example as we know that it is this type of personal "reach" that leads to greater involvement in our association. There are many opportunities, at both the district and state level, for active participation in the association's work. We continue with the Strategic Plan implementation, and welcome members from across the state to become involved.

Lastly, thank you again for the privilege of serving as the President of MNA. We continue to see a gradual increase in our membership, as well as involvement at the district levels. For those members who know me personally, you understand that "I love being a registered nurse!" In both my fulltime role as a nursing faculty member, and my volunteer role as President of MNA, I strive to represent our profession in a positive and meaningful way and to help all I meet to understand how truly essential registered nurses are to the health and well-being of everyone. As you embark on this New Year, I encourage you to carve out some time to promote and advocate for our profession.

Happy New Year!

Janice
janicehoffman@marylandrn.org



Public Ranks Nurses as Most Honest, Ethical Profession for 13th Straight Year High Ranking in Gallup Poll Coincides with ANA's Year of Ethics

As the American Nurses Association (ANA) embarks on a yearlong campaign to highlight the importance of nursing ethics and their impact on patients and health care quality, the annual Gallup survey on trust in professions shows the public continues to rate nursing as the most honest and ethical.

For the past 13 years, the public has voted nurses as the most honest and ethical profession in America in the Gallup poll. This year, 80 percent of Americans rated nurses' honesty and ethical standards as "very high" or "high," 15 percentage points above any other profession.

"All nurses share the critical responsibility to adhere to the highest ethical standards in their practice to ensure they provide superior health care to patients and society," said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. "ANA is calling 2015 the Year of Ethics to highlight ethics as an essential component of everyday nursing practice and reinforce the trust patients have that nurses will protect their health and safety, and advocate on their behalf."

As more Americans gain access to health care under the Affordable Care Act, consumers increasingly are finding that they can rely upon nurses to provide their preventive, wellness and primary care services.

Additionally, ANA has completed a revision of its Code of Ethics for Nurses, a cornerstone document of the nursing profession that upholds the best interests of patients, families and communities. The new Code reflects many changes and evolutions in health care and considers the most current ethical challenges nurses face in practice. The new Code will be released early in 2015. The revision involved a four-year process in which a committee received and evaluated comments on ethics issues from thousands of nurses. The Year of Ethics will include educational activities supporting the Code and a three-day experts' symposium.

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Outgoing Board Members

The Maryland Nurses Association extends a heartfelt THANK YOU to the following Outgoing Board Members for a job well done:

Neysa Ernst, RN, MSN

Neysa served one year as President-Elect, two years as President, and one year as Immediate Past President. In addition, she served on the Legislative Committee and the Convention Planning Committee. Thank you, Neysa!



Neysa Ernst
Immediate Past President



Linda Costa
Treasurer

Linda Costa, PhD, RN, NEA-BC

Linda served one year as Treasurer-Elect and two years as Treasurer. Linda also serves as the Treasurer of the MNA Political Action Committee. Thank you, Linda!

PUBLICATION

The Maryland Nurse Publication Schedule

Issue	Material Due to MNA
May/June/July 2015	March 2015

The Maryland Nurse is the official publication of the Maryland Nurses Association. It is published quarterly. Subscription price of \$20.00 yearly.

MISSION STATEMENT

The MNA Mission Statement and Values adopted October 2014

The Maryland Nurses Association, the voice for nursing, advocates for policies supporting the highest quality healthcare, safe environments, and excellence in nursing.

Our core values: Camaraderie, Mentoring, Diversity, Leadership, and Respect

Articles and Submissions for Peer Review

The Maryland Nurse welcomes original articles and submissions for publication. All material is reviewed by the editorial board prior to acceptance. Once accepted, manuscripts become the property of *The Maryland Nurse*. Articles may be used in print or online by the Maryland Nurses Association and will be archived online. It is standard practice for articles to be published in only one publication. If the submission has been previously distributed in any manner to any audience, please include this information with your submission. Once published, articles cannot be reproduced elsewhere without permission from the publisher.

Preparing the Manuscript:

1. All submissions should be word-processed using a 12 point font and double spaced.
2. A title page should be included and contain a suggested title and the name or names of the author(s), credentials, professional title, current position, e-mail, mailing address, telephone contact, and FAX number, if applicable. Authors must meet the requirements for authorship. Contributors who do not meet the criteria for authorship may be listed in an acknowledgements section in the article. Written permission from each person acknowledged must be submitted with the article.
3. Subheadings are encouraged throughout the article to enhance readability.
4. Article length should not exceed five (5) 8 ½ X 11 pages (1500-2000 words).
5. All statements based on published findings or data should be referenced appropriately. References should be listed in numerical order in the text and at the end of the article following the American Psychological Association (APA) style. A maximum of 15 references will be printed with the article. All references should be recent—published within the past 5 to 7 years—unless using a seminal text on a given subject.
6. Articles should not mention product and service providers.

Editing:

All submissions are edited for clarity, style and conciseness. Referred articles will be peer reviewed. Comments may be returned to the author if significant clarification, verification or amplification is requested. Original publications may be reprinted in *The Maryland Nurse* with written permission from the original author and/or publishing company that owns the copyright. The same consideration is requested for authors who may have original articles published first in *The Maryland Nurse*. Additionally, once the editorial process begins and if a submission is withdrawn, the author may not use *The Maryland Nurse* editorial board review comments or suggestions to submit the article to another source for publication.

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Submissions should be sent electronically to TheMarylandNurse@gmail.com.



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Schools of Nursing News

University of Maryland School of Nursing Holds Inaugural December Graduations



Commencement ceremonies for fall and winter 2014 graduates of the University of Maryland School of Nursing (UMSON) were held for the first time in December, marking another new tradition launched during UMSON's 125th anniversary year. Ceremonies were held Friday, Dec. 12, for Bachelor of Science in Nursing (BSN) graduates at the Universities at Shady Grove (USG), and Monday, Dec. 15, at the Hippodrome Theatre in Baltimore for graduates of Baltimore's nursing programs. Three hundred twenty-four degrees were awarded, including 139 BSNs, 160 Master of Science, 20 Doctor of Nursing Practice, and five PhDs. Nine certificates were awarded.

"You begin your careers at a time when nursing presents unparalleled possibilities—no other profession offers such a diverse range of career paths and opportunities for professional advancement," said Jane M. Kirschling, PhD, RN, FAAN, dean of the School of Nursing. "Moreover, very few professions afford you the privilege of having a significant impact on the lives of individuals, families, and communities as nursing does."

12 UMSON Faculty Receive Fellowship Awards

Twelve University of Maryland School of Nursing (UMSON) faculty members have received the New Nurse Faculty Fellowship Award for FY '15-'17, a grant funded through the Nurse Support II Program (NSPII). NSPII is a statewide initiative designed to grow the number of nurses prepared to effectively function in a faculty role.

UMSON Assistant Professors Lori Edwards, PhD, MPH, BSN '80, RN, PHCNS-BC; Maranda Jackson-Parkin, PhD '13, MS '06, RN, CCRN, CRNP-BC; and Gina Rowe, PhD '13, DNP '10, MPH, FNP-BC, PHCNS-BC, CNE; and Clinical Instructors Beth Barrows, MS '13, BSN '05, RN; Mary Burr, MS '02, CPNP; Ann Felauer, MSN, RN, CPNP-AC/PC; Lori Mooney, MS '09, BSN '05 RN, PMHNP-BC, CRNP-PMH; Linda Murray, MS '84, CPNP; Karin Russ, MS '09, BSN '89 RN; Kate Scott MPH, RN; Celeste Seger, MS '13, BSN '10, RN; and Nicole Smith, MS '14, RN, were all recipients of the award. These fellowships will assist Maryland nursing programs

in recruiting and retaining new nursing faculty to produce nursing graduates to staff Maryland hospitals.

"We are extremely pleased to see so many of our faculty members receive such generous financial support through the Fellowship Program," said UMSON Dean Jane Kirschling, PhD, RN, FAAN. "This statewide initiative helps the School of Nursing attract and retain talented faculty, which in turn improves our capacity to produce a strong nursing workforce."

State institutions with nursing degree programs are eligible to nominate an unlimited amount of newly-hired, full-time, tenured or tenure-track faculty members for the fellowship. The maximum amount of the three-year fellowship is \$20,000. Recipients receive \$10,000 during year one, and then \$5,000 for the remaining two years. Funds can be used to supplement a fellow's salary, graduate education expenses, and professional development and associated dues.

