President’s Message

Dear Colleagues,

I would first like to welcome Jo Fava-Hochuli who was recently installed as MNA Secretary after Diane Friend’s resignation. The Board of Directors and I would like to extend our grateful appreciation to Diane for her service to MNA, both as Secretary, as well in her role on the MNA Convention Planning Committee.

I can’t believe that this is my last President’s Message! The last two years have flown by and it has been a distinct honor and privilege to work with and represent all registered nurses across Maryland! The Maryland Nurses Association continues to grow, not only in numbers, but in the impact we have on healthcare delivery, education, and policy. Holding influential leadership positions across many practice settings, our members are making significant contributions to the health and welfare of the citizens of Maryland. In this message, I would like to reflect on some of our major successes and make a few projections for the future.

While I have mentioned these in previous messages, two specific accomplishments that I want to acknowledge are the implementation of the updated Maryland Nurses Association’s Strategic Plan and the successful passing of the Nurse Practitioner’s Full Practice Authority Act. The work of the Strategic Plan is still in the early phases, but I have complete confidence in our Board and members fully implementing the initiatives around Membership, Leadership, Advocacy and Engagement. There are still opportunities for involvement in this work. The Maryland Nurses’ Association will continue to work with the Nurse Practitioner’s Association of Maryland and the Maryland Academy of Advanced Practice Clinicians to implement the new legislation around APRN scope of practice. It will be through our combined and collaborative efforts that barriers to care will be lifted and access to care will be provided for more Maryland residents.

Growth in membership of MNA has been on a consistent upward trajectory over the last two years, and has been enhanced by several initiatives. First, growth in membership is one of the pillars of the recently launched MNA Strategic Plan, and will continue to be a focus for the Board of Directors and District Leaders. Second, new graduates are actively recruited and MNA members, who also serve as faculty members, have been instrumental in encouraging involvement while in school which has translated into new members. Additionally, these new graduates may join for a reduced rate. Another initiative is the option to be a MNA only member. I would like to acknowledge the commitment and leadership role that MNA’s Chief Staff Officer, Ed Suddath, has taken to grow MNA membership.

MNA’s influence and visibility across Maryland has continued to grow these last two years. We are now participating with other professional healthcare associations to address common issues and challenges through activities sponsored by the Maryland Interprofessional Workgroup. We are also well represented on the Maryland Action Coalition (MDAC) that is actively working on implementing the Institute of Medicine’s recommendations “Leading Change; Advancing Health.” Important work is being coordinated around promoting seamless academic progression across all levels of nursing education, enhancing the number and outcomes of new graduate residencies, as well as transition programs for advanced practice nurses. Another important aspect of the MDAC’s work is on the importance of developing initiatives to collect important data about the Maryland nursing workforce.

In July, I will be participating in the American Nurses Association’s Lobby Day and representing MNA, along with Denise Moore, at the ANA Membership Assembly. At this year’s Assembly, the association will be discussing and evaluating the “streamlined” organizational structure implemented two years ago. This will also address the composition and representation at the Membership Assembly in contrast to the House of Delegates. Three Dialogue Forums will be held as well. An update will be provided in a future edition.

As described in this edition of The Maryland Nurse, the 112th MNA Convention is scheduled for October 22 and 23 at The Conference Center at the Maritime Institute in Linthicum Heights. I hope to see many of you there as we install Dr. Kathy Ogle as the next President of MNA. This event will also be an opportunity to recognize those leaders who are rotating off the MNA Board of Directors, including Joann Oliver, Vice President, who has been instrumental in our Strategic Plan work. I would also like to take this opportunity to recognize Bev Lang who has served as Editor of The Maryland Nurse since the end of 2011, and has been instrumental in the success of our publication. Dr. Charlotte Wood is assuming the role of Editor.

President’s Message continued on page 2

Maryland Nurses Association 112th Annual Convention October 22 & 23, 2015

Inside this Issue...

<table>
<thead>
<tr>
<th>Event</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools of Nursing News</td>
<td>3-6</td>
</tr>
<tr>
<td>Nurses in the News</td>
<td>7-8</td>
</tr>
<tr>
<td>District News</td>
<td>9</td>
</tr>
<tr>
<td>112th Convention</td>
<td>10-11</td>
</tr>
<tr>
<td>2015 Call for Poster Session Abstracts</td>
<td>12</td>
</tr>
<tr>
<td>Migrant Clinicians Networks Honors Dr. Voncella Brown</td>
<td>13</td>
</tr>
<tr>
<td>2015 MNA Annual Awards</td>
<td>14</td>
</tr>
<tr>
<td>Pee is Key to National Kidney Foundation’s Bold Awareness</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving Maryland Perinatal Outcomes</td>
<td></td>
</tr>
<tr>
<td>Nurses’ Promotion of Hydrotherapy during Labor</td>
<td>17</td>
</tr>
<tr>
<td>Delayed Diagnosis of Lyme Disease has Devastating Effects</td>
<td>19</td>
</tr>
<tr>
<td>Maryland Governor Signs Full Practice Authority Legislation</td>
<td>21</td>
</tr>
<tr>
<td>A Push to Open Doors to Care for the Homebound</td>
<td>22</td>
</tr>
<tr>
<td>Membership Assembly</td>
<td>23</td>
</tr>
</tbody>
</table>

Janice Hoffman
In closing, please accept my sincere appreciation for all of the support and encouragement that I have received over the last two years! Having visited every district since becoming President, it has been rewarding and encouraging seeing how active our members are in their local communities. I would specifically like to acknowledge the very committed and talented MNA Officers, District Presidents, District Representatives to the Board, and Committee Chairpersons who have contributed to MNA’s accomplishments. A special “Thank You” to Linda Stierle, Chair of the Committee on Bylaws and Policy, for her leadership in updating the MNA Bylaws, as well as working with all of the Districts in updating their Bylaws to be consistent with ANA and MNA. I would also like to recognize the support of my colleagues at the Maryland School of Nursing who were consistently available for consultation and “words of wisdom” about the organization’s work. Last, but surely not least, I would like to recognize Ed Suddath’s incredible dedication, commitment, and attention to detail which contributed to my service as President and to the overall effectiveness of our organization.

I wish you all continued happiness and success in your nursing careers!

Warm regards,
Janice Janicehoffman@marylandrn.org

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**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

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**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 acknowledgments 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. Refereed 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 any material published first in *The Maryland Nurse* for future publication. Authors may review the article to be published in its final form. Authors may be requested to sign a release form prior to publication. The Maryland Nurses Association retains copyrights on published articles, subject to copyright laws and the signing of a copyright transfer and warranty agreement, and may transfer that right to a third party.

Submissions should be sent electronically to TheMarylandNurse@gmail.com.
University of Maryland School of Nursing Professor Co-Authors Book Addressing Workplace Violence in Health Care Settings

An estimated 80 percent of nurses acknowledge they do not feel safe in the workplace.

Jane Lipscomb, PhD, RN, FAAN, professor, University of Maryland School of Nursing, and Matt London, MS, adjunct professor, have written a book on workplace violence. Not Part of the Job: How to Take a Stand Against Violence in the Work Setting, which was recently published by the American Nurses Association (ANA), addresses workplace violence for front line nurses and health care workers.

According to the ANA, 80 percent of nurses do not feel safe in the workplace. Workplace violence, a dangerous and complex occupational hazard in the modern health care work environment, presents challenges for nurses, other health care employees, management, labor unions, and regulators. However, violence from patients, visitors, and coworkers is often tolerated and explained as part of the job in the fast-paced, stressful health care delivery workplace. This book offers guidance to practicing nurses on how they can better protect themselves against a wide range of unacceptable behaviors.

“This topic is personal for me because a close childhood friend, who also happened to be a nurse, was killed while at work,” Lipscomb said. “During this time period, I met with health care workers who were seriously injured by patient violence. I was determined that I wanted to do something to prevent other workers from being assaulted.”

Lipscomb says the problem of workplace violence in health care and social assistance workplaces is widespread, and continues in part because of a strong reluctance to fully acknowledge and address the problem. Addressing violence in health care requires very purposeful organizational processes conducted by very specific organizational structures. Nurses who are knowledgeable about this ongoing problem often provide key leadership for organizations undertaking the development of workplace violence prevention programs, but must do so using local evidence generated at the facility level. In some cases, tools such as state regulations and federal workplace safety policies provide important impetus and support for nurses and hospitals undertaking these transformational programs.

University of Maryland School of Nursing Receives Accreditation from Society for Simulation in Healthcare

UMSON houses one of two simulation labs that are accredited in the Mid Atlantic.

The University of Maryland School of Nursing (UMSON) is pleased to announce that the Debra L. Spunt Simulation Laboratories have received accreditation in teaching and education from the Society for Simulation in Healthcare (SSH). UMSON is one of only two simulation laboratories that are accredited in the Mid-Atlantic region. SSH seeks to improve performance and reduce errors in patient care through the use of simulation.

In March 2015, SSH conducted a one-day, onsite, structured review of UMSON’s simulation lab program, which entailed a survey team vetting criteria unique to UMSON’s program, with the goal of supporting efforts to improve operations and overall outcomes. After the site visit, the survey team presented its findings to SSH’s Accreditation Board of Review. Highlights from SSH’s findings include the Board being impressed with UMSON’s debriefing workshops held for faculty 10 times each year; dedication to scholastic improvements to courses; collaboration between UMSON’s standardized patient and clinical simulation lab programs, which strengthens the learning environment; and the student-peer tutoring program.

A program seeking SSH accreditation must have a minimum of two years experience in the functional area in which accreditation is sought. Additionally, programs must demonstrate compliance with core standards and fulfillment of standards applied to assessment, research, or teaching and education. Programs that have been accredited through SSH have demonstrated that they have improved health care education through the identification of best practices and recognition of practice; improved health care simulation through providing standardization and a pool of knowledge of best practices; supported education and consultation on good practices and benchmarks to improve business operations; and encouraged the sharing of best practices through education and consultation.

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“Simulation represents a paradigm shift in health care education. I am pleased that we are able to provide our students with unique learning opportunities in our labs through improved simulation technology, educational methods, practitioner assessment, and patient safety,” said Amy Daniels, MS ‘12, BSN ‘89, RN, CHSE, clinical instructor and interim director of UMSON’s clinical simulation laboratories. “We pride ourselves on preparing our students to provide excellent patient care, which leads to improved patient outcomes.”

University of Maryland School of Nursing and the College of Southern Maryland Sign Dual Admission Partnership Agreement

Students will be able to apply to both schools simultaneously and satisfy the requirements of both schools.

