etched into the minds of others and the stories they share about you” (2014). What stories will be shared about you? You have the power to influence those stories by the actions you take today.

There are many ways in which Registered Nurses can leave a lasting legacy. I often share with students and other nurses my beliefs about the power of one nurse. When one nurse teaches, mentors, supports, or precepts another, it is the beginning of a circle of influence. Rather like one drop in the water creates rings that reach eventually to the shore, that one nurse has started the circle. The circle extends to every patient, family, community or student touched by the other nurses in that circle. I think of the many nurses who have influenced my professional life and hope that they would be proud of the many patients, students and nurses in my circle. Being active in policy activities is one way to widen your circle of influence, affecting many individuals with your support of bills that improve the health and well-being of the citizens of Maryland and the United States.

Begin your legacy now by joining other Maryland Registered Nurses in the MNA and encourage your colleagues to be part of the organizations that work for all Registered Nurses, MNA and the American Nurses Association. Watch for information from your District Leadership about the events in your district and plan to network with colleagues at some of the activities. Make this part of your legacy. Meet with new or experienced nurses and share information, you might find a mentor or a mentee. Be sure to regularly visit the webpage of MNA (http://www.marylandrn.org/) for updates and information. We will work together to help and support each individual nurse, but for our profession.

Have a very Happy and Healthy 2016!

Kathy Ogle
kathvogle@marylandrn.org

Nurses House, Inc Held Award Ceremony and Fundraiser Honoring Lt. Col. Glennie Millard, BSN, RN

Lt. Col. Glennie Millard, BSN, RN Recipient of the 2015 Dolphin Award

Nurses House Inc, the only national fund for nurses in need, held its annual Dolphin Award Ceremony on Tuesday, December 8, 2015 from 6 pm – 8 pm at Roma View in Queens, New York. The 2015 Dolphin Award Ceremony was the seventh annual event of its kind, honoring an individual or group for their overall contributions to the nursing profession and long term support of Nurses House’ mission. This year’s honoree was Lt. Col. Glennie Millard, BSN, RN.

Lt. Col. Millard is a Registered Professional Nurse who earned an AAS from New York City Community College in 1974 and BSN from Long Island University in 1982. Her distinguished nursing career spans more than four decades. It began in 1974 as a staff nurse at The Brooklyn Hospital and in
The Maryland Nurse News and Journal February, March, April 2016

**PUBLICATION**

The Maryland Nurse Publication Schedule

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The Maryland Nurse is the official publication of the Maryland Nurses Association. It is published quarterly. Annual subscription is $20.00.

**MISSION STATEMENT**

The MNA Mission Statement and Values adopted October 2014

The Maryland Nurses Association, the voice for nursing, advocates for policies supporting the highest quality healthcare, safe environments, and excellence in nursing. Our core values: Camaraderie, Mentoring, Diversity, Leadership, and Respect

**Articles and Submissions for Peer Review**

The Maryland Nurse welcomes original articles and submissions for publication. All material is reviewed by the editorial board prior to acceptance. Once accepted, manuscripts become the property of The Maryland Nurse. Articles may be used in print or online by the Maryland Nurses Association and will no longer be considered for publication. Articles that have been accepted for publication 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-mailing address, telephone contact, and fax number, if applicable. Authors must meet the requirements for authorship. Contributors who are students should indicate their class for authorship may be listed in an acknowledgements section in the article. Written permission from someone other than the author who does not meet the criteria for authorship may be listed in an acknowledgements section in the article. Written permission from someone other than the author who does not meet the criteria for authorship may be listed in an acknowledgements section in 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 and published within the past 5 to 7 years—unless using a seminal text on a given subject. Articles should not mention product and service providers.

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

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http://www.marylandrn.org

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University of Maryland School of Nursing
Alumni Spotlight

Patricia Gonce Morton, PhD ’89, MS ’79, RN, FAAN, received a Johns Hopkins University 2015 Distinguished Alumna Award at its annual Alumni Luncheon. After 33 years as an acute care nurse and faculty member at UMSON, Morton was appointed Dean of the College of Nursing at the University of Utah, where she is also a tenured professor.