Schools of Nursing News continued on page 4



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Schools of Nursing News

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Howard Community College Nursing Program Winter Graduates



Sixty-two graduates celebrated the completion of the nursing program at the nursing recognition ceremony on December 15, 2014 at Howard Community College. The student speaker was Daliah Halboni and the mistress of ceremonies was Casey Green. The graduates expressed their gratitude to family, friends, and faculty for their support by writing thank-you notes which were read during the ceremony.

Doors Wide Open for Hopkins Nursing Grads

Class Members Exceed National Hiring Averages, Receive Multiple Job Offers

Despite reports of hiring obstacles facing recent nursing graduates, the majority of Johns Hopkins students completing a bachelor of science in nursing (BSN) degree in 2013 report they quickly found the jobs they wanted, where they wanted them—and with only moderate or no difficulty.

Seventy-eight percent of respondents to the annual survey conducted by the School of Nursing reported they had received and accepted an offer of nursing employment within three months of implementing their job searches, with most indicating they had secured employment prior to graduation. The nationwide employment rate for 2013 BSN graduates, determined through an American Academy of Colleges of Nursing (AACN) survey of all nursing schools, was 59% at graduation—compared to a 29.3% national average for all professions.

At four months and beyond, the Johns Hopkins employment rate grew to 84%, despite an ongoing

trend among BSN graduates to continue their nursing studies full time (6% of respondents). Within the Northeastern region, the AACN reported a nursing employment rate of 50% at graduation and 82% at the six-month mark.

A majority of the Johns Hopkins nursing job seekers found employment in their first choice of position (71%) and 77% reported that position was in their preferred geographic location. Nearly one-third (32%) received two or more job offers—with 3% receiving four or more offers. Forty-five percent reported very little or no difficulty in finding a job, while 25% encountered only moderate difficulty. Although the classes of 2013 report employment in a variety of settings and locales, many are now working in the Washington, DC/Baltimore, MD metropolitan area, and more than half found positions within the top-ranked Johns Hopkins hospitals.

When asked to advise 2014 graduates on what helps in landing that preferred position in the location of their choice, 2013 respondents' number one response was "the Johns Hopkins reputation." They also urged those graduating to network, start early, ask questions, "don't get overwhelmed and give every opportunity a chance."

Patricia Davidson, PhD, MEd, RN, FAAN, dean of the Johns Hopkins School of Nursing, noted, "These results are positive and reassuring, but not surprising. They confirm that a nursing education opens many doors and offers countless career opportunities; they also remind us that our Hopkins graduates are among the most sought after and recruited here in Maryland, throughout the nation, and around the world. These new nurses are exemplary products of their education and carry the unique Hopkins 'brand' wherever they go."

Two University of Maryland School of Nursing Faculty Members Receive UMB Founder's Week Awards

Award celebrates the achievements and successes of University students, faculty, staff, and alumni.

Two faculty members from the University of Maryland School of Nursing (UMSON) were among the recipients of Founder's Week Awards from the University of Maryland, Baltimore (UMB). Karen Kauffman, PhD, RN, CRNP, FAAN, associate

professor and chair, Department of Family and Community Health, received the Public Servant of the Year Award, and Robin Newhouse, PhD '00, RN, NEA-BC, FAAN, professor and chair, Department of Organizational Systems and Adult Health, was co-recipient of the Researcher of the Year, along with C. Daniel Mullins, PhD, chair, Department of Pharmaceutical Health Services Research at the University of Maryland School of Pharmacy.

Each year, UMB celebrates the achievements and successes of the students, faculty, staff, alumni, and philanthropic support, and pays tribute to its 200-plus-year history. As part of the celebration, awards are presented in four categories: Researcher of the Year, Public Servant of the Year, Teacher of the Year, and Entrepreneur of the Year.

Kauffman, who has devoted much of her career to fighting Alzheimer's disease, started a private practice in 1999 to provide long-term care consultation for older adults, many dealing with dementia, and then served on a work group of the U.S. Senate Special Committee on Assisted Living. Additionally, she has been published in national and international peer-reviewed journals on various topics, including Alzheimer's disease; served on the National Board of the Alzheimer's Association; chaired the 23rd Alzheimer's Association Advocacy Forum; and chaired a panel to revise the national Alzheimer's Association's Statement of Ethics. She also serves on the board of the Greater Maryland Chapter of the Alzheimer's Association.

Newhouse conducts comparative effectiveness research using multi-site studies to test health system interventions to improve care processes and patient incomes. She has published extensively on health services improvement interventions, acute care quality issues, and evidence-based practice, and is chair of the Methodology Committee of the Patient Centered Outcomes Research Institute, a committee she was appointed to by the U.S. Comptroller General. Newhouse is the only nurse serving on this prestigious 17-member committee. In addition, in 2013, Newhouse was elected to the board of AcademyHealth, an interprofessional organization for health services researchers, and earlier this year, she was inducted into the Sigma Theta Tau International Nurse Researcher Hall of Fame. She serves on two current Institute of Medicine committees.

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MNA Schools of Nursing News

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“We are very pleased that multiple recipients of the Founder’s Week awards are from the School of Nursing. It is great that Dr. Kauffman and Dr. Newhouse are being celebrated University-wide for their countless contributions that have advanced the field of nursing,” said UMSON Dean Jane M. Kirschling, PhD, RN, FAAN. “Our School is extremely fortunate to have professors of their caliber. This recognition, among others, continues to demonstrate that we have top-rate faculty.”



Robin Newhouse (R) celebrates her award.



Karen Kauffman (C) celebrates her award.

Mark your Calendars!

Now Open – Call for abstracts and online registration for the Summer Institute in Nursing Informatics (SINI) 2015. Join SINI’s 25th Anniversary Celebration July 22-24 at UMSON. New preconference and networking events! <http://www.nursing.umaryland.edu/sini>

Thursday, Feb. 26 – 8:30 a.m.-noon – Third Annual Interprofessional Education Day (faculty only) – Southern Management Corporation Campus Center, Room 349; **12:15-5:30 p.m.** (faculty, staff, and students) – UMSON Room 130 and lobby. Click here to register or for more information.

Saturday, March 7 – 3 p.m. – Ann Cain Lecture in Psychiatric Nursing – UMSON – featuring guest speaker Loretta Sweet Jemmott, PhD, RN, FAAN, van Ameringen Professor in Psychiatric Mental Health Nursing, and Director, Center for Health Disparities Research, University of Pennsylvania School of Nursing. More details to come.

Saturday, April 18 – 6-10 p.m. – 125th Anniversary Gala – Baltimore Marriott Waterfront Hotel

As part of its 125th anniversary celebration, UMSON is honoring 25 outstanding alumni (both living and deceased) as Visionary Pioneers who

have become expert clinicians, educators, and leaders in Maryland, the nation, and around the world. The 25 inaugural Visionary Pioneers will be honored at UMSON’s 125th Anniversary Gala. For more information about the gala, contact Tiffany Hooper at hooper@son.umaryland.edu or 410-706-7640. For information about event sponsorship opportunities, contact Laurette Hankins, associate dean for development and alumni relations, at hankins@son.umaryland.edu or 410-706-7640.

Saturday, Sept. 19 – Reunion 2015 – If your DIN or BSN graduation year ends in a “5” or “10,” or if you earned a degree in the Clinical Nurse Leader master’s option in 2005 or 2010, mark your calendar for the 2015 Alumni Reunion. Look for your invitation in the mail in early spring. If you would like to volunteer as a class representative, contact Cynthia Sikorski, associate director of alumni relations, at sikorski@son.umaryland.edu or 410-706-0674. For more information, visit the alumni website at <http://nursing.umaryland.edu/alumni>.

See more at: http://www.nursing.umaryland.edu/news-events/publications/newsletters/january-2015/?utm_source=December%2FJanuary+2015+E-Newsletter&utm_campaign=January+2015+School+of+Nursing+News&utm_medium=email#sthash.EsrFEbtJ.dpuf

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STUDENTS

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Schools of Nursing News

Hopkins Nursing Ranks 3rd in Online Graduate Nursing Programs

The Johns Hopkins School of Nursing (JHSON) ranks number 3 among the nation's online graduate nursing programs, according to *U.S. News & World Report*. The school's leap from 24th place affirms the level of excellence and leadership given not only in the classroom but also to online learning.