The University of Maryland School of Nursing (UMSON) and the College of Southern Maryland (CSM) recently signed an agreement of dual admission that will bring a seamless transition from the Associate Degree in Nursing (ADN) program to the Bachelor of Science in Nursing (BSN) degree. UMSON has partnered with CSM to design a program where nursing students may apply to both schools simultaneously and progress through the program, satisfying the requirements of both schools. In addition to transfer credits for completed coursework, UMSON will award students 30 credits toward their BSN degree at UMSON upon verification of an active registered nurse license. BSN coursework can be completed through Web hybrid courses taught onsite at CSM by UMSON faculty members.

Believed to be a step in the right direction for increasing qualified nursing candidates, the agreement will also help further the mission of the Institute of Medicine’s (IOM) Future of Nursing Campaign for Action to advance comprehensive health care change. Specifically, it will address one of the eight goals set forth in the IOM report, The Future of Nursing: Leading Change, Advancing Health, to increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

Students in the program will be granted special student status, which allows them to take UMSON courses while still working on their associate’s degree.

Largest Gift in History of UMSON to Provide Scholarships, Support for 157 New Nursing Students

A gift of $5.24 million from William “Bill” and Joanne Conway, through their Bedford Falls Foundation, will enable the University of Maryland School of Nursing (UMSON) to expand enrollment in its traditional Bachelor of Science in Nursing (BSN) program and increase opportunities for registered nurses to obtain their BSN degrees. The gift, which is the largest in UMSON’s history, will provide full scholarship support for 157 new UMSON students. This transformational gift will be disbursed over a five-year period.

In addition to full scholarships, Conway Scholars will receive valuable coaching and mentoring services through UMSON’s Student Success Center. Many of those seeking the RN-to-BSN option are expected to be associate degree graduates who are the first in their families to pursue a baccalaureate degree.

Bill Conway is co-chief executive officer and co-founder of the Carlyle Group, Washington, D.C. The Conways are trustees of the couple’s Bedford Falls Foundation, which has bestowed significant nursing scholarships previously in the Mid-Atlantic region.

University of Maryland School of Nursing and Montgomery College Sign Dual Admission Partnership Agreement

The University of Maryland School of Nursing (UMSON) and Montgomery College (MC) recently signed an agreement of dual admission that will bring a seamless transition from the Associate Degree in Nursing (ADN) program to the Bachelor of Science in Nursing (BSN) degree. UMSON partnered with MC to design a dual admission program that will be available to nursing students this fall.

“This dual admission program is an amazing opportunity for MC’s nursing students. As a community college, the student population is more diverse and is less likely to leave the community to attend a university,” said Barbara Nubile, MSN, RN, associate dean and director of nursing at Montgomery College. “This seamless articulation pathway provides an option that allows Montgomery County residents to complete their associate degree in nursing and then complete their baccalaureate degree, all while staying in the county.”

Through the agreement, nursing students will have simultaneous admission into MC’s ADN program and UMSON’s BSN program while satisfying the requirements of both schools. Students enrolled in the program will receive transfer credits for completed coursework, and will be granted special student status, allowing them to take UMSON courses while still working on their associate degree. Representatives from UMSON and MC worked diligently for two years to design this pact, which has laid the foundation for similar dual admission arrangements such as the one signed by the College of Southern Maryland earlier this month.

PK Law Supports Maryland Nurses

“T he work that our two institutions accomplished is indeed historic, and it is great to see that our work has paved the way for similar agreements within the state,” said Rebecca Wiseman, PhD ’93, RN, associate professor and chair of the University of Maryland School of Nursing at the Universities at Shady Grove. “There is work to be done, but we are excited and encouraged by the spirit of cooperation and commitment to seamless academic progression for nursing students.”

To matriculate to UMSON’s BSN Program, a student must graduate with an ADN from MC and satisfy UMSON’s progression criteria.
UMSON Students Say “Thanks” to Patrol Officers

The University of Maryland School of Nursing’s (UMSON) chapter of the Nursing Student Government Association (NSGA), in collaboration with CulinArt Café at the University of Maryland, Baltimore (UMB), showed their appreciation to Maryland State Troopers and members of the National Guard on Wednesday, April 29. The group provided 13 complimentary boxed lunches in UMSON lunch bags to officers and guardsmen patrolling the area around UMSON during the time of unrest in Baltimore. In addition, CulinArt Café offered free coffee to all guardsmen and officers on the UMB campus during business hours.

NSGA is a student organization that encourages fellowship among students, faculty, and staff by creating an atmosphere of collaboration and understanding at UMSON. It inspires professional growth by providing programs representative of fundamental and emerging trends in the field of nursing, and promotes a dynamic and diverse student body dedicated to the highest quality of health care.

University of Maryland School of Nursing Awarded HRSA Grant for Nurse Anesthetist Trainee Program

Funding will aid anesthesia students with cost of tuition, books, and fees.

Joseph E. Pellegrini, PhD, CRNA, associate professor and director of the Nurse Anesthesia specialty at the University of Maryland School of Nursing (UMSON), has been awarded funding from the Health Resources and Services Administration (HRSA) for a nurse anesthetist traineeship program. HRSA provides UMSON with the grant annually in the amount of $39,741.
Salisbury University

Salisbury University’s (SU) Nursing Department has received the largest grant in its history — nearly $2.1 million — to continue a project that prepares clinical experts to become nursing faculty. The Eastern Shore Faculty Academy and Mentoring Initiative (ES-FAMI) was created by SU and several partners in 2011 to develop quality adjunct professors with a particular emphasis on recruiting underrepresented individuals, including men and those from diverse backgrounds.

“The ES-FAMI is being funded via the Maryland Higher Education Commission (MHEC) as part of the Nurse Support Program (NSP) II it administers for state’s Health Services Cost Review Commission (HSCRC). NSP II’s goal is to increase the number of nurses in Maryland by focusing on their education. In awarding the latest funds, MHEC recognized SU as “a leader in mentoring new faculty in nursing education” and a “strong partner” in the efforts to expand resources for clinical faculty to Maryland nursing programs and hospitals. Peg Dav, NSF II grant administrator, also called the ES-FAMI “foundational” and thanked SU’s team for its “leadership and willingness to provide faculty mentoring and promote collaboration in a model for statewide dissemination.”

Wor-Wic Community College and Chesapeake College are educational partners in the ES-FAMI, while practice partners include Peninsula Regional Medical Center, Atlantic General Hospital and the University of Maryland Shore Regional Health System.

“We hope to continue the success of the academy which, since its inception, has graduated some 50 students,” said Dr. Lisa Seldomridge, Nursing Department chair and project director. “Thirty-seven of them have taken part-time teaching positions with one of the original partner institutions, while six are in full-time teaching roles. We also have met our goals in terms of having a third who are male and non-white. Eleven participants also have completed or enrolled in advanced degree programs, including eight at SU.”

The ES-FAMI is currently a 30-hour program, combining face-to-face and online learning, simulated teaching experiences and group mentoring. Through this five-year extension, it will be modified to provide one-to-one mentoring to support graduates in their first teaching assignments. Additional web-based learning strategies also will be integrated to make the entire curriculum available in a distance accessible format.

The academy is delivered twice per year by teams of faculty from the partner schools. Graduates teach at SU. The ES-FAMI is a 30-hour program, combining face-to-face and online learning, simulated teaching experiences and group mentoring. Through this five-year extension, it will be modified to provide one-to-one mentoring to support graduates in their first teaching assignments. Additional web-based learning strategies also will be integrated to make the entire curriculum available in a distance accessible format.

Salisbury University and our outstanding nursing faculty are committed to offering programs and opportunities that meet the workforce needs of our region and the state.”

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DNP Student Wins Fulbright, Will Study Obesity Spike in South Korea

Lorenzo Nava, a doctoral student at the Johns Hopkins School of Nursing, has earned a Fulbright Scholarship to study a startling spike in obesity in South Korea, a nation whose traditional cuisine is pointed to as a weight-loss miracle in parts of the West.

“South Korea has changed so quickly since the Korean War,” explains Nava, who is preparing his final defense for the Doctor of Nursing Practice Program at Hopkins. “It has changed from a developing nation into a very rich nation so fast.” Part of that change, he says, has included moving away from a traditional diet that had kept the nation’s obesity and cardiovascular disease statistics among the lowest in the world. Out were plentiful vegetables and very little meat. In were Western-type foods – breads, more meats, and in larger portions. Success went to fast.” Part of that change, he says, has included moving away from a traditional diet that had kept the nation’s obesity and cardiovascular disease statistics among the lowest in the world. Out were plentiful vegetables and very little meat. In were Western-type foods – breads, more meats, and in larger portions. Success went to fast.”

After graduation, Nava will spend 10 months in South Korea working with Yeon-Hwan Park, PhD, RN, a professor at the Seoul National University College of Medicine. They will make nuanced choices on which local communities to target and do assessments. “What could work here might not be the same for somewhere else,” he says, adding that communities across the globe will require similar subtlety. “The cultural aspect is very important.” Then he will seek ways to integrate and promote more healthful dietary choices. (He credits Associate Professor Hae-Ra Han, PhD, RN, of Hopkins for making the connection.)

Nava sees South Korea as a harbinger of what could happen to other rapidly developing countries if nothing is done. “We want to find ways to help cultures thrive economically without the health consequences that can come along with it.”

Resnick Receives University System of Maryland Board of Regents Award for Mentoring

Barbara Resnick, PhD, RN, CRNP, FAAN, FANP, professor and Sonia Ziporkin Gershowitz Chair in Gerontology at the University of Maryland School of Nursing (UMSON), has been named a 2015 University System of Maryland (USM) Faculty Award recipient. Resnick was one of 16 award winners selected by the institutions and the USM Foundation.

One of the highest honors bestowed by the Board of Regents, the Regents Faculty Awards recognize exemplary faculty achievement in public service; teaching; mentoring, or research; scholarship, and creative activity. Award recipients are selected by the Council of University System Faculty and submitted to the Board for approval. Resnick, who has been a faculty member at UMSON for more than 20 years, received the mentoring award.

“During Dr. Resnick’s tenure at the University of Maryland School of Nursing, she has mentored and helped prepare countless students for the nursing workforce. She has gone above and beyond in providing her students with invaluable learning experiences through scholarship and hands-on clinical opportunities,” said UMSON Dean Jane M. Kirschling, PhD, RN, FAAN. “Dr. Resnick’s passion for fostering student development and achievement is remarkable and should be celebrated.”

Beginning her tenure at UMSON in 1987, Resnick has served as a primary mentor to 19 funded pre-doctoral and post-doctoral students in nursing, social work, pharmacy, and medicine. All of them have gone on to academic careers. She also organizes workshops and dissemination programs, funded by the Hartford Foundation, to teach junior faculty members and students how to write articles and publish their work. Since 2010, she has published nearly 100 peer-reviewed papers, most of which are published or co-authored with mentees. Additionally, Resnick maintains a clinical faculty practice at a continuing care retirement community in Baltimore, where she actively serves students and junior faculty members, applying theoretical principles to actual case studies.