Col. Richard Evans, MS ’00, was appointed Deputy Chief of the Army Nurse Corps on Nov. 2. Col. Evans’ most recent assignment was chief nursing officer and deputy commander for nursing, Brooke Army Medical Center, Joint Base San Antonio, Fort Sam Houston, Texas.

Phyllis Sharps, PhD ’88, BSN ’70, RN, FAAN, professor, associate dean for community and global programs, and director of the Center for Global Initiatives at Johns Hopkins University School of Nursing (JHUSON), was appointed as the Elsie M. Lawler Chair at JHUSON. The Chair award was given in 1988 by Caroline Pennington, Class of 1918, to honor Elsie M. Lawler, Class of 1899, superintendent of nurses and principal of the Training School from 1910 to 1940.

Coppin State University Graduates Third Accelerated Second Degree Cohort

Charlotte M. Wood, PhD, MSN, MBA, RN

Coppin State University started the accelerated second degree (ASD) program in 2012 with the first graduating class in 2013. The ASD program is a 15-month program that starts in the Fall semester and ends in December of the following year. Dr. Earlene Merrill was the academic program coordinator and was instrumental in the development of the proposal for the program. Once approved by the Maryland Board of Nursing and the University Curriculum Committee, Dr. E. Merrill initiated and coordinated the entire program. To date, all ASD graduates have passed the NCLEX-RN and currently have employment. Coppin State University have graduated approximately 40 ASD graduates and is looking forward to increasing the number of graduates with second degrees. Individuals that have a baccalaureate degree may apply. For more information, please contact Mr. Billy Best, Director of the STAR office at: bbest@coppin.edu, 410-951-6159.

PhD student Stacey Lobst, BSN ’07, RN-OB, C-EFM, is among six nursing students selected to serve a two-year term on the National Leadership Council of the Graduate Student Nursing Student Academy, American Association of Colleges of Nursing.

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Lisa Barkley, RN, MSN

Patients trust that by virtue of being a patient, a nurse is providing unconditional care to them. This is especially true for incapacitated patients who are unable to self-advocate for appropriate and empathetic care. However, ethical conflicts can arise for nurses caring for incapacitated patients because these patients cannot make their wishes known or participate in their own care. Nurses find themselves in positions to make decisions for patients that often challenge the ability of the nurse to maintain patient dignity while protecting the patient from harm.

One example of this is the decision to use sedation as restraint for incapacitated patients with agitation. While this makes sense clinically, it can challenge the ethical framework of nursing care. This case study illustrates the importance of knowing how to apply the Code of Ethics for Nurses for these difficult situations.

As professional nurses, we make decisions that may affect the very human “being” of the patients for whom we provide care. Being human is inherent; it just “is.” The Code of Ethics for Nurses begins by informing nurses that human dignity is inherent also. “All persons should be treated with respect simply because they are persons” (ANA American Nurses Association, 2015, p. 45).

Provision 1 states, “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person” (ANA American Nurses Association, 2015, p. 1).

Provision 1 establishes the fundamental premise for the ethical delivery of all nursing care and is based on human rights, the fundamental freedoms that all persons are entitled to because they are human (ANA American Nurses Association, 2015, p. 45). Delivering ethical nursing care in a complex health care environment is not always clear. Situations occur that result in ethical conflict when it is difficult to determine or perform the right course of action. Nurses must be aware of the significance of human rights in order to provide ethical nursing care and advocate for the rights of patients in these situations. The risk of ethical conflict exists when patients cannot make their own decisions or assert their rights. They are vulnerable to violations of these rights (Center for Ethics and Human Rights, 2010).

A study that explored nurse leaders’ identification of risk factors that lead to complex ethical situations included patients with altered capacity as a contributing risk factor to nurses’ ethical conflicts (Pavlish, Brown-Saltzman, So, Heers, & Ironilo, 2015). The purpose of this article is to examine an example of a complex situation that involves the use of sedation as a restraint in an incapacitated patient, identify the ethical conflicts, and show how the code of nurses guides the nurse in everyday practice. The case is a compilation of events and patients experienced over years of nursing in diverse environments. Many nurses can relate to similar situations in their practice.