"We are pleased that we've made such a tremendous jump in the 2015 *U.S. News & World Report* Best Online Programs for graduate schools of nursing, moving from #24 to a tie for #3. We've taken a thoughtful and strategic approach in this fast moving learning space and will continue our commitment to provide our online students with the Johns Hopkins excellence in faculty, content and delivery," says Dean Patricia M. Davidson, PhD, MEd, RN, FAAN.

With a commitment to worldwide learning, the JHSON offers online programs for prerequisite courses, Master's programs for Clinical Nurse Specialist and Health System Management tracks, and post-degree options.

The *U.S. News & World Report* rankings are determined through weight of factors including student engagement, faculty credentials and training, student services, technology, peer reputation, and admissions selectivity.

The Johns Hopkins School of Nursing is a global leader in nursing research, education, and scholarship. The School and its baccalaureate, master's, PhD, and Doctor of Nursing Practice programs are recognized for excellence in educating nurses who set the highest standards for patient care and become innovative national and international leaders. Among U.S. nursing schools, the Hopkins Nursing graduate programs are ranked #1 by U.S. News & World Report. For more information, visit <http://nursing.jhu.edu>.

For media inquiries, contact Danielle Kress at 410-955-2840, dkress@jhu.edu.

Five-Star Nurses Celebrated at JHUSON Gala

With 125 years of history and the first hints of autumn in the air beneath a tent (just in case) at the Johns Hopkins School of Nursing, five newly minted Shining Stars got their moments in the spotlight at the third-annual Evening With the Stars gala.

Dean Patricia Davidson, PhD, MEd, RN, FAAN, welcomed alumni, students, staff, faculty, and friends of the School of Nursing (JHSON) as well as nurses from across the medical system on September 27 for an evening of time travel and celebration marking 125 years of Johns Hopkins Nursing. Attendees got a chance to honor the past, experience the progression of nursing, and get a glimpse into its future as faculty and students showed off innovative solutions.

Emcee Candace Dold of Fox 45 in Baltimore, whose brother is a nurse at The Johns Hopkins Hospital (JHH), announced the winners:

Hopkins Nurse Stars

Winners selected from nominees employed at JHH and its affiliates (quotes from nomination forms):

Genieveve Cline, DNP, RN, All Children's Hospital in St. Petersburg, FL

The first nurse to fill the Advanced Education Specialist role at All Children's, Genieveve Cline has dedicated her time and talents to developing and implementing a wide breadth of programs to support the growth of nursing research. Recognizing a need for more staff education on the research process, Cline developed courses to address it. "Her enthusiasm and passion are evident in all her endeavors."

Morning Gutierrez, RN, Johns Hopkins Bayview Medical Center

"Always think of someone you love in their shoes and what they are going through" are the words that Morning Gutierrez carries with her each day. As the senior clinical permanent charge nurse, "Morning has a customer service approach to patient care that is exceptional." She is "an awesome role model to her colleagues."

JHSON Faculty Nurse

Tener Veenema, PhD, MPH, RN, FAAN

Tener Veenema is an Associate Professor and Pediatric Emergency Nurse Practitioner. Tener has



From left, Shining Star winners Genieveve Cline of All Children's Hospital, Morning Gutierrez of Johns Hopkins Bayview Medical Center, Tener Veenema of the JH Nursing faculty, and student Clifton Thornton

"excelled in her roles as a researcher, professor, and mentor," and her work has "undoubtedly saved and improved the lives of countless individuals who have become victims of disasters. Dr. Veenema is professional and knowledgeable but is also one of the most caring individuals I know."

JHSON Student Nurse

Clifton Thornton, MSNC, RN, CNMT

Clifton Thornton is "an outstanding student, a talented and capable research assistant, and a skilled tutor. He cares deeply for his patients and believes that good nursing is an integral aspect of their care. He consistently exhibits a level of intellectual and emotional maturity." Thornton will be graduating from the Pediatric Nurse Practitioner program in December.

Rosenwald Star Nurse of the Year Award Winner

The Cynthia and Peter Rosenwald Star recognizes a nurse working in JHH's intensive care units who goes above and beyond the call of duty. It carries a personal grant of \$5,000.

Allison Pyles, RN

Allison Pyles is an ICU nurse clinician in the Neuroscience Critical Care Unit. She assumes the role of charge nurse, bedside clinical nurse, and unit clinical mentor. She also collects quality improvement and patient safety data and holds staff accountable to meet the standards of all safety initiatives. She goes above and beyond to always ensure a patient's needs are not only met but exceeded. "She is an exemplary leader for all front-line nursing staff."

Says Pyle of the award: "I have always felt that I am the lucky one. I have the opportunity to be in a job that I love and I get to work with patients and families at such a critical time in their lives. I have the privilege of being surrounded by the world's greatest nurses."

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MANS Corner



On behalf of the Board of Directors for the Maryland Association of Nursing Students (MANS), I would like to say that we are incredibly grateful to the MNA for the opportunity to showcase our first "MANS Corner" in their newsletter.

MANS is a nonprofit organization and a constituent member of the National Student Nurses Association (NSNA). We represent all nursing students throughout the state of Maryland. Our mission is to help nursing students become active in professional development, so that they may successfully transition into their careers after graduation. MANS meetings are open to the public and are held every second Wednesday of the month, at 7:00 pm in the MNA Office.

The Board of Directors has been working hard over the past seven months! On January 24th, 2015 MANS hosted their 35th Annual State Convention at the Community College of Baltimore County, Essex. Our theme this year was "TLC: Take Charge, Lead the Way, Change the Future." Students came from across Maryland to hear our phenomenal keynote speaker Donna Cardillo, RN, CSP, and our inspirational endnote speaker Lauren Inouye, MPP, RN. During their speeches, we learned about what changes are in store for healthcare in the next twenty years, how nursing can reinvent itself to emerge as the 'superpower' in healthcare, and why it is so important for us as new nurses to get involved in policy development and implementation. During the convention, attendees also had the opportunity to network with new graduate nurses and nursing professionals, participate in clinical simulations, work on their resumes, attend NCLEX review sessions, and so much more!

While convention is our biggest event of the year, we still have many more activities to come in 2015. MANS will be hosting a Flapjack Fundraiser on Sunday, March 8th, 2015 at Applebee's in Annapolis. Check out our website, www.mdnursingstudents.org for more information about our upcoming events.

For any inquiries regarding MANS, please contact mansmembership@gmail.com.

Submitted by: Sheila Pierre-Louis, MNA Student Liaison
Maryland Association of Nursing Students (MANS)
21 Governors Ct, Suite 195, Baltimore, MD 21244
Email: mansmnastudentliaison@gmail.com
Website: www.mdnursingstudents.org

The Nurse Practitioner Full Practice Authority Act of 2015

Currently in Maryland, nurse practitioners (NPs) are required to sign an attestation, a document containing the name and license number of a Maryland physician. This attestation denies access to care for many Maryland residents, is costly to Maryland Medicare, and slows the ability of NPs to obtain positions in Maryland.

You may remember that the Maryland Academy of Advanced Practice Clinicians (MAAPC) and the Nurse Practitioner Association of Maryland (NPAM) made an attempt in 2010 to obtain full practice authority for NPs in order that the Maryland healthcare system be in alignment with the 2010 Institute of Medicine's (IOM) mandate to meet the increased needs for primary care providers created by the Affordable Care Act. The Maryland Board of Nursing has reported that there have been no issues with patient safety with the elimination of the collaborative agreement. We are one small step away from the IOM objective.

MAAPC and NPAM have teamed up again, partnered with the Maryland Nurses Association and will be introducing legislation during the 2015 Maryland General Assembly to repeal the attestation requirement. Through this partnership, the Maryland APRN Independent Practice Alliance has created and launched a website (www.APRNPractice.org) to simplify communications about the legislation and centralize the information needed for our grassroots effort to convince Maryland legislators to repeal the attestation requirement. Please visit the website (www.APRNPractice.org) to access information on our talking points, sample letters and general information about the legislative process. Sign up to follow the site, as updates will be posted throughout the 2015 Session.

More information can be found at the NPAM website at www.NPAMonline.org and at the MAAPC website at www.MAAPCOnline.org.

MAAPCs is offering two conferences this spring. *Pearls of Practice, Part 2* is on Saturday, January 31, 2015 at The Memorial Hospital at Easton, Easton, MD and *Pharmacology Update 2015* on April 11, 2015 at Bowie State University. Go to www.MAAPCOnline.org for more information and registration.