“I have a philosophy that you never lose anything by giving it away and mentoring is consistent with that thought,” Resnick said. “Mentoring is a passion of mine whether it is a student or a faculty member. I feel like a success when I’m able to watch each mentee go off on their own. It is an honor to be considered for this award among the many amazing faculty in the University’s system.”

University of Maryland School of Nursing Faculty Member/Alumna Elected to Gerontology Fellows Program

Elizabeth Galik, PhD, RN, CRNP, associate professor, University of Maryland School of Nursing (UMSON), has been elected as a 2015 Fellow of the Gerontological Society of America (GSA). Fellows are elected in recognition of distinguished contributions to the field of gerontology.

Galik’s work focuses on helping the elderly with moderate to severe cognitive impairment to optimize their functionality while decreasing behavioral symptoms. She tests the impact of interventions designed to optimize function, physical activity, mood, and behavior of long-term care residents. The Function and Behavior Focused Care approach is geared toward changing how staff members provide long-term care facility services for residents with dementia by teaching them how to evaluate and optimize the residents’ underlying physical capabilities. This approach also trains staff on how to safely and effectively engage residents in personal care and physical activity.

“I am honored to be inducted as a Fellow of GSA. I have benefited from my membership with GSA ever since I was a doctoral student in 2003,” Galik said. “I look forward to collaborating with my interdisciplinary colleagues to advance gerontological research.”

Barbara Resnick, PhD, RN, CRNP, FAAN, FANP

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“I have a philosophy that you never lose anything by giving it away and mentoring is consistent with that thought,” Resnick said. “Mentoring is a passion of mine whether it is a student or a faculty member. I feel like a success when I’m able to watch each mentee go off on their own. It is an honor to be considered for this award among the many amazing faculty in the University’s system.”

Elizabeth Galik, PhD, RN, CRNP

Elizabeth Galik, PhD, RN, CRNP, associate professor, University of Maryland School of Nursing (UMSON), has been elected as a 2015 Fellow of the Gerontological Society of America (GSA). Fellows are elected in recognition of distinguished contributions to the field of gerontology.

Galik’s work focuses on helping the elderly with moderate to severe cognitive impairment to optimize their functionality while decreasing behavioral symptoms. She tests the impact of interventions designed to optimize function, physical activity, mood, and behavior of long-term care residents. The Function and Behavior Focused Care approach is geared toward changing how staff members provide long-term care facility services for residents with dementia by teaching them how to evaluate and optimize the residents’ underlying physical capabilities. This approach also trains staff on how to safely and effectively engage residents in personal care and physical activity.

“I am honored to be inducted as a Fellow of GSA. I have benefited from my membership with GSA ever since I was a doctoral student in 2003,” Galik said. “I look forward to collaborating with my interdisciplinary colleagues to advance gerontological research.”
Dear Maryland Nurse Readers,

This is my last edition as the Editor for The Maryland Nurse. Since my appointment to this position in the fall of 2011 by the Board of Directors for the Maryland Nurses Association, I have tried to be responsive to the needs of Maryland nurses by gathering and publishing local and regional news of interest.

I thank the members of the editorial board who assisted with editing, submitting articles, and sharing ideas of making this publication even greater. Knowing I had the support of this group of volunteers made my job much easier.

Dr. Charlotte Wood will be assuming the position of Editor with the next edition of The Maryland Nurse, and I will continue on as a member of the Editorial Board. Continue to send your submissions and news to TheMarylandNurse@gmail.com. We would love to hear you!

The Maryland Nurse

Jane M. Kirschling, PhD, RN, FAAN, dean, University of Maryland School of Nursing (UMSON), recently announced the appointment of Professor Erika Friedmann, PhD, as associate dean of research. In her new role, Friedmann will provide leadership in the development, implementation, and evaluation of strategies for achieving research and scholarship goals.

Friedmann, a professor in UMSON’s Department of Organizational Systems and Adult Health, teaches research methods and statistics to PhD students. Her research focuses on the contributions of social, psychological, and physiological contributors to cardiovascular health. Her research provided the first link between pet ownership and cardiovascular health. Through her research, Friedmann found that pet owners are more likely to survive one year after being hospitalized for heart disease than those who do not own pets.

“Dr. Friedmann has been serving as the interim associate dean since November and has done a wonderful job sustaining the excellence of our research efforts,” Kirschling said. “With her depth of knowledge and experience, I am confident that the research program is in great hands under her leadership as she continues to collaborate with faculty members at the School of Nursing, and inter-professionally across the University, to further advance our research agenda.”

Friedmann was a founding member of the International Society for Anthrozoology, served as the Society’s first president, and is a member of its editorial board. She has contributed more than 150 papers to scientific journals, and collaborates and consults with researchers worldwide on anthrozoological research. Friedmann earned her PhD and Bachelor of Arts degrees from the University of Pennsylvania.

“I am overwhelmed by the support I have received as I entered this position. I look forward to working with the School’s administration, faculty, staff, and students to enhance our research and scholarship,” Friedmann said.

The Johns Hopkins School of Nursing, situated within an extraordinary four-block radius of top-ranked schools of Medicine, Public Health, and The Johns Hopkins Hospital, provides students and faculty with interprofessional opportunities and resources unparalleled in scope, quality, and innovation.

Faculty Recruitment

We are currently looking for high-quality teaching faculty for:

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- Childbearing Family
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- Diabetic Resource Coordinator (Pediatric) – MD
- Diabetic Resource Coordinator (Temporary) – Baltimore, MD
- Emergency RNs – Clinical Decision Units/Urgent Care – MD, VA, DC
- Operating Room RNs, Laurel, MD, VA
- Patient Care Coordinators – VA, DC, and Baltimore, MD

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Join us at mdr.dhmh.maryland.gov
District 2 Spring Seminar

MNA District 2 nurses addressed the Evidence-Practice Gap at the Spring 2015 “Policy and Practice Seminar” on April 16. More than 70 nurses participated in a presentation led by Dr. Janice Agazio and Dr. Petra Goodman, both nurses from The Catholic University of America.

Networking, with pizza and fruit, preceded the Seminar. FutureCare Irvington donated the use of their Education Center in Baltimore for this important free educational event, for the nurses and students of Baltimore City, Baltimore County, Carroll County and Howard County.

District 2 Board members at the April 16 Seminar in Baltimore: Christie Simon-Waterman (Past President), Jylla Artis (Secretary and Web Master), Liesel Charles, Dr. Nayna Philipsen (President), Tina Reinckens (Treasurer), Dr. Charlotte Wood (1st Vice President), Dr. Mary Donnelly-Strozko, and Karen Evans. Missing: Anthony Nwaiwu.

District 2 Fall Seminar to Address Bias in Health Care

District Two’s Annual Meeting and Fall 2015 Policy and Practice Seminar will be held from 6:30-8:30PM on Thursday, September 24, 2015, at Martin’s West, at 6817 Dogwood Rd., Windsor Mills, 21244 in Baltimore County.

Dr. Carlesia Hussein, RN, DrPH, former Director of the Department of Health and Mental Hygiene Office of Minority Health and Health Disparities, will present information on “Unintentional Bias.”

Great speaker, great food, great colleagues! All nurses and nursing students are welcome for this educational event. There will be a small fee to help pay for the full dinner buffet to be served before the presentations of $15 for students and members, and $30 for nurses who are non-members. Students will need to show ID. Parking is free.

To register go to District 2’s website (www.mnadistrict2.com) or mail your registration fee to: Maryland Nurses Association District 2, 6400 Baltimore National Pike #523, Baltimore, MD 21228.

District 8

Participants listen as Dr. Agazio addresses evidence-based practice.

District 8 welcomed new officers at their bi-annual Planning Meeting held on 6/17/15. New Board members are [left to right]: Karen Bream, RN, BSN, Rachel Edwards, RN, ADN, Laura Mercer, DPN, RN, CRNN, RN-BC and Valerie Ziegler, BSN, RN (not pictured).

District 8 Board members at the April 16 Seminar in Baltimore: Christie Simon-Waterman (Past President), Jylla Artis (Secretary and Web Master), Liesel Charles, Dr. Nayna Philipsen (President), Tina Reinckens (Treasurer), Dr. Charlotte Wood (1st Vice President), Dr. Mary Donnelly-Strozko, and Karen Evans. Missing: Anthony Nwaiwu.

Sherry B. Adams, RN, Director of the Maryland Office of Preparedness and Response was the keynote speaker at the District 8 Spring Program “Nurses’ Role in Disaster Preparedness & Response: Home, Workplace, and Community” held on April 9, 2015 at Robinwood Professional Center in Hagerstown, Maryland. Speakers included representatives from state and local EMS teams, Frederick Memorial Hospital, Meritus Health Center and Towson University. Over 80 nurses and nursing students attended.

District 8

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www.hagerstowncc.edu/nursing

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Sherry B. Adams, RN

District 8

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Day 1 - Thursday, October 22, 2015

7:30 – 8:00 AM  Registration/Exhibitors/Continental Breakfast

8:00 – 9:00 AM  Opening Session

Welcome: Janice Hoffman, RN, PhD, ANEF
President, Maryland Nurses Association

Keynote: Delegate Geraldine Valentino-Smith, BSN, JD
Delegate for District 23A, Prince George's County; 2015 Deputy Majority Whip, General Assembly of Maryland

“Nurses: Necessary Advocates for Patients, Families, and their Profession”

Delegate Geraldine Valentino-Smith, BSN, JD
President, Maryland Nurses Association

9:00 – 9:15 AM  Break/exhibitors

9:15 – 10:15 AM  Concurrent Sessions 1

<table>
<thead>
<tr>
<th>Session 1A</th>
<th>Session 1B</th>
<th>Session 1C</th>
<th>Session 1D</th>
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</thead>
<tbody>
<tr>
<td>Nurse Residency Collaborative in Maryland: Retention and Satisfaction of New Nurses in Maryland</td>
<td>Advocating for Nurses Self-Care: Shift-work, Sleep Disorders and the Health of Baby Boomers</td>
<td>Nurse Coach Role/Interaction: A Missing Link in Health Care Transformation</td>
<td>Building an Information Literacy Model for the Nursing Discipline: An Interprofessional Approach</td>
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<tr>
<td>Mary Ann Greene, DNP, RN, NEA-BC</td>
<td>Gail Shorter, MS, CRNP, ANP-BC, RN-BC</td>
<td>Darlene M. Trandel, PhD, RN, APRN, MSN, CCP, PCC</td>
<td>Lisa A. Gotschall, PhD, RN</td>
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<tr>
<td>Maryland Nurse Residency Collaborative</td>
<td>Wilmington University, DNP Student</td>
<td>Health and Well Being Institute, LLC</td>
<td>Susan Bonsteel, MLS</td>
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<td>Joan Warren, PhD, RN</td>
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<td>Stevenson University</td>
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<td>Med Star Franklin Square Medical Center</td>
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<td>Sherry Perkins, PhD, RN, NEA-BC</td>
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<td>Anne Arundel Medical Center</td>
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10:20 – 11:20 AM  Concurrent Sessions 2