Case Study

Mrs. Smith is an incapacitated patient admitted to the hospital with confusion and weakness. Her diagnosis is pneumonia, complicated by end stage cirrhosis and an elevated ammonia level. During the previous shift, Mrs. Smith became physically aggressive, confused, and uncooperative. She fell but had no injury. Staff was not able to console or manage her behavior and obtained orders to sedate her. After multiple doses of sedation, Mrs. Smith is resting but heavily sedated. Now some nurses’ advocate for continued sedation throughout the night for behavioral control. Others advocate for continued sedation to prevent another fall. What is the dilemma? The Code of Ethics asserts the need to balance patient dignity with sedation.

Conflict with Provision 1

“The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person” (ANA American Nurses Association, 2015, p. 1).

According to the ANA position statement on restraints, “Restraining or secluding patients either directly or indirectly is viewed as contrary to the fundamental goals and ethical traditions of the nursing profession, which upholds the autonomy and inherent dignity of each patient or resident” (Center for Ethics and Human Rights, 2012).

It is important to understand that sedation is a chemical restraint when it is used to restrict or manage the patient’s behavior or to restrict their freedom of movement, and when it is not a standard medication or dose for care of the patient’s condition. Chemical or (physical) restraints can lead to incontinence, pressure ulcers, pneumonia, muscle weakness, and other health issues (Center for Ethics and Human Rights, 2012). This is not in the patient’s best interest and will lead to other health declines over time.

Conflict with Provision 2

“The nurse makes commitment to the patient, whether an individual, family, group, community, or population” (ANA American Nurses Association, 2015, p. 5).

Administering sedation as a restraint to control behavior is in conflict with nurses’ ethical...
responsibility of beneficence and nonmaleficence to the patient. In its position statement on restraints, the ANA recognizes that nurses may face pressure from peers to use restraints (Center for Ethics and Human Rights, 2012). However, these intentions may not be in the interest of the patient. The nurse’s primary focus is the patient. Provision 2 states this and reflects upon Provision 1 as it explains that each plan of care must reflect the fundamental commitment of nursing to the uniqueness, worth, and dignity of the patient (ANA American Nurses Association, 2015).

**How the Code Directs Nursing Care**

Nurses assume a great amount of responsibility when providing care to incapacitated patients. There can be conflict between doing what is right and good for the patient while avoiding harm. It is not appropriate to administer sedation for convenience. However, should nurses sedate a patient to prevent another fall? In this case, study falls prevention interventions are in place as per policy, except for an option of assigning one to one observation to this patient because staff is not available. The conflict is now between the responsibility to keep the patient safe or using a practice such as sedation that is not safe. How should a nurse make the decision and know they have done the right thing? Follow the guidance provided in Code of Ethics for Nurses Provision 2, begin to think of the care plan for the patient who is confused, agitated, and at risk for falls.

**Implementation of Ethical Nursing Care**

Recognizing uncertainty in a course of action is the first step in providing ethical nursing care. Imagine yourself as the nurse caring for Mrs. Smith. Begin by following the nursing process. Your nursing assessment finds her asleep, vital signs are within parameters, and she has loud snoring respirations. The assessment finds her asleep, vital signs are within

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**Case Study in Nursing Ethics continued on page 6**

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**February, March, April 2016**

**The Maryland Nurse News and Journal • Page 5**

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Case Study in Nursing Ethics continued from page 5

Conflict Provision 4

“The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and provide optimal care” (ANA American Nurses Association, 2015, p. 15).

This provision directs nurses to take action and accountability for situations that prevent or interfere with delivery of ethical care for a patient. In this case, refer to Provision 4.3, “Nurses must bring forth review difficult issues related to patient and care. Provision 2 provides guidance because it directs nurses’ primary focus to the patient. It is not appropriate to use sedation for nurse convenience. Provision 4 guides nurses in taking action to change practice in difficult situations in which ethical conflicts occur.