NPAM holds monthly District Meetings throughout the year in various parts of Maryland. Visit our website calendar for a District Meeting near you. Additionally, the Spring Membership Meeting is scheduled on April 23, 2015. Details are in the planning stages and will be posted on the NPAM website as soon as they are confirmed. Go to www.NPAMonline.org for more information and registration.



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Online Course Brings Dementia Care Home: Hopkins Nursing Experts Gitlin, Hodgson Offer Update of Successful MOOC

Pick a holiday – any holiday – at this time of year, and thoughts turn to family, of bringing the generations together to re-live memories and make new ones. For many families, this means bringing a grandparent, a parent, an aunt, or a cousin with dementia home from a full-time care facility or assuring that persons with dementia living at home are able to meaningfully participate in festivities.

Without the proper understanding of the disease, the person, and the day-to-day challenges with care and accompanying behavioral issues, stress can quickly remove the glow from a happy time.

Those seeking a meaningful gift at this time of year, then, might consider an invitation to sign up for Living With Dementia: Impact on Individuals, Communities and Societies, a free massive open online course, or MOOC, from the Johns Hopkins School of Nursing's Center for Innovative Care in Aging. It launches January 12 on the platform Coursera, just in time to brighten many seasons to come. Participants can take Living With Dementia for free or enroll in a Signature Track for Verified Certificate or Continuing Nursing Education (CNE) credit. The MOOC's enrollment is unlimited.

"We recognize that there is suffering, but we emphasize what remains," says Nancy Hodgson, PhD, RN, FAAN, of the course's focus on the positive. "We work to maximize the strengths of the person with dementia, and we focus on dignity."

The five-week course, led by Hodgson and Laura Gitlin, PhD, looks at the anatomy of dementia, the impact of dementia on the person and the family, and the role of home, community, and social policy. Hodgson and Gitlin are internationally known for their work on non-pharmacological interventions for

persons with dementia and their family caregivers. Living With Dementia explores the global impact of dementia and ways families, communities and countries can support the quality of life of persons with dementia and their family members.

It is an improved and updated version of Gitlin and Hodgson's successful MOOC Care of Elders With Alzheimer's Disease and Other Major Neurocognitive Disorders, which involved the participation of 30,000 individuals from over 140 countries and which was widely hailed for its guidance and perspective:

"The information and resources you have given us are priceless and I can only imagine how many lives you've helped with your words and works. Personally, I now know many ways in which I can be a better support person to my in-laws." – Participant from Georgetown, MA

"We have to pay for the most basic information in South Africa. Now I will be able to help others who cannot afford the resources." – Participant from Howick, KSN, South Africa

The updated MOOC includes benefits for those who decide to take it again:

- Shorter, more focused lectures
- Updated information based on recent data
- Opportunities for healthcare practitioners and non-practitioners alike to learn and participate
- More collaborative learning experiences
- Real-life application to make a difference in a home or community
- A chance to re-connect with a global community established during the previous course
- Extra, optional material for those who want to go even deeper

The course will include what Gitlin describes as a "call to action:" a mini-project that students can share with others that involves an action to address an unmet local need. This may involve recommending an approach to engaging families in a hospitalization of a person, rearranging a home to improve its safety, or writing a letter to the editor of a newspaper that advocates policy change.

For more information or to watch an introductory video, visit the MOOC's website.

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MNA District News

District 5 Awards Academic Scholarships

District 5 held their biannual dinner meeting on 11/10/14. Thirty two members were in attendance as well as MNA President, Dr. Janice Hoffman.

An academic scholarship of \$1000.00 was awarded to two deserving Associate Degree Nursing Students, Germaine Ndanjo (Prince Georges Community College) and Sheila Pierre Louis (Montgomery College). Congratulations!



(Photo L – R) Carol Holness (D5 Nominating Committee member), Dr. Valerie Swan (D5 Director), Sheila Pierre Louis (D5 Academic Award Recipient), Dr. Janice Hoffman (MNA President) and Montgomery College nursing students.

District 2 Addresses Whistleblowing

Donald Soeken, PhD, author of *Don't Kill the Messenger: How America's Valiant Whistleblowers Risk everything in Order to Speak Out Against Waste, Fraud and Abuse in Business and Government*, presented at District 2's Practice and Policy Seminar at the November meeting held at FutureCare, Irvington.



Donald Soeken, PhD

Over 50 nurses and nursing students from Baltimore, Howard County and Carroll County participated in a discussion of the impact of whistleblowing on society and on the whistleblowers. A special guest was Dr. Janice Hoffman, MNA President.

District 2's Spring 2015 *Practice and Policy Seminar* will be held in April. These seminars are free to nurses and nursing students, except for a small fee to cover the buffet when they are held at Martin's West. For more information see District 2's website, www.mnadistrict2.com, or email mnadistrict2@gmail.com.



Harolda Hedd-Kanu (D5 President) (L) and Janice Hoffman, MNA president (R).

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AANP 2015 Maryland Honorees Teri Murtha and Marty Buonato

'NPAM congratulates two of our own!'

Each year, the American Association of Nurse Practitioners (AANP) honors a nurse practitioner and a nurse practitioner advocate in each state with Awards for Excellence at the annual spring national conference. NPAM (The Nurse Practitioner Association of Maryland) is honored that the two recipients of the award are both affiliated with NPAM.



Teri Murtha, PMHNP, CNS-BC

NPAM wants to congratulate Teri Murtha, PMHNP, CNS-BC, a long-time member of NPAM! Teri is the **2015 AANP Maryland Nurse Practitioner State Award for Excellence** recipient! She is an Adult & Psychiatric Nurse Practitioner and owns her own practice, **PsychNP Wellness Center, LLC**, psychnp.murtha@gmail.com, located in Towson, Maryland. Murtha specializes in the treatment of clients with a history of trauma, addictions, self-harming, and self-destructive

behaviors, and treats and provides medication management for depression, anxiety, bipolar, OCD, and dual-diagnosis. Murtha is certified in advanced trauma treatment and provides treatment through the integration of the neurobiological consequences of a traumatized brain based upon the work of Bessel van de Kolk, Director of Psychiatry at Harvard University, who has done extensive research on how trauma affects the physical and emotional aspects of a person's life, impacting negatively on relationships, career, coping mechanisms, and the ability to connect and experience joy.

Murtha also incorporates Equine Assisted Psychotherapy through the EAGALA Model for some of her patients to assist with healing traumatic wounds. Her love of horses and patient psychiatric wellbeing brings a holistic approach to patient care. As part of her award, Teri will attend the 2015 AANP National Conference in New Orleans, Louisiana in June, 2015.

NPAM also wants to congratulate Martha (Marty) Buonato! Marty is the recipient of the **2015 AANP Maryland Nurse Practitioner Advocate State Award for Excellence!** Marty has been NPAM's Association Manager since 2008 and has been instrumental in managing the day to day activities of NPAM, designing and maintaining our website, providing support to our members, assisting with the production of *The Oracle* and the weekly email blasts to members, reaching out to students, new NPs, employers and a variety of stakeholders to continually increase our membership, and promotes the role of the NP in all of her business and personal dealings. Marty will also be traveling to New Orleans, Louisiana in June, 2015 to receive her award.



Marty Buonato, NPAM Association Manager

Our sincerest congratulations and thanks go to both of these wonderful individuals.

Beverly Lang MScN, RN, ANP-BC
Executive Director, NPAM
www.NPAMonline.org



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A Medical Mission Trip to Remember

Craig Zylka, CRNP

From October 23, 2014 to November 1, 2014 I traveled to India on a medical mission trip with my church. Overall, it was a very successful trip! We treated over 2,000 people in two major regions of northern India (Ahmedabad and Kanpur).

The team of eighteen (18) healthcare providers included people from seven (7) different states. There was one nurse practitioner (NP), four physicians (MDs), four registered nurses (RNs), one dentist (DDS), one physical therapist (PT), and two emergency medical technicians (EMTs).

Our dentist performed 33 tooth extractions. Our breast surgeon educated many women on women's health issues and breast exams. Our pediatrician educated parents of children with birth defects, encouraging them to love their special needs children. Another physician and I performed various procedures including wound care, and I&D of abscesses. The most common conditions we treated were upper respiratory infections, GERD/gastritis, anemia, skin conditions, parasitic infections, arthralgias/arthritis, and allergies.