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<tr>
<th>Session 2A</th>
<th>Session 2B</th>
<th>Session 2C</th>
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<tbody>
<tr>
<td>Nurses caring for their own: The culture of nursing will only change if we advocate, lead and educate to bring civility to the workplace</td>
<td>Reflections on the Psycho-Social Care of the Patient and Family</td>
<td>Managers and Educators Working Together to Improve Orientation Outcomes: A Road Map for Success</td>
<td>Collaborate to Save a Life: Working as a Team to Provide Care for People Who Are Suicidal</td>
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<tr>
<td>Lena Choudhary, JD, MSN, RN</td>
<td>Mary Sharon Curran, RN, MS</td>
<td>Mary Zaleski, MSN, RN, CEN</td>
<td>Pamela Marcus, APRN, PMH-BC</td>
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<td>Towson University</td>
<td>Carol Gallagher, MSN, RN, CEN</td>
<td>Prince George Community College and Private Practice</td>
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<td>Saint Agnes Hospital</td>
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11:25 – 12:25 PM  Poster Session

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<th>Session 3A</th>
<th>Session 3B</th>
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<tr>
<td>Incredible Ways to Validate Knowledge in Perioperative Nurses</td>
<td>Fatigue Risk Management for Supervisors: Protecting Nurses from Harm</td>
<td>The Evolution of the Nurse Responder Team: Steps to Success and What is Next</td>
<td>Reflections on Ethics: Making Ethics Come Alive in Nursing Today</td>
</tr>
<tr>
<td>Tanya L Hofmann, MSN, APRN, ACNS-BC, CPAN</td>
<td>Jeannine Geiger Brown, PhD, RN, FAAN</td>
<td>Janet L. Thorne, RN, BSN, MGA</td>
<td>Ellen Rice, RN, MPH, PhD</td>
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<td>Vicki Latz, RN, MSN, CNOR</td>
<td>University of Maryland School of Nursing</td>
<td>Medstar Washington Hospital Center</td>
<td>PREMIER, Inc.</td>
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<td>Mercy Medical Center</td>
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<td>Brandy Brown, MA, BSN, RN</td>
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<td>Anne Arundel Medical Center</td>
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<td>Donna Downing Cordry, BSN, TNCC</td>
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<td>Chesapeake Eye Surgery Center</td>
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12th Annual Convention

Nursing: Advocating, Leading, Educating, Caring

3:10 – 4:10 PM Concurrent Sessions 4

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<tr>
<th>Session 4A</th>
<th>Session 4B</th>
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<th>Session 4D</th>
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<tr>
<td>Advocacy in Action: Accomplishments of MNA’s Legislative Committee</td>
<td>Disseminating Evidence-Based Practice Projects: Conference Abstracts, Posters, &amp; Presentations</td>
<td>Nuts and Bolts of Diabetes Patient Education for Nurses</td>
<td>Toolkits and Standardized Patient Experiences: Developing Core Psychiatric Mental Health Nursing Skills</td>
</tr>
<tr>
<td>Mary Kay DeMarco, PhD, RN, CNE</td>
<td>Patricia McCartney, RNC, PhD, FAAN</td>
<td>Susan Renda, DNP, ANP-BC, CDE</td>
<td>Debra Webster, EdD, RN-BC, CNE</td>
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<tr>
<td>Chair, MNA Legislative Committee</td>
<td>MedStar Washington Hospital Center</td>
<td>Susan Porter, CRNP, CDE</td>
<td>Salisbury University</td>
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<td>News</td>
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<td>Johns Hopkins Comprehensive Diabetes Center</td>
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4:10 – 4:45 PM Poster Session

5:00 – 6:30 PM Annual Business Meeting - Open to MNA Members only (there is no fee to attend this meeting)

Day II - Friday, October 23, 2015

7:30 – 8:15 AM Registration/Exhibitors/Continental Breakfast

8:15 – 9:15 AM Opening Session

Welcome: Janice Hoffman, RN, PhD, ANEF, President, Maryland Nurses Association

Keynote: Mary Kay Goetter, PhD, RN, NEA-BC, Executive Director, Maryland Board of Nursing “Breakers, Non-Negotiables, Hurdles and Other Myths”

9:15 – 9:45 AM Break/Exhibitors

9:50 – 10:50 AM Concurrent Sessions 5

<table>
<thead>
<tr>
<th>Session 5A</th>
<th>Session 5B</th>
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<th>Session 5D</th>
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<tbody>
<tr>
<td>Amy Alsale, MSN, RN, CHNP</td>
<td>Lorna House, RN, BSN, MS, MSN, CNOR-E</td>
<td>Trina K. Kumodzi, BSN, RN, CRN</td>
<td>Sandra J. Fulton Pickot, PhD, CLNC, FAAN, FGSA</td>
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<tr>
<td>Angela Amig, MA, BSN, RN, NE-BC</td>
<td>MedStar Franklin Square Medical Center</td>
<td>Greater Baltimore Medical Center</td>
<td>University of Maryland School of Nursing</td>
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<td>Medstar Greater Baltimore Medical Center</td>
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<td>Lynn Tomascik, MSN, RN</td>
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10:55 – 11:55 PM Concurrent Session 6

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<tr>
<th>Session 6A</th>
<th>Session 6B</th>
<th>Session 6C</th>
<th>Session 6D</th>
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<tbody>
<tr>
<td>Reducing Asthma Triggers: Key to Asthma Control</td>
<td>Preparing the Successful Continuing Education and Provider Application! New Criteria Updates for ANCC and MNA criteria for 2015!</td>
<td>A Successful Docking after Sailing the Ship through Turbulent Waters</td>
<td>High Quality Feedback Conversations: A Structured Technique for Developing Reflective Practitioners</td>
</tr>
<tr>
<td>Pat McLaine, DrPH, MPH, RN</td>
<td>Janice Agazio, PhD, CRNP, RN, FAAN, FAAN</td>
<td>Judith E. Breitenbach, MS, RN</td>
<td>Rachel Onello, PhD, RN, CHSE, CNE, CNL</td>
</tr>
<tr>
<td>University of Maryland School of Nursing</td>
<td>The Catholic University of America</td>
<td>Towson University</td>
<td>University School of Nursing</td>
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12:00 – 12:30 PM Break/Exhibitors

12:30 – 3:00 PM Awards Luncheon

Keynote Speaker: Kim Bushnell, DNP, RN, NEA-BC, Vice President Patient Care Services and Chief Nursing Officer, Mercy Medical Center “Putting the Pieces Together Through Leadership”

Kim Bushnell

Maryland Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Lodging Information

MNA has reserved a block of rooms for the Convention at the Maritime Hotel.

- Single Room: $145 per night
- Double Room: $190 per night

- Rates are per room, per night, and 7% County Tax and 6% state tax (13% total)
- Sleeping room rate includes a Hot Breakfast and a Hot Dinner Buffet daily in our main dining hall.
- Complimentary use of recreational facilities; including indoor pool, fitness center and game room.
- Complimentary parking and shuttle service to/from BWI Airport and BWI Amtrak Station

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2015 Call for Poster Session Abstracts

Conference Center at the Maritime Institute, Linthicum Heights, MD

“Nurses: Advocating, Leading, Educating, Caring Nurses: The Critical Pieces”

Do Not pass on this opportunity to submit an abstract for the Maryland Nurses Association’s Annual Convention! Nurses are on the frontline and leading the direction in which quality healthcare services are moving. Join your colleagues at this exciting event and highlight your contributions to the nursing profession. The call for abstracts has been extended to August 31, 2015. Authors of posters accepted for presentation at the Convention will be notified by September 9, 2015.

Convention: October 22nd – 23rd
Poster Sessions: October 22nd

Poster Categories
Abstract submissions should relate to the Convention theme and demonstrate the caring nature of the nursing profession.

Poster Category:     EBP    Clinical Research
                      Student
                      Performance Improvement
                      Other

Abstract Submission Information:
1. All abstracts must be submitted electronically and received by the close of business on August 31, 2015.
2. Abstracts must be no more than 300 words. (Poster title, objectives, and outcomes not included in the word count.)
3. Specify the size of your poster. Poster placement and space allotments are determined based on the size of the poster.
4. Authors must provide their own easel
5. Authors of posters accepted for presentation at the Convention will be notified by September 9, 2015.
6. Authors of posters accepted for presentation at the Convention must confirm their participation no later than September 16, 2015.
7. Poster Presenter(s) must register online and pay to attend the Convention on Thursday, October 22, 2015. Deadline to register is September 19, 2015.
8. Authors who register to attend the Convention on Thursday, October 22, 2015 may attend concurrent sessions that are scheduled between the poster session times. At least one author must be available during each poster session.
9. Poster awards will be presented during the Awards Luncheon on Friday, October 23, 2015. Attendance at the Awards Luncheon is optional. The cost to attend the luncheon is included in the Convention two-day registration fee. Authors planning to attend the luncheon but not registered to attend the Convention on Friday must register for the luncheon and pay on-line.
10. All correspondence will be directed to the primary contact listed below. Contributing authors should contact the primary contact person for information related to the poster submission.
11. All authors must complete and submit the MNA Biographical/Conflict of Interest form. Each section must be completed in its entirety.

This information is also available on the MNA web site at www.marylandrn.org.

The 2015 Call for Poster Session Abstracts Application is posted on the web site at www.marylandrn.org. Click on “112th Annual Convention” under “Upcoming Events” on the home page; then click on “Convention Materials.” You will see the 2015 Call for Poster Session Abstracts Information and the Application. You do not have to be a MNA member to submit an Abstract.

Nursing: Advocating, Leading, Educating, Caring Nurses: The Critical Pieces

112th Convention of the Maryland Nurses Association
October 22 & 23, 2015
Conference Center at the Maritime Institute, Linthicum Heights, MD

REGISTRATION FORM
Name (Please Print) ___________________________ MNA District No. ___________________________
Home Address __________________________________ City ___________________________ State ________ Zip ________
Daytime Phone (__________) ______________________ Email ________________________________________

EARLY REGISTRATION—Before September 19, 2015—Includes Meals
Please circle applicable dollar amount Full 2 Day Convention Thursday or Friday Only
MNA Member $250 $155
Full-Time Student $115 $65
Non-Member $280 $195

Name of School of Nursing ______________________________________________________________
Anticipated month and year of graduation ____________________

If you are a full-time nursing student, you will be asked to present your current student ID.
LATE REGISTRATION After September 19, 2015—Add $40—One day participants add $20
Full-time Students: ______ 2 Day $125; ______ 1 Day $75
Lunch (October 22) ______ I will attend ______ I will not attend (Check One)
Awards Luncheon: (October 23) ______ I will attend ______ I will not attend (Check One)
(Include in conference fee. Additional Tickets available for $25 each).
Additional Awards Luncheon Tickets ______ X $25 Awards Luncheon ticket total=$________

Breakout Sessions:
Place an “X” in one breakout session (see schedule) in each time slot, for each day you plan to attend.