In this case, continued sedation would prohibit this vulnerable patient’s ability to express basic human needs, accept care and treatment, and may cause negative health outcomes. The nursing profession has a responsibility to uphold an unwavering trust that an incapacitated patient receives dignified nursing care that is his or hers by inherent rights. Through knowing and applying the Code of Ethics, nurses are better prepared to provide patient-centered care and uphold social trust in the nursing profession.

References


Nurses Rank as Most Honest, Ethical Profession for 14th Straight Year
Ranking Reflects High Regard for Nursing Profession

SILVER SPRING, MD — Nursing continues to be rated the most trusted profession, according to the annual Gallup poll ranking of honesty and ethics in various fields.

For the past 14 years, the public has voted nurses as the most honest and ethical profession in America. This year, 85 percent of Americans rated nurses' honesty and ethical standards as “very high” or “high,” tying a nurses’ high point on the Gallup poll and 17 percentage points above any other profession.

“It’s essential that we leverage this trust to lead and implement change in the health care system,” said Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association (ANA). “Hospitals, health care systems and other organizations are lacking an important perspective and can’t make fully competent decisions if they don’t have registered nurses at the board table or in the C-Suite. That’s why ANA is a member of the Nurses on Boards Coalition, working to place 10,000 nurses on boards by 2020.”

Ethics is an essential part of nursing practice. This includes an ethical responsibility to ensure the safety of patients and the health and wellness of nurses and other health care providers. In 2015, ANA released a revision of its Code of Ethics for Nurses with Interpretive Statements, a cornerstone document that reflects many changes and evolutions in health care and considers the most current ethical challenges nurses face in practice. The release was just one component of the “Year of Ethics,” a series of activities promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all.

In 2016, ANA will build on this concept of ethical and shared responsibility by launching a year-long “Culture of Safety” campaign to drive changes leading to a safer health care system. The campaign will also highlight how patients, communities and the nursing profession can benefit from efforts to foster a culture of safety in health care. For more information, please visit NursingWorld.org.

The American Nurses Association (ANA) is the premier organization representing the interests of the nation’s 3.4 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all.

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Back in the 1960’s, while thousands of Americans were “sitting in” for civil rights, and burning draft cards to end the Vietnam War, one Colorado nurse started a quiet healthcare revolution. At that time many children, especially the poor and those living in rural and medically underserved areas, lacked access to healthcare services. Loretta Ford, a public health nurse, believed that experienced registered nurses (RNs) could improve children’s health if they were trained to provide many of the healthcare services that were historically provided only by physicians. So she began collaborating with a physician colleague and in 1965 changed healthcare by creating the first nurse practitioner (NP). Since then, the NP profession has spread like wildfire, expanding to all 50 states and to more than 20 other countries. More than 205,000 nurses have been trained as NPs and they deliver half of the primary healthcare in the US. During the month of January, NPs and their patients across the world are celebrating the 50th anniversary of the profession.

NPs are registered nurses who have completed specialized advanced graduate education, passed national board examinations, and are licensed to manage a broad range of health problems. NPs do physical exams, order and interpret results from blood tests and X-rays, diagnose and treat illnesses, and write prescriptions. They use a patient and family-centered approach to healthcare, and emphasize health promotion, disease prevention, patient education, symptom control and care coordination. NPs work in primary care clinics, private practices and walk in clinics, community and school based health centers, nursing homes and rehabilitation centers, home care and hospice agencies, Veterans Administration and military medical care facilities, community hospitals and academic medical centers.