We set up seven free medical camps at seven different locations in 4 days during that time. In order to get to all of our scheduled destinations we boarded eight airplane flights and needed to travel on several long bus rides. Our medical services were even needed to treat a child on the plane ride over to India who was vomiting. The pediatrician in our group happened to have dissolvable Zofran to give him.

Since we were so busy working we didn't have time to sightsee a great deal, but we were able to shop in several markets. Our days in India were not without adventure. The busses that we took to travel from place to place broke down twice and we literally had to get out and push until the engine finally started. One morning I set out for a morning run with another young man on the team. We didn't have to go far before we found ourselves among herds of pigs and dogs running wild in the streets.

We had a wonderful team of health care providers, we worked well together, stayed healthy, and we were very thankful to touch so many lives in such a wide region in a very short period of time.



World Oral
Health Day
20th March

World Oral Health Day 'Smile for Life'

World Oral Health Day will be celebrated on March 20, 2015. World Oral Health Day was created at the 2007 FDI Annual World Dental Congress in Dubai to raise awareness of the importance of healthy teeth, gums and mouths.

The theme of World Oral Health Day 2015 is 'Smile for life'. It reflects the major contribution oral health makes to our lives. Around the world, dental and other healthcare associations, schools, companies and other groups will celebrate the day with events organized under this single, unifying and simple message.

There are many types of tobacco available worldwide, including manufactured cigarettes, roll-your own cigarettes, snuff and chewing tobacco, and all are addictive and detrimental to health. The use of tobacco can significantly increase the risk of many serious oral health problems, including:

- Oral cancer
- Gum disease
- Premature tooth loss
- Tooth discoloration
- Bad breath
- Reduced ability to taste and smell

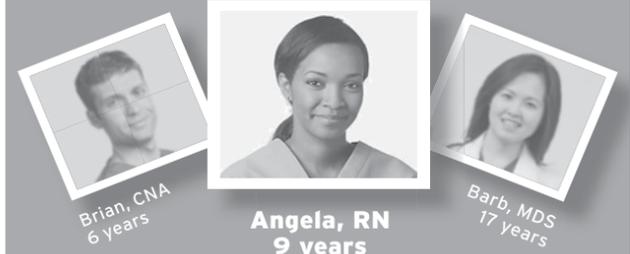
Oral cancer is among the most prevalent cancers worldwide and incidence rates are higher in men than women. The use of tobacco, including smokeless tobacco and excessive consumption of alcohol, are the key risk factors in oral cancer and together are estimated to account for 90% of oral cancers worldwide. This percentage could be significantly lowered through a reduction in the use of tobacco and alcohol intake.

Healthcare professionals, including nurses, are encouraged to participate in tobacco prevention activities. Assessing for smoking and alcohol intake should be documented at each patient interaction. Additionally, nurses should be routinely assessing patients' oral health on each admission to an acute care facility and at each primary care visit, and inquiring about oral health practices. Early assessment of symptoms and referral to the dentist for further evaluation and treatment is essential.

Dentists and their teams can help communicate important messages to patients about the threats posed by tobacco use and help them to identify the key risk factors and the early signs of oral cancer, as well as gum disease and other oral health problems, in their early stages. Patients may not always recognize early symptoms, so people of all ages are encouraged to schedule regular check-ups with their dentists.

Celebrate Oral Health Day on March 20th by educating yourself about the long term effects of smoking tobacco and consuming alcohol on oral health by visiting: www.worldoralhealthday.org, The American Dental Association at www.ada.org or the Maryland State Dental Association at www.msda.com.

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University of Maryland School Of Medicine and Malian Ministry of Health Begin Human Trials of Experimental Ebola Vaccine in Mali, West Africa

First Study of a Promising Ebola Vaccine Undertaken in West Africa

Professor Myron M. Levine, MD, Director of the Center for Vaccine Development (CVD) at the University of Maryland School of Medicine (UM SOM), and UM SOM Dean E. Albert Reece MD, Ph.D., MBA, announced today that the CVD, in conjunction with its sister institution, The Center for Vaccine Development of Mali (CVD-Mali) and the Ministry of Health of Mali, have begun a clinical trial in health care workers (and other front-line workers) to evaluate a promising experimental Ebola vaccine.



Myron M. Levine, MD

The trial began on Wednesday, October 8, with the vaccination of the first subject, followed by two additional participants today (October 9), all three being Malian health care workers. In the coming weeks, 37 more health care workers will receive the vaccine.

“This research will give us crucial information about whether the vaccine is safe, well tolerated and capable of stimulating adequate immune responses in the highest priority target population, health care workers in West Africa,” said Prof. Levine. “If it works, in the foreseeable future, it could help alter the dynamic of this epidemic by interrupting transmission to health care and other exposed front-line workers.”

The vaccine consists of an adenovirus (cold virus) that does not cause illness in humans and has been modified so that it cannot even multiply in humans, but produces a single attachment protein of Ebola virus. Immune responses directed against this single Ebola protein have been shown to be highly

protective in animal model challenge studies (carried out under the highest level of physical containment). Researchers hope this response will be robust enough to protect humans, as well, from the disease.

The vaccine was developed by investigators at the Vaccine Research Center (VRC) of the National Institute of Allergy and Infectious Diseases (NIAID) in Bethesda, MD. The clinical trial in Mali brings to fruition two months of work by a consortium dedicated to move the candidate Ebola vaccine (which prior to September had been tested only in animals, but not in humans) into clinical studies in West Africa. The consortium, assembled in mid-August at the behest of the World Health Organization (WHO), included, besides WHO, the VRC (which developed the vaccine), the Jenner Institute at the University of Oxford (which carried out clinical trials in UK adults paving the way for the African trial), the CVD-UM SOM and CVD-Mali (carrying out the first clinical trial of the vaccine in West Africa), GlaxoSmithKline (GSK) Biologicals (manufacturer of the vaccine) and the Wellcome Trust, UK (funder of the clinical trials in UK and Mali), with additional funding provided by the Medical Research Council (MRC), UK and the UK Department for International Development (DFID). In addition, the MRC Unit-The Gambia is expected soon to initiate a second, parallel clinical trial in The Gambia, West Africa. Ordinarily it would take between six to 11 months to obtain all necessary ethical, regulatory agency, technical and administrative approvals needed to transition a vaccine from research in animal models to a clinical trial in a developing country where subjects are at risk of the natural disease. In this instance, with all consortium members working in unison, it took two months.

“This is just the critical first step in a series of additional clinical trials that will have to be carried out to fully evaluate the promising vaccine,” said Professor Samba Sow, Director General of CVD-Mali. “However, if it is eventually shown to work and if this information can be generated fast enough, it could become a public health tool to bring the current, and future, Ebola virus disease epidemics under control.”

“Malian health care workers are showing keen interest in participating in the clinical trial to help evaluate this vaccine,” said Dr. Milagritos Tapia, a key clinical investigator overseeing the trial in Mali.

“Ebola is among the most urgent international public health issues we are facing. This research will play a key role in helping to solve it,” said Dean E. Albert Reece, MD, Ph.D., MBA, as well as vice president of medical affairs, the University of Maryland and the John Z. and Akiko Bowers Distinguished Professor. “Dr. Levine, Dr. Sow and Dr. Tapia have done an extraordinary job, and are working hard to contribute their expertise to the worldwide effort to fight this virus.”

Pre-clinical research in primates by the VRC and Okairos, a biotechnology company acquired last year by GSK, indicate that the vaccine provides protection in non-human primates exposed to Ebola without significant side effects. The recent increase in funding for Ebola vaccine research is also enabling GSK to begin manufacturing at least 10,000 additional doses of the vaccine, even as the first clinical trials are occurring.

“This is impressive work by multiple groups to get this trial off the ground very quickly,” said Dr. Levine. “It is a testament to everyone’s commitment to fighting Ebola as aggressively as possible.”

CVD-UM SOM has earned an international reputation for creating and testing vaccines against cholera, typhoid, non-typhoidal *Salmonella*, dysentery, malaria, and multiple other infectious diseases, including influenza. In addition to its research and outpatient facilities in Baltimore, the center conducts extensive research in Africa, Asia and Latin America.

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American Nurses Association (ANA)

U.S. Nursing Leaders Issue Blueprint for 21st Century Nursing Ethics

In the wake of media focus on the trials and bravery of nurses in the context of the Ebola crisis, leaders in the fields of nursing and clinical ethics have released an unprecedented report on the ethical issues facing the profession, as the American Nursing Association prepares to release a revised Code of Ethics in 2015.