Thursday A B C D
1. ____________________ ____________________ ____________________ ____________________
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Friday A B C D
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Payment Information: Total Due $________
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VISA, MC Exp. Date Signature ___________ ___________ ___________
Note: A $6.50 processing fee will be applied for all charges.

Questions? Phone: 410-944-5800 Fax: 410-944-5802 Email: esuddath@marylandrn.org
Business Meeting open to Members Only at no charge. Cancellations will be accepted until Sept. 30, 2015 a $50.00 administrative fee will be charged. After that date, no refunds will be made.
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The Migrant Clinicians Network is celebrating their 30th year of working to create practical solutions at the intersection of poverty, migration, and health. To commemorate the 30th anniversary, they have launched 30 Clinicians Making a Difference, to celebrate the work of 30 individuals who have dedicated their lives to migrant health. Dr. Voncelia Brown from Salisbury, MD, is one of the honorees.

Voncelia Brown, PhD, RN, is an associate professor of nursing whose passion for community health has taken her and her nursing students from the classrooms of Salisbury University to Arusha, Tanzania and Cuenca, Ecuador. With over 30 years of teaching experience, Dr. Brown believes that the essential first step in addressing migrant health is shifting the perspectives about migrants. Every semester, she works to do just that.

After receiving her diploma and certification as a registered nurse, Dr. Brown worked for a year at a small community hospital in Gettysburg, Pennsylvania. Dr. Brown then returned home to the Eastern Shore of Maryland and began working in the Intensive Care Unit at Peninsula Regional Medical Center (PRMC), where she first encountered the health disparities of migrants. Language barriers, lack of cultural competency, and adverse attitudes toward the uninsured left many migrant patients with inadequate care, said Dr. Brown. She became acutely aware of the unmet needs of this population, and, as she transitioned into her teaching role, she committed to changing attitudes and instilling cultural competency in her nursing students.

Dr. Brown’s commitment to change did not begin or end with her teaching career. While working at PRMC, it became clear that the trend was shifting or end with her teaching career. While working at PRMC, it became clear that the trend was shifting towards bachelor’s degree programs in place of associate programs for registered nurses. By 1979, there were no local colleges offering a bachelor of nursing. In response, Dr. Brown and her 13 fellow diploma nurses contacted their legislators, urging them to bring the University of Maryland’s nursing program to the Eastern Shore. The University of Maryland accommodated the nurses and before long, each of them received their bachelor’s degree in nursing. The determined crew then pressured to bring a master’s degree in nursing to the Eastern Shore and succeeded yet again.

Dr. Brown pursued a master’s degree in psychiatric nursing from the University of Maryland. Focusing on family and group psychiatric nursing, Dr. Brown’s goal was to encourage people to make their mental health a priority. In her words, “community mental health is about empowering those who are voiceless and disenfranchised – people who are getting out of jail, all minorities, and migrants. What I’m all about is keeping people mentally healthy, [teaching them] how to deal with stress,” and cope with tragedy. When she started to look at community issues on the Eastern Shore, she became aware that services and resources were lacking in depth for these vulnerable groups. All of her work following her master’s was focused on better meeting the needs of the community. Her PhD, which is in Human Development from the University of Maryland, College Park, went right in line with her philosophy and brought a new dimension to her vision for a more robust community.

To better meet the needs of underserved populations, Dr. Brown believes that service providers have a responsibility to build trust, control costs, and bring services to the field. She names the Sisters of Charity at the Seton Center in Princess Anne, MD, as her role models of migrant and community health. “Sister Eileen, Sister Cecilia, and Sister Diane aren’t halted by the stumbling blocks that many other organizations experience. They connect migrant workers with legal services, give them ten dollars for a tank of gas, find a way to send them to their home country for a funeral,” providing anything that the people could need.

In 1978, Dr. Brown was offered a job at Wicomico Community College in Salisbury, MD to teach psychiatric nursing. She taught there for five years and chaired the nursing department for one year. She was then contacted by Salisbury University to teach Community Health Nursing, which she continues to teach over 25 years later. Dr. Brown recognizes the importance of exposing her students to the struggles that migrants face. Her experience taught her that the “lack of understanding of one’s culture is a barrier to quality care,” and that’s why she started taking her students abroad. She tells her students: “You need to be uncomfortable; you need to be an outsider to realize what you don’t know and to increase your empathy.”

Dr. Brown’s commitment to community health and the underserved has motivated her to be a pioneer for change. Every semester, Dr. Brown has a forum to open the minds of her 60 baccalaureate nursing students. As an educator, she hopes to increase her impact exponentially by instilling in her students her motto: “Public health is all the people, all the time.”

The author, Kerry Brennan, is the Environmental and Occupational Health Program Associate, Migrant Clinicians Network. More information about the Migrant Clinicians Network can be found at: www.migrantcliniciansnetwork.org
MNA solicits your input in nominating MNA members for the following eight (8) awards.

**The Outstanding Nursing Practice Award**
Presented to a MNA member to recognize a nurse in direct patient care whose care is a source of pride to self, peers, patients/clients and colleagues. This award is given to the nurse you would most want to care for your loved ones.

**The Outstanding Nurse Educator Award**
Presented to a MNA member who has demonstrated excellence in nursing education, continuing education or staff development. This award is given to a nurse educator who has provided others with exceptional educational opportunities.

**The Outstanding Leadership Award**
Presented to a MNA member who has demonstrated exemplary leadership in the performance of activities on behalf of nursing and the MNA. This award is given to a leader who has furthered MNA’s mission and nursing’s agenda.

**The Outstanding Advanced Practice Clinical Nurse Award**
Presented to a MNA member who has demonstrated excellence in clinical practice. The recipient should be an innovator and combine clinical practice with a major leadership function such as research, education, professional services, community services, or scholarly activities.

**The Outstanding Dissemination of Health Information Award**
Presented in recognition of achievements in the dissemination of health information to the public. Coverage may include illness prevention or wellness promotion. This award could come from the print, radio, television cinematic or other similar mass medium. The nominees for this award are not required to be an MNA member.

**The Outstanding Pathfinder Award**
Presented to a MNA member who has demonstrated excellence and creative leadership that fosters the development of the nursing profession. The recipient has pioneered in innovation in nursing or developed creative approaches to further nursing’s agenda.

**The Outstanding Mentoring Award**
Presented to a MNA member who shows individuals how to put into practice the professional concepts of nursing by example and through wise counsel and advice. This award is given to a mentor who best demonstrates outstanding efforts and interest in the professional development and advancement of less experienced nurses.

**The Exemplary Service Award**
Presented to a MNA member who has provided exemplary service to the association and/or the nursing profession through significant contributions to a MNA Committee/Board, a MNA District Committee/Board, and/or through efforts that enhance the Maryland Nurses Association and/or the nursing profession as a whole.

The awardees will be recognized at the 2015 Annual Convention on Friday, October 23.

Nominating Instructions:
1. MNA Districts or members of the Association recommend nominees.
2. A Nominating Form must be completed for each nominee.
3. Nominations must address the specific criteria noted for each award on the Nominating Form.
4. A photo of the nominee should be submitted with the Nominating Form.

Selection:
Each award is competitive and will be selected by the Awards Committee.

Presentations:
Awards will be presented at the Annual MNA Convention.

Nominating Forms are available on the MNA website at [www.marylandrn.org](http://www.marylandrn.org) or by contacting the MNA office at 410-944-5800 or sprentice@marylandrn.org.

The MNA office must receive all Nominating materials no later than Friday, September 11, 2015 for consideration.

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Nursing Foundation of Maryland (NFM) Seeks Applicants for 2015 Education Scholarships

The Nursing Foundation of Maryland (NFM) is seeking applications for the 2015 Nursing Scholarships. The scholarships will be awarded to those demonstrating academic achievement, leadership and potential for leadership in the practice of nursing. The Foundation will award scholarships not to exceed $1,000 each. Applicants may be entry-level baccalaureate nursing students, Registered Nurses with an Associate Degree who are completing a baccalaureate degree program with the intention of working with the older population. The recipient will exemplify academic achievement, leadership and community service. Applicants must meet the following criteria of eligibility:

- Currently accepted or enrolled in one of the Maryland nursing programs indicated above
- Be a resident of Maryland
- Scheduled to receive the pursued nursing degree during 2015-2016
- Overall GPA of 3.0 or higher out of 4
- Demonstrated involvement in community service
- Provide at least two letters of reference from individuals who are able to evaluate the candidate in the following areas: scholarship, commitment, service and potential for leadership in the practice of nursing. One of the letters should be from a faculty member.
- Applicants must also meet the specific eligibility criteria of the scholarship for which they are applying (available upon request by contacting Ed Suddath, Executive Director at esuddath@marylandrn.org).

The scholarship winners are expected to attend the annual Awards Banquet at the Maryland Nurses Association Convention on Friday, October 23, 2015 to receive the scholarship.

Application

1. Use the 2015 application form below. Otherwise it may be e-mailed to esuddath@marylandrn.org.

Mail to:
The Nursing Foundation of Maryland
21 Governor’s Court, Suite 195 | Baltimore, MD 21244-2721
Phone: 410-944-5800 | Fax: 410-944-5802

Mail all the above to:
Nursing Foundation of Maryland
21 Governor’s Court, Suite 195 | Baltimore, MD 21244-2721

The Foundation is a professional organization that is committed to equal opportunity in all aspects of its operation. The Nursing Foundation of Maryland addresses and responds to equal opportunity and human rights concerns without regard to ancestry, nationality, race, creed, lifestyle, color, gender, sexual orientation, age, disability, health status or religion.

2015 APPLICATION

NURSING FOUNDATION OF MARYLAND NURSING SCHOLARSHIPS

This application is for all 2015 scholarships awarded through the NFM. The applicant must have an anticipated graduation date in 2015-2016. Please see specific criteria for the individual scholarships at www.marylandrn.org.

Student Name: ____________________________
Indicate the scholarship for which you are making application:

Home Information
Street Address: ____________________________
City/State/Zip code: _________________________
Email(s): ________________________________
Cell Phone: ________________________________

In addition to the above, please submit the following:
- Letter of Application to include, but not limited to:
  □ Reason for applying
  □ Goals in nursing
  □ Demonstrated involvement in community service
  □ Two (2) Letters of Recommendation
  □ One letter should be from a nursing faculty member
  □ Transcript or Letter of Acceptance
  □ If currently in a BSN, MSN, or Doctoral program, the applicant must submit an official copy of transcript.
  □ If accepted for fall 2015 to a BSN, MSN, or Doctoral program, must submit letter of acceptance.