You’d be surprised where else you can find NPs. They are professors who teach and conduct research in colleges of nursing, medicine and public health. NPs organize health fairs, screenings and immunization campaigns in their community. They also provide community education programs on diet, exercise, smoking cessation, and healthy lifestyle, as well as on diseases and their management (e.g. diabetes, heart disease, hypertension, asthma, sports injuries, etc.). Some NPs travel to developing countries to improve healthcare services and systems. NPs lead quality improvement projects and patient safety initiatives in their practices. NPs who serve in community organizations, governmental task forces, health department and hospital boards, make sure that the concerns and interests of their patients are heard. They educate and work with elected and appointed governmental officials, members of the Maryland State Legislature and representatives in Congress, to pass laws that will improve the health of more than 900 Million Patients Served: Nurse Practitioners Have Increased Access to High Quality Healthcare for 50 Years

More than 900 Million Patients Served: Nurse Practitioners Have Increased Access to High Quality Healthcare for 50 Years

Some NPs even serve in their state legislature. Eighty-seven percent of NPs specialize in the primary care of children, women, adults and older adults, families or those with mental health problems. More than 80% of NPs care for the uninsured and 84% see Medicaid and Medicare patients. In rural areas, NPs are often the only health care provider. Like other healthcare providers, NPs collaborate with other professionals to provide high quality healthcare services. More than 40 years of research shows that NPs provide safe, high quality and effective healthcare. The hundreds of millions of satisfied patients seen annually attest to the confidence patients have in NP care.

Six Maryland universities, including Bowie State University, Coppin State University, Johns Hopkins University, Salisbury University, Uniformed Services University of the Health Sciences, and the University of Maryland, train NPs and more than 3,500 NPs practice in the state. So, the next time you see an NP, say “Happy 50th Anniversary.” And, if you don’t have a regular health care provider, consider making an appointment to see an NP and join the millions of satisfied patients seen by NPs last year. Be part of the quiet healthcare revolution!

Six Maryland universities, including Bowie State University, Coppin State University, Johns Hopkins University, Salisbury University, Uniformed Services University of the Health Sciences, and the University of Maryland, train NPs and more than 3,500 NPs practice in the state. So, the next time you see an NP, say “Happy 50th Anniversary.” And, if you don’t have a regular health care provider, consider making an appointment to see an NP and join the millions of satisfied patients seen by NPs last year. Be part of the quiet healthcare revolution!

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Distict News

MNA District 2, serving the Registered Nurses of Baltimore City, Baltimore County, Howard County and Carroll County, has announced their new officers and Board of Directors for 2015-2016.

Dr. Nayna Philipsen is continuing in her current term as President of the District. In October former 2nd Vice President Karen E.B. Evans, MSN, RN, BC, left to become Vice President of the MNA Board of Directors, and Treasurer Justin Reinckens, MA, RN left to relocate in Florida.

Jylla Artis, MSN, CRNP, FNP-C of NIH, was re-elected to the position of Secretary/Webmaster. Dr. Mary Donnelly-Strozbio of Johns Hopkins University assumed the position of 1st Vice President. Dr. Charlotte Wood of Coppin State University assumed the position of 2nd Vice President and District Representative to the MNA Board of Directors. Liesel Charles, RN, moved from Director to the position of Treasurer.

New Directors are: Lori Harvin, MSN, RN; Denise Moore, PhD, APHN-BC; Jonas Nguli, PhD, RN, FACHE, NEA-BC, and Stacey Wood, MS, RN, CNM.

The Board welcomes input from our members. District 2 nurses can “friend” their District on Facebook (Maryland Nurses Association, District 2) and check the website, mnadistrict2.com.

District 2: Spring 2016 Seminar to Focus on Battered Women

Patty Wilson, PhD (c), RN
District 2’s 2016 Spring Seminar Speaker

The care and sheltering of abused women will be the focus of MNA District 2’s Spring 2016 Practice and Policy Seminar to be held on Thursday, April 7, 2016, from 6:30-8:00PM.

Patty Wilson, PhD Candidate, RN, is the Director for the Johns Hopkins University School of Nursing East Baltimore Community Nursing Center. Ms. Wilson will share her expertise working with abused women and their children. Her nursing positions, Ms. Wilson has worked with multiple community agencies, including The House of Ruth Maryland. Her research focuses on the relationship between housing instability, depressive symptoms, race/ethnicity and increased exposure to intimate partner violence among mothers.