The report captures the discussion at the first National Nursing Ethics Summit, held at Johns Hopkins University in August. Fifty leaders in nursing and ethics gathered to discuss a broad range of timely issues and develop guidance. The report, A Blueprint for 21st Century Nursing Ethics: Report of the National Nursing Summit, is available in full online at www.bioethicsinstitute.org/nursing-ethics-summit-report. It covers issues including weighing personal risk with professional responsibilities and moral courage to expose deficiencies in care, among other topics.

An executive summary of the report is available at: http://www.bioethicsinstitute.org/wp-content/uploads/2014/09/Executive_summary.pdf

“This blueprint was in development before the Ebola epidemic really hit the media and certainly before the first U.S. infections, which have since reinforced the critical need for our nation’s healthcare culture to more strongly support ethical principles that enable effective ethical nursing practice,” says Cynda Hylton Rushton, PhD, RN, FAAN, the Bunting Professor of Clinical Ethics at the Johns Hopkins School of Nursing and Berman Institute of Bioethics, and lead organizer of the summit.

The report makes both overarching and specific recommendations in four key areas: Clinical Practice, Nursing Education, Nursing Research, and Nursing Policy. Among the specific recommendations are:

- **Clinical Practice:** Create tools and guidelines for achieving ethical work environments, evaluate

their use in practice, and make the results easily accessible.

- **Education:** Develop recommendations for preparing faculty to teach ethics effectively.
- **Nursing Research:** Develop metrics that enable ethics research projects to identify common outcomes, including improvements in the quality of care, clinical outcomes, costs, and impacts on staff and the work environment.
- **Policy:** Develop measurement criteria and an evaluation component that could be used to assess workplace culture and moral distress.

What does this blueprint mean for nurses on the front line?

“It’s our hope this will serve as a blueprint for cultural change that will more fully support nurses in their daily practice and ultimately improve how healthcare is administered – for patients, their families and nurses,” says Rushton. “We want to start a movement within nursing and our healthcare system to address the ethical challenges embedded in all settings where nurses work.”

On the report’s website, nurses and the public can learn more about ethical challenges and proposed solutions, share personal stories, and endorse the vision of the report by signing a pledge.

“This is only a beginning,” says Marion Broom, PhD, RN, FAAN, Dean and Vice Chancellor for Nursing Affairs at Duke University and Associate Vice President for Academic Affairs for Nursing at Duke University Health System. “The next phase is to have these national nursing organizations and partners move the conversation and recommendations forward to their respective constituencies and garner feedback and buy-in. Transformative change will come through innovative clinical practice, education, advocacy and policy.”

At the time of publication, the vision statement of the report has been endorsed by the nation’s largest nursing organizations, representing more than 700,000 nurses:

- American Academy of Nursing
- American Association of Critical-Care Nurses
- American Nurses Association
- American Association of Colleges of Nursing
- American Organization of Nurse Executives
- Association of Women’s Health, Obstetric and Neonatal Nurses
- The Center for Practical Bioethics
- National League for Nursing
- National Student Nurses’ Association
- Oncology Nursing Society
- Sigma Theta Tau International

An updated list, including individual endorsers, is available at: <http://www.bioethicsinstitute.org/nursing-ethics-summit-report/nursing-ethics-for-the-21st-century-collaborating-partners>

Report Summary:

http://www.bioethicsinstitute.org/wp-content/uploads/2014/09/Executive_summary.pdf

Full document, A Blueprint for 21st Century Nursing Ethics: Report of the National Nursing Summit: <http://www.bioethicsinstitute.org/nursing-ethics-summit-report>

Additional information on nursing ethics developed by the Nursing Ethics Summit:

“What Keeps Nurses Up at Night” (video, 5:30): <http://youtu.be/pOakDs41IsI>

Nursing Ethics Summit website: <http://www.bioethicsinstitute.org/nursingethics>

#NursingEthics Twitter Chats: <http://bioethicsbulletin.org/archive/nursingethics-chat>

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American Nurses Association (ANA)

Expert Panel Develops Tool to Reduce Costly Catheter-Associated Urinary Tract Infections During Hospital Stays

ANA Works with Partnership for Patients and CDC to Target Decrease in Dangerous Infections

SILVER SPRING, MD – The American Nurses Association (ANA) is spearheading an initiative to reduce catheter-associated urinary tract infections (CAUTIs) — one of the most common and costly infections contracted by patients in hospitals — through an assessment and decision-making tool registered nurses (RNs) and other clinicians can use at the bedside to determine the best way to provide care.

The initiative to implement the streamlined, evidenced-based tool into nursing practice nationwide is aimed at decreasing CAUTIs, which cause serious harm and even deaths, and increases in costs. Federal figures show CAUTIs affect 560,000 patients per year, which account for about 30 percent of all infections acquired in a hospital. Research indicates that 70 percent of the urinary tract infections — 380,000 cases and 9,000 deaths — could be prevented through consistent application of infection-control best practices.

The CAUTI Tool, designed to prevent harm and save lives, incorporates best practices based on Centers for Disease Control and Prevention (CDC) guidelines. The CAUTI Tool is a one-page guidance to assist clinicians in determining whether a urinary catheter is appropriate to insert; recommending alternative treatments for urinary retention and incontinence; evaluating indicators for timely catheter removal to prevent harm; and following a checklist on catheter insertion and cues for essential maintenance and post-removal care.

“Nurses can have a big influence on reducing urinary tract infections, since they are continually assessing patients to minimize the use of urinary catheters, and have sharp assessment and decision-making skills that will be enhanced by this concise guidance,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “The CAUTI Tool is a great example of how nurses, physicians and other health care team members can collaborate on strategies that work best for patients.”

The CAUTI Tool and effective implementation strategies will be introduced to nursing leaders across the country at ANA’s National Quality Conference Feb. 4-6.

ANA also will disseminate the CAUTI Tool to the nation’s RNs, federal agencies and health care systems, geriatric and infection-prevention organizations, and other associations.

ANA, along with the Partnership for Patients (Partnership) and the CDC, convened a technical expert panel to develop the CAUTI Tool. The Partnership, which includes hospitals, health care professionals, patient advocates, employers and government, is seeking to reduce hospital readmissions and harm that occurs during hospital stays, such as infections. The Partnership reports significant reductions in several types of hospital-acquired conditions; however, CAUTI rates continue to increase, largely because many factors can contribute to CAUTI and no universally accepted tool exists among clinicians for CAUTI prevention. To fill this gap in infection-prevention, ANA developed the CAUTI Tool. Fourteen hospitals participated in the Partnership’s pilot program to test and refine the CAUTI-reduction approach, and reported positive results.

These ANA affiliates contributed to the development of the tool: Association of peri-Operative Registered Nurses; Academy of Medical-Surgical Nurses; Association of Rehabilitation Nurses; and Wound, Ostomy and Continence Nurses Society.

The Year of Ethics Commences with First Revision of Code Since 2001

ANA Plans Ethics Educational Activities for 2015 to Highlight Importance in Nursing Practice

SILVER SPRING, MD – Making decisions based on a sound foundation of ethics is an essential part of nursing practice in all specialties and settings. In recognition of the impact ethical practice has on patient safety and the quality of care, the American Nurses Association (ANA) has designated 2015 as the “Year of Ethics” highlighted by the release of a revised code of ethics for the profession.

“The public places its faith in nurses to practice ethically. A patient’s health, autonomy and even life or death, can be affected by a nurse’s decisions and actions,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “ANA believes it’s important that all nurses practice at the highest ethical level, and therefore, we will be offering a full range of activities to inform and support nurses to achieve that goal in a stressful and ever-changing health care environment.”

A December Gallup survey ranked nurses as the top profession for honesty and ethical standards for the 13th consecutive year.

The foundation of the 2015 ethics initiative is the revised *Code of Ethics for Nurses with Interpretive Statements*, which was released Jan. 1. Several thousand registered nurses submitted comments during a four-year revision process for the new *Code of Ethics*, which was last updated in 2001. The update ensures that the Code reflects modern clinical practice and evolving conditions, and fully addresses transformations in health care.

Activities emphasizing the importance of ethics in nursing practice include:

- A Jan. 21 live webinar, “Keeping the Code: Every Nurse’s Ethical Obligation,” with other webinars planned throughout the year.
- The National Nurses Week theme, “Ethical Practice. Quality Care,” May 6-12.
- The 2015 ANA Ethics Symposium designed to facilitate dialogue across the nursing spectrum, June 4-5 in Baltimore.
- Publication of the *Guide to the Code of Ethics for Nurses*, scheduled for a July release.