Mail all the above to:
Nursing Foundation of Maryland
21 Governor’s Court, Suite 195 | Baltimore, MD 21244-2721

1. Ruth Hans Scholarship
The Ruth Hans Scholarship promotes lifelong learning and best practices in nursing by awarding an education scholarship to a Baccalaureate nursing student in Maryland. This can include an RN licensed in Maryland who is continuing his or her education in an RN to BSN nursing education program in Maryland. Ruth Hans received her entry nursing education from the Lutheran Hospital School of Nursing and this award was established in her honor in 2006. The recipient will exemplify academic achievement, leadership and community service. The scholarship is for $500.

2. Maryland General Hospital School of Nursing Alumnae Association Education Scholarship
The Alumnae Association of Maryland General Hospital awards one scholarship of $1,000.00. Preference will be given to the student enrolled in an Associate Degree Nursing program. The recipient must demonstrate financial need in addition to academic achievement and community service.

3. Barbara Suddath Nursing Scholarship
The Barbara Suddath Nursing Scholarship was established to honor the memory of Mrs. Suddath, the mother of the Executive Director of the Maryland Nurses Association. The recipient must be a nurse enrolled in a graduate degree nursing program with the intention of working with the older population. The recipient will exemplify academic achievement, leadership and community service. The scholarship is for $500.

4. Arthur L. Davis Publishing Company Scholarship
Art Davis established the Arthur L. Davis Publishing Company, the publisher of The Maryland Nurse. Now retired, the business began remains a family business dedicated to supporting the nursing community. The Arthur L. Davis scholarship was established in 2003. The scholarship will be awarded to one applicant in the amount of $1,000. The recipient must be pursuing a master’s degree in nursing as part of the preparation to teach in a Maryland nursing program. The recipient will exemplify academic achievement, leadership and community service. Applicants for this scholarship must be members of the Maryland Nurses Association.

5. Mercy Hospital Nursing Alumnae Scholarship
The Mercy Hospital Nursing Alumnae Scholarship is for $500. Preference will be given to a Baccalaureate nursing student in Maryland whose intention is providing elder care as the focus of practice. The recipient must demonstrate financial need in addition to academic achievement and community service.

6. Travis Nursing Scholarship
The Travis Nursing Scholarship is being established to honor the memory of the mother of long-time MNA/ANA member, Patricia Travis, RN, PhD, CCRP. The recipient should be a student enrolled in a nursing program with an interest in promoting a seamless transition for end of life palliative care and home hospice. The beneficiary needs to exemplify academic achievement, leadership, and community service. The scholarship is for $500.

7. Loyan Scholarship
The Loyan Scholarship was established to honor the memory of Angus and Mary Lovan. The recipient should be a nurse enrolled in a graduate degree nursing program with a focus on geriatric psychiatry and/or the mental health of the elderly. The recipient will exemplify academic achievement, leadership, and community service. The scholarship is for $500.
Pee is Key to National Kidney Foundation’s Bold Awareness Campaign

The National Kidney Foundation (NKF) has launched a cheeky campaign to promote kidney health and motivate people to get their urines screened. EverybodyPee is an irreverent, educational animated music video plus a website (www.everybodypees.org) that focuses on the places people pee. The number one goal of the campaign is to link one of the kidneys’ primary functions—the production of urine—to overall kidney health. Pee is important because urine testing can reveal the earliest signs of kidney damage.

“Our research has shown that half of Americans don’t understand that healthy kidneys are responsible for creating urine,” said Kevin Longino, interim CEO of the National Kidney Foundation. “Urine also happens to hold the key to catching kidney disease, especially among the 73 million Americans who are at risk. The message may be unconventional, but it is educational and actionable—get your urine checked for kidney health.

Kidney disease is at an alarming proportion in the United States. Over 26 million American adults have kidney disease and most don’t know it. More than 40% of people who go into kidney failure each year fail to see a nephrologist before starting dialysis—a key indicator that kidney disease isn’t being identified in its earliest stages.

“People aren’t getting the message that they can easily identify kidney disease through inexpensive, simple tests,” said Jeffrey Berns, MD, President of the National Kidney Foundation. “Keeping kidneys top-of-mind in the bedroom will hopefully remind people that they should be asking about their kidneys when they visit their healthcare professional, especially if they have diabetes, high blood pressure, a family history of kidney failure, or are over age 60.”

EverybodyPee is NKF’s first attempt to tackle a serious national health problem from a relatable, consumer angle. The campaign was produced in collaboration with Publicis LifeBrands Medicus.

“We are flipping public health education messaging on its head—using humor to get our message across and foregoing scare tactic messaging,” Longino said. “We’re going out on a limb with our core message on urine testing, but we need to take risks if we’re going to alter the course of kidney disease in this country.”

Kidney Facts:

• 1 in 3 American adults is at high risk for developing kidney disease today.
• High blood pressure, diabetes, a family history of kidney failure and being over 60 are major risk factors for developing kidney disease.
• 1 in 9 American adults has kidney disease—and most don’t know it.
• Early detection and treatment can slow or prevent the progression of kidney disease.
• Kidney disease risk can be reduced by controlling blood pressure and blood sugar, quitting smoking, regular exercise, maintaining a healthy weight, and avoiding excessive use of pain medications.

The National Kidney Foundation is the leading organization in the U.S. dedicated to the awareness, prevention and treatment of kidney disease. For more information, visit www.kidney.org.

Video: http://youtu.be/y165Gv_SBd4

Op-Ed: Supreme Court Backs Care Act and, by Extension, Nurses

Patricia M. Davidson, PhD, MEd, RN, FAAN
Dean & Professor
Johns Hopkins School of Nursing

The Supreme Court decision in King v. Burwell is good news for so many, it’s hard to know where to begin. Regardless of political persuasion, it is hard to deny that providing increased access to health care is a good thing. More American lives will be saved, the nation’s overall health will improve and care costs will be contained. And, selfishly, this is an incredibly exciting time for nurses.

King v. Burwell means that 16.4 million newly insured Americans will keep their health insurance. In addition, the Institute of Medicine points toward a looming shortage of physicians as perhaps one-third of current MDs retire over the next 10 years. It is nurses who will step in to provide more and more of that care. The Johns Hopkins School of Nursing cannot hope to build all of the nurses America will need, but we accept a leading role in bridging the chasm.

Our new Master’s Entry into Nursing curriculum was part of our anticipation of and initial response to the Affordable Care Act (ACA). We’ve just enrolled our initial class of bright, driven students who will receive the education and tools to become the advanced bedside nurses, hospital leaders, faculty, and researchers we need now. They are the roots from which a new type of nursing will grow.

The ACA opens the door for but also demands models of care that allow nurses to practice to the top of their licenses and promote health along the continuum of life. The new nurse will not care for Americans only when they become seriously ill or disabled but help prevent many, many Americans from ever becoming so.

The law forces the lens to focus on the needs of individuals, families, and communities—not on health care providers. It’s a change we have been awaiting for years. That doesn’t mean it will be easy. Change very rarely is. Achieving health reform requires fundamental alterations to how care is planned, delivered, and paid for. It can be a painful process.

But reverting back to the way it was in American health care before the ACA would have been worse and been unnecessarily cruel to those who were so recently given the tools—and yes, the responsibility—to care for their own and their families’ health. After understandable concern at its inception, polls have shown a steady acceptance of the ACA among Americans.

The law isn’t perfect, nor shall any health care system ever be. That’s not what matters here. Nor does it matter whose side “won.” This isn’t a time for gotchas. The ACA was the right path, and now it has been proven just.

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Introduction

The process of birth is a wondrous physiologic function of the female reproductive system. Healthcare providers can enhance outcomes for mother and baby when they empower women to partner with them in their birthing experience. At the same time that healthcare providers are searching for risk factors, they can focus on providing family-centered, evidence-based maternity care to facilitate healthy childbirth. 1 Hydrotherapy is an underused nursing support strategy that can increase rates of physiologic childbirth. 2

Background

Recent rigorous research has found that medical practices that interfere with the normal physiologic process of labor and childbirth may increase risks for mother and baby. Many professional organizations and institutions, including the World Health Organization (WHO), American College of Nurse-Midwives (ACNM), American College of Obstetricians and Gynecologists (ACOG), and the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN), have put forth efforts to promote this approach and encourage evidence-based maternity care. 3 A set of guidelines including six “Healthy Birth Practices” that help alleviate fears and promote a natural birth process have been proposed by Lamaze International. 4 Each of these guidelines has been supported by research studies that confirmed the multiple benefits of allowing for a natural and physiologic birth: (a) labor should begin spontaneously; (b) women should be able to ambulate and change positions during labor; (c) women should have continuous support during labor; (d) unnecessary medical interventions should be avoided; (e) women should not give birth on their back, and should follow their instinctive urges to push; and finally, (f) mother and baby should stay together (preferably skin-to-skin) following birth. 5

Statement of Problem

Many hospitals have policies, protocols, or unit cultures that hinder the actualization of these healthy birth practices. A recent epidemiologic study conducted in the U.S. involving 2.35 million term first births reveals that half (50%) were delivered following intervention (induction, C-section, or both), and half of those interventions (i.e. 26% of all deliveries) were non-indicated. 6 Concurrent with the elevated levels of medical interventions during US births are the high rates of pharmacological pain relief, particularly epidural anesthesia. A pooled analysis of births in 27 states determined that more than three out of five women (61%) received epidural anesthesia during their labor. 7 Epidural anesthesia provides quick and effective pain relief for laboring mothers. This intervention has significant ramifications for quality and safety improvement in the healthcare system. Increased maternal satisfaction with birth experiences, reduced rates of epidural anesthesia and the associated detrimental effects, decreased use of high-risk interventions, lower costs, and improved health outcomes are but a few of the advantages of implementing hydrotherapy. 8

Hydrotherapy: Benefits and Risks

On hospital labor and delivery units in particular, non-pharmacological pain relief methods can be employed to help alleviate labor pain, decrease the necessity of overused medical interventions, cut costs, and promote physiologic births, ultimately leading to increased patient quality of care. 9 One such intervention, hydrotherapy, takes place when the laboring woman is immersed in water during labor and delivery. Hydrotherapy during labor has been endorsed by the leading US healthcare professional organizations. The American College of Nurse-Midwives’ position statement on hydrotherapy asserts that hydrotherapy during labor is a “safe and effective non-pharmacologic pain relief strategy that promotes physiologic childbirth.” 10 The American College of Obstetricians and Gynecologists (ACOG) put forth a joint statement together with the American Academy of Pediatrics (AAP) regarding hydrotherapy taking a more cautious approach. 11 They affirm that immersion in water during the first stage of labor “may be appealing to some and may be associated with decreased pain or use of anesthesia and decreased duration of labor” but has not otherwise been found to improve perinatal outcomes. Thus they conclude that hydrotherapy during the first stage of labor can be instituted, but it should be taken in context and not inhibit other elements of care, including appropriate maternal and fetal monitoring. 12