There is no charge to nurses or nursing students for this Seminar. Lite Fare will be provided for participants who arrive before 7PM.

The location is the Baltimore County Public Library Arbutus Branch meeting room. The Library is located at 855 Sulphur Spring Road, Arbutus 21227, which is near I-95 and Route 1. Information is available on District 2’s website (www.mnadistrict2.org) and on Facebook (Maryland Nurses Association, District 2).

To register nurses need only send an email including your name and whether you are an MNA member, an RN, or a nursing student, to mnadistrict2@gmail.com.

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District 2: 
Reaching Back to 2015

Dr. Jonas Nguh, PhD, RN, a District 2 member and new board member, was honored by the National League of Nursing with the 2015 Lillian Wald Humanitarian Award. This award was presented during the NLN Education Summit in Las Vegas on October 2, 2015.

Lillian D. Wald was a nurse; social worker; public health official; teacher; author; editor; publisher; activist for peace, women’s, children’s, and civil rights; and the founder and first president of the National Organization for Public Health Nursing. Her unselfish devotion to humanity is recognized around the world, and her visionary programs have been widely copied.

Dr. Nguh met the following award criteria:
• Meets the ethical responsibilities of the nursing profession in keeping with the NLN core values of caring, integrity, diversity, and excellence
• Improves the lives of those in need through selfless, courageous, creative, and compassionate acts
• Cares for others regardless of personal risk or compensation
• Embraces common moral decency such as altruism, integrity, freedom, justice, honesty, truthfulness, responsibility, and compassion
• Respects and embraces human diversity

District 2 and The Nursing Foundation of Maryland Announce a New Scholarship

Donna C. Downing-Corddry, BSN, RN, CAPA, President of the Nursing Foundation of Maryland, and Nayna Philipsen, PhD, JD, RN, CFE, FACCE, President of MNA District 2, have announced that the District 2 Board approved an Annual Fundraiser for the Nursing Foundation of Maryland for the purpose of providing a District 2 Scholarship. The money will be raised by donations from those who attend District 2’s Annual Fall Seminar. All funds received will go to the Foundation for this scholarship.

Recipients of the scholarship will be first generation (parents not college graduates), Maryland resident, pre-licensure, nursing students, enrolled in the last year of a baccalaureate or entry master’s degree program, in a nursing school located in District 2. The District expects to raise over $1,000.00 each year for the District 2 Nursing Student Scholarship.

The Nursing Foundation of Maryland is a 501(c) (3) non-profit corporation. Their mission includes the management and awarding of scholarship funds. The District 2 Board of Directors challenges the other MNA Districts to establish a scholarship with the Nursing Foundation of Maryland.

Maryland Nurses Association
113th Annual Convention
October 13-14, 2016

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On November 11, 2015 the District 5 Maryland Nurses Association held its biannual dinner and educational meeting at Sir Walter Raleigh Restaurant in Berwyn Heights, Maryland. The event speaker, Pamela Marcus, RN, APN/PHH-BC, delivered an engaging presentation on the topic, “You Can’t Talk to Me This Way! How to Recognize and Intervene to Prevent Workplace Incivility, Bullying, and Violence.” At the conclusion of the dinner meeting, the District 5 Nurses Association awarded academic scholarships to two nursing students, Joy Elechi (not present) from Prince George’s Community College and Catie Patterson, from Montgomery College. For information on District 5 Maryland Nurses Association events, visit us on our website: http://www.md5nurse.com/.

DistriCt neuws

District 5 in the News

Dorothy C. Matthews, MSN, RN, Chair of the Montgomery College Nursing Department Chair; Dr. Valerie Swan, DNA 5; Catie Patterson, Academic Awardee/MC Nursing Student; Gabrielle Quintanilla and Alexis Parris, Montgomery College Nursing Students; Carol Holness, DNA 5 Member

Nurses Wanted

At Southside Regional Medical Center (SRMC), we believe that nurses are at the heart of healthcare. Located about 25 minutes south of Richmond in Petersburg, VA, SRMC is a 300-bed medical center whose volumes are growing year after year. A newer facility, advanced technology, award-winning service lines and education assistance to further professional growth are just a few of the reasons our nurses say they like working here. For information about job opportunities, call 804-765-5771 or visit SRMCOnline.com.