In 2014, ANA participated as a strategic partner in the National Nursing Ethics Summit convened by the Johns Hopkins University’s Berman Institute of Bioethics and School of Nursing to strengthen ethics in the profession. The summit resulted in the Blueprint for 21st Century Nursing Ethics: Report of the National Nursing Summit. Summit leaders are encouraging individuals and organizations to adopt and implement the ethics blueprint to “create and support ethically principled, healthy, sustainable work environments; and contribute to the best possible patient, family and community outcomes.”

ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.



Pediatric nurse Kimberly Kingston with patient Ayden.

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American Nurses Association (ANA)

Promoting RN Health, Safety, and Wellness



Are you a healthy nurse and a role model for wellness? Too often, RNs neglect their own care and health, forgetting to take the advice they give their patients. Stress, fatigue, poor diet, lack of exercise and time, as well as occupational

health risks, threaten nurses' health on a daily basis. RNs need to practice self-care to ensure they are at their optimal health level. The American Nurses Association (ANA) defines a healthy nurse "as one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing. A healthy nurse lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates, and educators, personally, for their families, their communities and work environments, and ultimately for their patients." Furthermore, ANA has developed the following HealthyNurse constructs:

Calling to Care

- *Caring is the interpersonal, compassionate offering of self, as nurses build relationships with their patients and their families, while helping them meet their physical, emotional, and spiritual goals, for all ages, in all health care settings, across the care continuum.*

Priority to Self-Care

- *Self-care and supportive environments enable the nurse to increase the ability to effectively manage the physical and emotional stressors of the work and home environments.*

Opportunity to Role Model

- *The healthy nurse confidently recognizes and identifies personal health challenges in themselves and their patients; enabling them and their patients to overcome the challenge in a collaborative, non-accusatory manner.*

Responsibility to Educate

- *Using non-judgmental approaches, considering adult learning patterns and readiness to*

change, nurses must empower others by sharing health and safety knowledge, skills, resources, and attitudes.

Authority to Advocate

- *Nurses are empowered to advocate on numerous levels, including personally, interpersonally, within the work environment and the community, and at the local, state, and national levels in policy development and advocacy.*

To assist RNs on their wellness journeys, ANA, in collaboration with Pfizer Inc, created a health risk appraisal (HRA). This HRA assists participants in identifying their health, safety, and wellness risks personally and professionally. The HRA is divided into three general categories: demographics, occupational health, and health/safety/wellness. Participants can compare their personal results against ideal standards and national averages. Participants can also access an interactive web wellness portal for further resources. A heat graph allows participants to easily evaluate their results: red denotes high risk, yellow medium risk, and green low to no risk. It takes approximately twenty minutes to complete the HRA. Participation in the HRA will help to build a unique nurse-specific personal and occupational health-related aggregated data base. Secure and HIPAA-compliant, the HRA is free and available to all RNs and nursing students. Take the HRA today at www.anahra.org!

AAMC Opens Mental Health Clinic

Hospital works to establish this resource in response to community health needs assessment

According to the most recent community health needs assessment conducted by the Healthy Anne Arundel Coalition, more than half of the respondents cited mental health among the most concerning health issue facing the county. In response, Anne Arundel Medical Center (AAMC) has opened an outpatient mental health clinic in Annapolis.

The new practice, Anne Arundel Medical Group (AAMG) Mental Health Specialists, will provide a full range of mental health services for patients ages 13 and older. Services include counseling and therapy as well as medication compliance consultations and help for substance use problems and other serious and persistent mental illness.

"This clinic will allow us to help meet a critically important community need," says Raymond Hoffman, MD, medical director, division of Mental Health and Substance Abuse at Anne Arundel Medical Center. "This is just one step of many—our work to meet the mental health needs of the community will continue."

The mental health clinic office is one component of mental health services AAMC is providing. AAMC provides inpatient psychiatric consultations and Pathways, AAMC's drug and alcohol treatment center, is also now providing mental health interventions for their patients who are identified as needing this service. AAMG Mental Health Specialists is located at 2620 Riva Road in Annapolis. For more information call 410-573-9000 or visit www.AAMGMentalHealthSpecialists.org.



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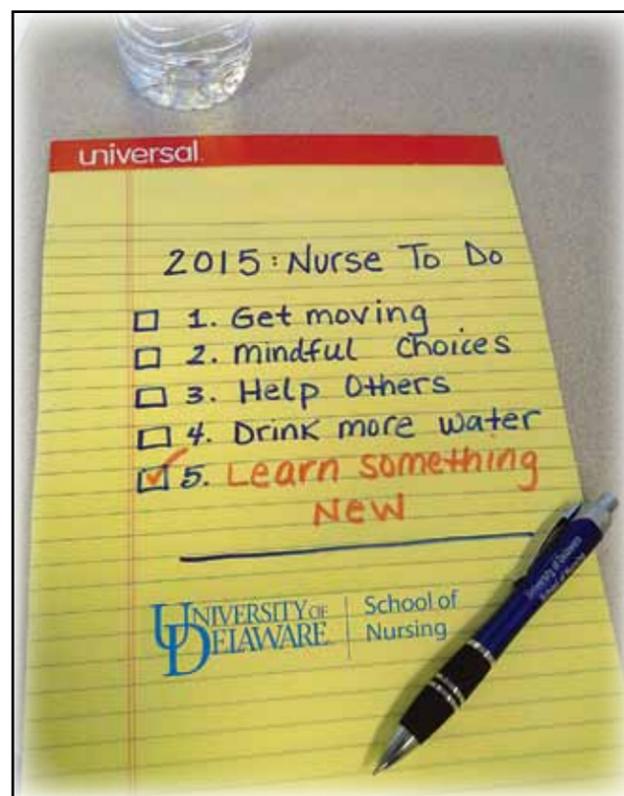
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News from the Maryland Academy of Advanced Practice Clinicians (MAAPC)

Members of MAAPC attended a dinner meeting November 18, 2014 where State Senator Roy Dyson was recognized for his many years of service in the Legislature. Senator Dyson was Co-Chair of the EHEA Committee and sponsored numerous bills advancing health care and nursing practice in Maryland. He will be missed in the upcoming legislative session. Lorraine Diana, Legislative Co-chair, presented Senator Dyson with a Certificate of Appreciation for his years of service to Marylanders.

MAAPC's lobbyist, Van Mitchell of Manis Canning was recently appointed to be the Secretary of the Department of Health and Mental Hygiene. Congratulations to him!

Plan to attend one of MAAPC's upcoming conferences to meet your continuing education requirements. The first conference is in Easton, MD on Saturday, January 31, 2015 entitled *Pearls of Practice, Part 2*. The next conference, *Pharmacology Update 2015*, is on April 11, 2015 at Bowie State University. This conference is designed to help you meet the requirements for recertification as well as the new Maryland state requirements for safe prescribing of controlled substances. There is an impressive line up of speakers planned for both conferences. Go to MAAPCOnline.org for more information and registration.

MAAPC and NPAM have teamed up again, partnered with the Maryland Nurses Association



Senator Roy Dyson (L) with Lorraine Diana (R)

and will be introducing legislation during the 2015 Maryland General Assembly to repeal the attestation requirement. We will need help and support from all the nurses in Maryland during the legislative session. See the Maryland APRN Independent Practice Alliance website: www.APRNPractice.org.

Association of Community Cancer Centers Honors Anne Arundel Medical Center's Geaton and JoAnn DeCesaris Cancer Institute for Its Symptom Management Clinic

Anne Arundel Medical Center's (AAMC) Geaton and JoAnn DeCesaris Cancer Institute (DCI) received a 2014 AACC Innovator Award from the Association of Community Cancer Centers. Only six cancer program nationwide received this honor. AAMC's DCI was selected for its innovative symptom management clinic.

The clinic was inspired by participation with the ONS Foundation/Joint Commission in a pilot of the Breast Cancer Care and Breast Cancer Survivorship Quality Measures project started in 2010. The three-

year pilot project focused on three prospective oncology nursing interventions: examining quality measures for fatigue, distress, and sleep-wake disturbance.

Using the lessons learned from this pilot, the AAMC's DCI developed an advanced, nurse practitioner-led, symptom management clinic that provides rapid access and coordination of care with the oncologists and infusion team. The clinic is embedded within the medical oncology practice.