Hydrotherapy can help the laboring woman in a number of ways. Research has shown that water immersion promotes uterine perfusion, decreases the use of recumbent labor positions, provides muscle relaxation, and decreases pain, anxiety, fatigue, and catecholamine levels. 13 In addition to the physical benefits, hydrotherapy can provide emotional benefits as well. A quasi-experimental pretest-posttest study determined that mothers who utilized hydrotherapy during labor experienced significant reductions in anxiety and tension, and enhanced levels of coping and relaxation. 14

Many studies revealed additional benefits of hydrotherapy. In a large Cochrane review of randomized controlled trials, Cluett, Stewart, & Miller (2009) point out that perhaps the largest barrier to hydrotherapy during labor involves attitudes about its practice by midwives, physicians, nurses, and other members of the healthcare team. Limited training, lack of confidence, and outside pressures can override the facilitation of woman-centered care including the option of water immersion. Additionally, a medical environment which values interventions over physiologic births is a significant barrier to overcome, as it requires alteration of an entire mindset. Thus institutional barriers are crucial to consider. Moreover, nurses’ personal philosophies of pain management during labor as well as knowledge (or lack thereof) about safe and evidence-based practices influence the care they give and options they consider offering. 15

Barriers to Hydrotherapy

Although hydrotherapy is a cost-efficient means of pain relief, Stark & Miller (2009) point out that perhaps the largest barrier to hydrotherapy during labor involves attitudes about its practice by midwives, physicians, nurses, and other members of the healthcare team. Limited training, lack of confidence, and outside pressures can override the facilitation of woman-centered care including the option of water immersion. Additionally, a medical environment which values interventions over physiologic births is a significant barrier to overcome, as it requires alteration of an entire mindset. Thus institutional barriers are crucial to consider. Moreover, nurses’ personal philosophies of pain management during labor as well as knowledge (or lack thereof) about safe and evidence-based practices influence the care they give and options they consider offering. 15

What Maryland Nurses can Do

Out of 32 Maryland birthing hospitals, only 15 of them (47%) offer hydrotherapy tubs while 17 (53%) of them do not (this data was gathered from websites and phone calls to the labor and delivery units). Moreover, from among the ones that do, many have only one or two bathing tubs available for use which have to be specially requested. Nurses in Maryland can advocate for hydrotherapy in their respective hospitals in a number of ways. They can conduct a literature review on the topic and present it to peers and nursing management; form groups to assess the needs, resources, and barriers of each individual facility; brainstorm with various stakeholders about details and methods of implementation; obtain staff buy-in and key leaders to pioneer this safe and client-centered intervention; help develop a practice policy and education strategy for hydrotherapy use; and assist in the ongoing execution and evaluation of this nursing intervention.

Summary

The implementation of hydrotherapy, an evidence-based nursing intervention, can have significant ramifications for quality and safety improvement in the healthcare system. Increased maternal satisfaction with birth experiences, reduced rates of epidural anesthesia and the associated detrimental effects, decreased use of high-risk interventions, lower costs, and improved health outcomes are but a few of the advantages that hydrotherapy can bring to a hospital’s maternity system.

Hydrotherapy during Labor continued on page 18

Hydrotherapy during Labor continued on page 18

Lily Fountain, MS, CNM, RN

Batsheva Lapidus, MS, RN

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Improving Maryland Perinatal Outcomes through Nurses’ Promotion of Hydrotherapy during Labor

Many studies revealed additional benefits of hydrotherapy. In a large Cochrane review of randomized controlled trials, Cluett and Burns (2009) revealed that immersion in water led to statistically significantly lower rates of epidural analgesia as well as shorter duration of labor. They concluded that hydrotherapy during labor can be supported for women at low risk of complications without leading to any adverse effects on neonatal wellbeing. 16 In addition to lowering rates of epidural anesthesia, Cluett, Pickering, Gettiffe, & Saunders (2004) found that hydrotherapy also decreases rates of obstetric interventions. 17

Hydrotherapy has been well examined in relation to the risks that it poses to mother and fetus/baby. Maternal health researcher, Melissa Avery, argues that the risks are theoretical, rare and infrequent. The laboring mother can risk infection, hemorrhage, hypothermia, emboli, and decreased strength of contractions. The baby can risk fetal hyperthermia, infection, and polycythemia. 18 Overall, multiple rigorous studies have confirmed that there is no evidence of increased harmful effects to the low-risk woman or her fetus from water immersion during labor. 19

Hydrotherapy during Labor continued on page 18

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Improving Maryland Perinatal Outcomes through Nurses’ Promotion of Hydrotherapy during Labor

Many studies revealed additional benefits of hydrotherapy. In a large Cochrane review of randomized controlled trials, Cluett and Burns (2009) revealed that immersion in water led to statistically significantly lower rates of epidural analgesia as well as shorter duration of labor. They concluded that hydrotherapy during labor can be supported for women at low risk of complications without leading to any adverse effects on neonatal wellbeing. 16 In addition to lowering rates of epidural anesthesia, Cluett, Pickering, Gettiffe, & Saunders (2004) found that hydrotherapy also decreases rates of obstetric interventions. 17

Hydrotherapy has been well examined in relation to the risks that it poses to mother and fetus/baby. Maternal health researcher, Melissa Avery, argues that the risks are theoretical, rare and infrequent. The laboring mother can risk infection, hemorrhage, hypothermia, emboli, and decreased strength of contractions. The baby can risk fetal hyperthermia, infection, and polycythemia. 18 Overall, multiple rigorous studies have confirmed that there is no evidence of increased harmful effects to the low-risk woman or her fetus from water immersion during labor. 19

Hydrotherapy during Labor continued on page 18

Lily Fountain, MS, CNM, RN

Batsheva Lapidus, MS, RN

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Continuing education: Nursing News and Journal
MANS Corner

Stephanie Al-Adhami, MANS MNA Student Liaison mansmnastudentliaison@gmail.com

Following their inaugural meeting on June 10, 2015, the Board immediately set to work on putting plans into action for school outreach, the MANS 2016 convention, student leadership development, and more. As part of my role as the newly appointed MANS MNA Student Liaison, I had the opportunity along with MANS President Ms. Sarah Trandel to attend the Maryland Action Coalition retreat at the University of Maryland on June 26, 2015. The retreat was an opportunity for nurses, nursing students, and local hospitals and health organizations to develop a two-year Strategic Plan in alignment with the Institute of Medicine’s 2010 Report on the Future of Nursing.

An area of focus at the retreat was nursing leadership and the development of nursing leaders. This pillar rings especially true for MNA and MANS as both organizations facilitate leadership development through mentoring, camaraderie, and the provision of programs for continued growth of nurses at all stages of their careers. Over the next year, the MANS Board of Directors and I look forward to deepening our relationship with MNA to foster the leaders of tomorrow.

MANS is still seeking students to fill the roles of Image of Nursing Chair and MANS Presidential Consultant on the 2015-2016 Board of Directors. Interested applicants can send inquiries to Membership and Nominations Chair Ms. Christina Clark at mansmembership@gmail.com.

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August, September, October 2015

The author is a recent graduate from Clinical Nurse Leader Program at University of Maryland School of Nursing, and is employed at a Registered Nurse on the Subacute Unit at FutureCare, Homewood Campus.

(Endnotes)


Delayed Diagnosis of Lyme Disease Has Devastating Effect on Patients

According to a nationwide survey by LymeDisease.org, only 7% of chronic Lyme patients are diagnosed and treated within a critical thirty-day window essential to cure. More than half wait two years or more for correct diagnosis.

The study also found significant delays in treatment due to misdiagnosis. “Lyme disease is often called ‘the great imitator’ because it can mimic other diseases so closely,” says Lorraine Johnson, CEO of LymeDisease.org.

Among study respondents, the most prevalent misdiagnosis was mood disorders (59%), followed by Chronic Fatigue (55%) and Fibromyalgia (49%). Johnson pointed out that when people are misdiagnosed, they not only miss out on appropriate Lyme treatment, but they may also be given medications for conditions they don’t have. “Early diagnosis and treatment is an achievable goal that can prevent the disease from becoming chronic,” she added. One respondent stated “It’s sad to see people nonfunctional from tick borne illnesses because they couldn’t get proper treatment from the onset of symptoms when disabilities could have been avoided.”

The National Institute of Health estimates up to 20% of Lyme patients have symptoms that persist after short-term treatment. The LymeDisease.org study showed even higher numbers among those with chronic Lyme disease.

Over 90% reported that their short-term treatment had failed, resulting in chronic illness, which can have a huge impact on quality of life. Of those with chronic Lyme, 73% rated their current quality of life as fair or poor and 42% reported they had to quit working because of Lyme. “This disease has cost me my life, my finances, my ability to contribute to society,” said one 35-year-old female respondent.

The study was conducted online from a self-selected sampling of Lyme disease patients and their caretakers. For more information about Lyme disease: [www.Lymedisease.org](http://www.lymedisease.org)


About Lyme disease: Lyme disease is a bacterial infection primarily transmitted by ticks. It is found throughout the United States, as well as in more than sixty other countries. Untreated Lyme disease can result in neurological disorders, crippling muscle and joint pain, heart conditions, disabling fatigue, and psychological disorders. Even when Lyme disease is caught early and treated with a short course of antibiotics, debilitating symptoms can persist and require additional longer-term treatment.

The Centers for Disease Control and Prevention estimates that 300,000 people are diagnosed with Lyme disease in the US every year. Lyme disease affects people of all ages and the CDC notes it is most common in children, older adults, and those who spend time in outdoor activities and have higher exposure to ticks.

About LymeDisease.org: Since 1989, LymeDisease.org has advocated nationally for quality accessible healthcare for patients with Lyme and other tick-borne diseases. We are committed to shaping health policy through advocacy, legal and ethical analysis, education, physician training, and medical research. Our mission is to prevent Lyme disease, prevent early Lyme disease from becoming chronic, and to obtain access to care for patients with chronic Lyme disease.

To register or for more information: [http://nursing.umaryland.edu](http://nursing.umaryland.edu)
The Nurse Advisory Board of Howard Community College

The Nurse Advisory Board of Howard Community College (HCC) met on June 4, 2015. Pictured from left to right are: Patricia Owens, Manager of Therapeutic Recreation and Volunteer Coordinator, Athelas Institute, Kim Losiewski, RN, BSN, Nurse Manager, Howard County General Hospital, Donna Musselman, MS, RN, C, Professor, HCC, Janet Moye Cornick, Ph.D, Policy analyst (retired), Ann Mech, JD, MS, RN, University of Maryland School of Nursing, Jean Wilson, MSN, RN, Faculty, Stevenson University, Frances Reynolds, MSN, RN, Associate Professor, HCC, Roxanne Moran PhD, RN, CNE, Associate Professor, College of Notre Dame of Maryland, Genie Wessel, MS, RN, Career Links Program, HCC, Jean Straka, MS, RN, Professor, HCC, Patricia Sipe, M.Ed., RN, CNE, Professor and Chair of the Nurse Education program at HCC, Beverly Lang, MSn, RN, ANP-BC, Executive Director, Nurse Practitioner Association of Maryland, Second row: Kamala Via, MS, CRNP-PMH, Assistant Professor, HCC, Debbie Fleischman MPA, RN, NEA-BC, Director of Education and Professional Development, Howard County General Hospital, Archiena Beaver, MSN, RN, Assistant Professor, HCC, Harold Hedd-Kann, MS, RN-BC, Instructor, HCC, HCC, Jennifer Bukowitz Keller, MS, RN, Director, Continuing Education Nursing and Allied Health Programs. Thanks to Jessica DiPalma, MSN, RN, Professor, HCC who took the photo.

Why Nurses Need Mentorship Programs

Angela Eckard RN, BSN

Nursing is rewarding, but also a challenging career. There are many different types of nurses and different skill levels. The transition from student to nurse is filled with many challenges. New nurses need to develop and polish technical skills, communicate effectively with physicians and other members of the healthcare team, establish positive working relationships with peers and nurses, and, most importantly, develop therapeutic communication skills with patients. Nurses need guidance in this transition process. A regular day in any healthcare facility can be busy and demanding. The American Nurses Association (ANA) has recently listed the shortage of nurses as a leading problem in healthcare (ANA, 2015).

New nurses need to be carefully placed with experienced, skilled nurses who care about developing the next generation of nurses. Many nurses volunteer to precept new nurses to “earn extra points” on their performance evaluation. This is not beneficial to new nurses. New nurses should be placed in a planned mentorship program that is controlled by expert nurse educators, with clearly defined objectives and evaluation criteria.

Novice nurses face many challenges and will be subject to many difficult situations. Many nurses experience their first death, first code, and first trauma during their first job. Nurses are currently working short of staff, and this creates an increased chance of error and burnout. The ANA has linked mistakes in medication administration, a decrease in safety measures, and an increase in call-off time to the current shortage of nurses (ANA, 2015).

This can cause new nurses to return to college to pursue other careers. Nurses need encouragement and appreciation from administrative staff. The guidance of a skilled nurse can provide the new nurse with encouragement, and new knowledge, and can help with understanding the policies and procedures of the healthcare facility. New nurses need to be comfortable in presenting problems to nurse managers and to be able to solve challenging problems in a successful way. The current nurse workforce is aging and the average age is about 47 years. It is critical that new nurses be trained and guided to provide services to replace the aging nursing workforce. New nurses are worthy of mentorship and the financial investment that is needed to assure that they thrive in the healthcare environment. Mentorship and the development of preceptor programs are simple solutions to a complex problem.

Reference

The author is a staff nurse in an Acute Care Unit.
On Tuesday, May 12, 2015 Maryland Governor Larry Hogan signed HB999/ SB723, the Certified Nurse Practitioners – Authority to Practice, into law, making Maryland the 21st full-practice authority state, and the seventh state to right-size regulations affecting nurse practitioner patients in the past four years. The move closely follows actions undertaken in Nebraska, which similarly eased nurse practitioner restrictions in March, and Minnesota, which passed legislation last year. This measure allows patients in all areas of the state to directly receive the full scope of services that nurse practitioners are educated and clinically trained to deliver. The law expands patient access to high-quality health care and promotes a wider geographic distribution of the state’s health care workforce.

The legislation retires the mandate that Maryland nurse practitioners maintain “attestation agreements” with physicians as a pre-condition of licensure and practice, which had previously discouraged nurse practitioners from practicing in rural and New Law Makes Maryland the 21st State to Grant Patients Full and Direct Access to Care.

According to the American Association of Nurse Practitioners (AANP), the new law will not only improve access to care and provider choice among patients in Maryland, but also enhance the state’s ability to recruit nurse practitioners from its neighbors, which have yet to right-size nurse practitioner laws with the exception of Washington, D.C. Independent research has shown nurse practitioners are more likely to move to and work in states where they can serve patients with full-practice authority, a significant issue as the U.S. contends with rising demand for health services nationwide.

Leading policy groups like the Institute of Medicine have long recommended that states take legislative action similar to Maryland to improve health care access. They cite extensive data showing nurse practitioners, including those with full-practice authority, have outcomes that are equivalent to those of physicians, and also offer patients a much-needed approach that is highly focused on health promotion and disease prevention.

The Nurse Practitioner Association of Maryland (NPAM) and the Maryland Academy of Advanced Practice Clinicians (MAAPC) teamed together and, along with the support of state wide stakeholders, including the Maryland Nurses Association (MNA) and the Maryland Board of Nursing (MBON) worked for nearly one year to gain legislative support for the bill. The bill will go into effect October 2015.

Maryland NPs should continue to watch for Board of Nursing regulations and further updates on opportunities and details surrounding this process. The signing of this law brings the total number of states with Full Practice Authority to 21 plus the District of Columbia. Maryland’s new shade of green is visible on the AANP 2015 Nurse Practitioner State Practice Environment Map.

The author, Beverly Lang, MScN, RN, ANP-BC, is the Executive Director for the Nurse Practitioner Association of Maryland, Inc. and can be contacted at NPAMEXDr@npedu.com

There is an enormous hidden population of older adults in America suffering behind closed doors largely because they aren’t strong or well enough to leave their homes, for healthcare or anything else. This is among the worrisome findings of a study being published this week in JAMA Internal Medicine.

“The homebound population of older adults is 50 percent larger than the non-homebound population, to have more chronic conditions, and to have been hospitalized in the last 12 months. Only 11.9% of completely homebound individuals reported receiving primary care services at home.”

Co-authors of the study include Bruce Leff, MD, of the Johns Hopkins Schools of Nursing, Medicine, and Public Health; Kenneth Covinsky, MD, and Christine Ritchie, MD, MSPH, of the University of California San Francisco; Alex D. Federman, MD, MPH, of the Icahn School of Medicine at Mount Sinai; Laken Roberts of the Hopkins School of Nursing; and Amy S. Kelley, MD, MSHS, and Albert L. Siau, MD, MSPH, of Mount Sinai and the James J. Peters Veterans Affairs Medical Center.

The authors point to evidence of success and cost-savings through the Patient Protection and Affordable Care Act, which has spurred the development of new health service delivery models to serve the homebound, including the Independence at Home demonstration program and multidisciplinary home-based primary care programs that deliver medical and social services.

Szanton is also the driving force behind an intervention called CAPABLE – for Community Aging in Place, Advancing Better Living for Elders – which involves home visits with an occupational therapist, a registered nurse, and a handyperson who work together with older adults to identify mobility and self-care issues in their homes and inexpensively fix or modify them.

“Medicare defines homebound status in the context of determining patient eligibility to receive services under the Part A skilled home health care benefit. Such patients must (1) be under a doctor’s care, (2) need skilled services, (3) receive services from a Medicare-approved home health agency, and (4) because of illness or injury, need the aid of supportive devices, special transportation, or assistance from another person to leave their home or have a condition for which leaving the home is medically contraindicated. Our conceptual approach to defining homebound status focused on the individual’s ability to leave the home. A measure based on eligibility for Medicare services may not reflect the number of people who are, in fact, unable to leave the home.”

“Our findings can inform improvements in clinical and social services for these individuals,” the report in JAMA Internal Medicine concludes.
Maryland Nurses Association Membership Application

MEMBERSHIP APPLICATION

There are currently 8 districts in MNA. you may select membership in only one district, either where you live or where you work.

District 1: Allegany County Garrett County
District 2: Baltimore City Baltimore County Howard County Carroll County
District 3: Anne Arundel County
District 4: Eastern Shore Except Cecil County
District 5: Montgomery County Prince Georges County
District 6: Cecil County
District 7: Harford County
District 8: Frederick County Washington County
District 9: St. Mary’s County Charles County Calvert County

All membership dues are apportioned to the American Nurses Association, the Maryland Nurses Association, and the District. All membership category dues may be paid either annually, or through monthly electronic dues payment plans (EDPP). A service charge applies to the monthly electronic dues membership payment plan except annual membership paid in full at the time of application.

Please choose your district and payment plan from the following chart:

For All Districts

<table>
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<tr>
<th>Districts</th>
<th>Annual Dues</th>
<th>EDPP*</th>
<th>Reduced Dues</th>
<th>Annual Dues</th>
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Annual Dues to belong to the Maryland Nurses Association and your District only are:

Full Dues Annual - $150 for all Districts Full Dues EDPP* - $13 for all Districts.

*EDPP – monthly Electronic Dues Payment Plan

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Note: $7.50 of the SNA member dues is for charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

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Payment Plan (continued)

☐ Electronic Dues Payment Plan (EDPP) - $16.18 Read, sign the authorization and enclose a check for first month’s EDPP payment (contact the SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

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This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month’s payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA or written notification of termination (20 days prior to the deduction date as designated above). ANA will charge a $5.00 fee for any return drafts.

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Here’s a true story!
A nurse was named in a lawsuit after a 20-year-old male saw an urgent care clinic and died from one of the most dangerous forms of bacterial meningitis.

Case summary:
- The nurse attended to the patient and determined that he needed to go to the ER within minutes of the patient arriving at the clinic.
- The patient’s girlfriend took him directly to the hospital where he was flagged but showed no fever and normal blood pressure.
- The patient began to show signs of delirium nearly two hours later and, an hour afterward began to be treated for meningitis, even though a diagnosis had not been confirmed.
- The patient was definitively diagnosed with Neisseria meningitidis, Group B, the next day. He died less than 24 hours after arriving at the urgent care clinic.

The nurse was named, along with the clinic where she worked, the physician working at the clinic, the ER physician, and the hospital, in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse had flagged the patient and the physician would have seen him, they would have recognized the symptoms of meningitis and administered antibiotics in time to save his life.

Defense experts supported the actions of the nurse in referring the patient to the ER immediately. Discovery also confirmed that the patient had been ill for several days before seeking help, and the defense concluded that his treatment could have reversed the course of the illness.

Despite this, her defense costs topped $125,000.

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*Please contact the program administrator for more information or visit proliability.com for a free quote.

PinnacleHealth, located in Harrisburg, is one of Pennsylvania’s top hospitals and healthcare organizations. A proven leader in medical innovation, PinnacleHealth offers a wide range of services from primary care to the most complex surgeries and Magnet recognition for nursing excellence. Our healthcare network includes three acute care hospitals (Community General Osteopathic, West Shore and Harrisburg) and medical services, including family practice, imaging, outpatient surgery and oncology, at multiple locations throughout the region.

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