Results:

- fewer oncology patient readmissions,
- fewer emergency room visits, and,
- increased patient satisfaction.

Future enhancements include use of AAMC's electronic medical records to not only track outcomes, but to provide patients with a portal to document their symptoms, and ask questions of the oncology team. This will further support an enhanced communications tool that patients and providers can use throughout the complex, multidisciplinary, continuum of care.

This is the second time that the DeCesaris Cancer Institute has received an Innovator Award from the Association of Community Cancer Centers. The first time was in 2012 when was selected for its Rapid Access Chest and Lung Assessment Program, an innovative coordinated, multidisciplinary approach for patients with abnormal chest findings, which leads to expedited referrals and better management.

Follow this link to a video featuring a patient and nurses talking about DCI's symptom management clinic: <http://www.youtube.com/watch?v=htol74agWA&feature=youtu.be>

For more information, visit ACCC's website at www.accc-cancer.org. Follow us on Facebook, Twitter, LinkedIn, and read our blog, ACCCBuzz. - See more at: http://www.accc-cancer.org/mediaroom/press_releases/2014/ACCC-Announces-2014-Innovator-Award-Recipients-6.23.14.asp#sthash.duK5FNGX.WNVzJIK6.dpuf

The NFL Could Become a Leader in Domestic Violence Prevention

by Marylou Yam

The much-anticipated Mueller Report on the handling of the Ray Rice case was released last week, with most public attention centered on one key finding: There is no evidence NFL officials possessed or saw the video of Mr. Rice assaulting his then-fiancée inside the elevator of an Atlantic City hotel prior to its public release. The implication is that league leadership didn't press hard enough for details in the domestic violence incident and didn't take it as seriously as they should have.

But there is a danger that important recommendations of the report are being overlooked in the media buzz over its release, which would be most unfortunate. Those recommendations go to the heart of how the NFL, and other professional sports leagues, can best address allegations of domestic violence in a transparent and effective manner going forward.

The Mueller report urges the NFL to establish a specialized team of experienced domestic violence and sexual assault investigators and victim witness advocates to investigate domestic violence reports. In my experience as a nurse caring for victims of domestic violence, as well as a researcher on domestic violence and its prevention, I know that it is essential for police, medical personnel and all those involved in investigating such allegations to understand how and why abuse occurs, and why victims often minimize their assault. Professionals must be aware of the signs of abuse as well as the resources available to help both the victim and the abuser.

According to the U.S. Department of Justice, domestic violence is one of our nation's most underreported crimes. Approximately one-quarter of all physical assaults, one-fifth of all rapes, and one-half of all stalking incidents perpetuated against females by intimate partners are reported to the police, according to a report by the National Institute of Justice and the Centers for Disease Control and Prevention. Think about that for a minute. It is staggering.

Domestic abuse affects women across all socioeconomic levels. However, because women with greater resources are able to seek help privately through a doctor or an attorney and have the ability to pay for housing rather than turn to a shelter, they often do not seek out public agencies for help. Statistics on abuse are generally reported by public agencies, which makes it appear as if the problem is occurring in greater frequency among women with lower socioeconomic backgrounds. That is simply not the case. Domestic violence permeates all socioeconomic levels.

Another key finding of the Mueller Report must not be overlooked: the need for formal annual domestic assault and sexual violence training and education for all NFL security personnel to ensure greater understanding and swifter responses. Recognizing and knowing how to respond to domestic violence is a vital part of the training for all first responders, as well as the investigators who follow up.

The responsibility for reducing domestic violence must become the work of every NFL fan, of every sports fan, and of society at large. This is the only way we will create lasting and effective change.

The problem is not one for sports leagues alone, but the NFL, with its high visibility, can help put the critical issue of domestic violence at the top of the national agenda. This is an opportune time for the league to take a leadership role in demonstrating its commitment not only to its players but to the scores of women from all walks of life who are victims of abuse.

Marylou Yam is the president of Notre Dame of Maryland University, the women's college of Maryland. She is also a registered nurse who has had clinical experience caring for victims of domestic violence and has conducted significant research in the area. Her email is president@ndm.edu.

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Bringing Palliative Care to Primary Care

Sandi Nettina, CRNP

Person-centered supportive care, advance care planning, communication, spiritual and existential assessment, symptom management, pain control. All of these terms describe components of palliative care, which is NOT just end of life cancer care. Rather, palliative care is a philosophy of care with the goal of preventing and relieving suffering and supporting the best possible quality of life (The National Consensus Project for Quality Palliative Care, 2009*). As life expectancy increases, the population ages, and the number of people living with serious and chronic illness multiplies, medical model, disease-based, cure-driven care often falls short. However, palliative care can complement traditional disease-based care and offer interdisciplinary, holistic-focused, comprehensive care for the patient and family.

Palliative care, similar to the paradigm of nursing in general, addresses human responses to illness and suffering. Caring for the complete person (the bio-psycho-social being) and *therapeutic use of self* are basic tenets of nursing which are ideally suited for palliative care in any setting. The therapeutic nurse-patient relationship allows for thorough assessment of the patient's health/illness experience, and provides a medium for comfort and healing.

What is the difference between palliative care and hospice?

Palliative care and hospice differ in location of caregiving, timing, and payment for services. In general, hospice care focuses on comfort care rather than aggressive disease-curing treatments. To be eligible for hospice, illness must be terminal and within six months of death. Palliative care acts to fill the gap for patients who want and need comfort at any stage of any illness, whether terminal, acute or chronic. In a palliative care program, there is no expectation that life-prolonging therapies will be avoided. There is no timing eligibility for palliative care.

Hospice care may be given at home or in a hospice facility, whereas palliative care can be provided anywhere, in the home, hospital, clinic, or extended care facility. Medical insurance coverage varies for hospice and palliative care services. Hospice is often offered as an all-inclusive benefit (paying for all services such as medications, nursing, wound care), but with limits on the coverage. Palliative care services are covered separately, so each component would be billed separately as traditional medical care services are billed.

Case Scenario

Sara T. is a 60 year old woman with rheumatoid arthritis, diabetes, hypertension, and depression who became homebound after bilateral knee replacements for osteoarthritis related to obesity. Traditional medical care options are limited for homebound patients such as Sara. Newer immunologic medications to control chronic pain and inflammation of RA would require travel to an infusion center and/or frequent monitoring. Monitoring of all her chronic conditions requires regular lab work and follow up visits. Home care nursing for patient's such as Sara are limited by eligibility and recertification criteria. Since she did not require skilled nursing, and her mobility was so limited that she did not show progress with short courses of home physical and occupational therapy, Sara did not qualify for home nursing services.

Sara is an ideal patient for primary care at home with a palliative care component. She will likely never be independent, but the goal is to increase mobility, reduce pain, and prevent emotional and physical suffering. With a palliative care philosophy, and a health care provider willing to provide house calls and coordinate care, active treatment and supportive care can be delivered at the same time.

Oral medication was ordered to provide active treatment for her RA, pain medication was titrated, and therapy started for depression. Occupational and physical therapy is focused on ability to use an electronic wheel chair which will greatly increase her mobility.

How can I bring the palliative philosophy to my nursing care?

To incorporate palliative care into primary (or any specialty) care, think of it not as an end, but a journey. Advance care planning should be part of that journey for patients and their families. Educate them about having a surrogate decision maker, advance directive or living will, and out-of-hospital orders for life-sustaining treatment such as the MOLST form here in Maryland (www.marylandmolst.org). Using an interdisciplinary team which includes physical and occupational therapists, mental health providers, nutritionists, chaplains, and social workers is often challenging in the community, but may be found through, county government agencies, local churches, low-cost fee-for-service providers, and not-for-profit agencies.

Perhaps the most important thing in palliative care is communication. Good communication skills can easily be incorporated into any practice and used to support the goal of enhancing the quality of life. Giving patients bad news, discussing goals of care, having family meetings, assessing suffering and spiritual distress all depend on good communication skills with open-ended questions, listening, and periods of silence.

How can I learn more about palliative care?

To learn more about palliative care, you can obtain information from the following groups: End of Life Nursing Education Consortium (ELNEC), www.aacn.nche.edu/el nec; Hospice and Palliative Nursing Association (HPNA), www.hpna.org; American Academy of Hospice and Palliative Medicine <http://www.aahpm.org>.

*National Consensus Project for Quality Palliative Care. 2009.

Clinical Practice Guidelines for Quality Palliative Care,

Second Edition. <http://www.nationalconsensusproject.org>.




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