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District 7 Events

Ms. Sadie Parker, District 7 President at the 112th MNA Nurses Convention

Cilara Sisco, Wilbur Jones, Jr. (husband of President-elect, Dee Jones) and Jeff Freund at the MNA District 7, Green Turtle fundraiser.

MNA District 7 Green Turtle fundraiser, Barbara Biedrzycki, (L) Treasurer; Sadie Parker, (C) President; and (R) Elizabeth Guidash, Secretary.

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February, March, April 2016
Jane Wilson, Director of External Relations  
University of Maryland Francis King Carey School of Law

“I use the law every day in my practice, especially when I review consents for surgery,” says Cozanne Brent, a 43-year-old pediatric surgery nurse at the University of Maryland Medical Center whose patients are often infants in need of high-risk, complicated heart surgery to survive.

Legal hurdles and medical crises have been intertwined throughout Brent’s career, but she was especially moved when she saw a family friend die of a rare disease because his insurance company refused to pay for his participation in a clinical trial at an out-of-network hospital—a trial that had already saved one of her own patients. Brent had fought hard to get her friend enrolled in the study, but ultimately, as she says, “I was defeated by a legal process.”

Today, Brent is one of 29 professionals—including another nurse and an emergency room physician—whose work intersects so often with legal issues that they are all pursuing a master of science in law (MSL), a new degree from the University Of Maryland Francis King Carey School Of Law.

The program is not just for health care providers. Brent’s other classmates include a mathematician from the US Department of Defense, several human resource professionals and a U.S. Marine with experience on Capitol Hill. Some want legal knowledge to improve their performance at a current job; others are hoping to pivot to new careers. All of them have chosen one of the MSL’s five specializations—in health, environmental or patent law, as well as crisis management or cybersecurity.

A member of the Maryland Nurses Association, Brent already holds a BS in nursing and is certified to practice in an operating room and provide advanced cardiac life support to adults and children. “But I want to be a more effective advocate for patients,” she says. She believes the MSL will give her the tools to do that.

“First semester was awesome,” reports Brent, who with her classmates has completed core courses in US legal systems, legal methods and legal research. “The academics were challenging, eye opening and provided exactly the foundation I needed.” Although classes are taught at the University of Maryland in College Park, faculty from Maryland Carey Law, in Baltimore, teach the courses and run the program. “This is not a J.D.,” notes Maryland Carey Law Dean Donald Tobin, “It’s a new degree for professionals who need legal knowledge to pursue their career goals.”

The College Park location is key, however “Our classes are accessible to professionals working in Washington or its suburbs in Prince Georges or Montgomery Counties,” points out Jose Bahamonde-Gonzalez, the law school’s associate dean for professional education. Students working in Baltimore can hop a University bus to their classes in College Park. “I couldn’t do the program without the shuttle,” notes Brent, who lives in Bel Air, north of Baltimore. “The program has been even better than I had anticipated,” she adds. “And it’s incredibly interesting.”

The MSL is a part-time, two-year evening program structured to permit professionals to integrate their course of study into their work lives. Students are required to earn 30 credits spread over four semesters, with a focus in one of five specialty areas: Crisis Management, Cybersecurity, Environmental Law, Health Care Law, or Patent Law. Students can receive formal recognition for completion of the Law and Health Care Program’s Concentration in Health Law. To be awarded this designation, students must earn a minimum of 17 credits through the program’s three basic components—classroom, experiential learning and research and writing.

The Health Law Certificate is approved by the Maryland Higher Education Commission and students completing the requirements will be recognized by the health law community for possessing a level of expertise and specialization in the field. For more information, refer to: http://www.law.umaryland.edu/academics/msl/curriculum.html.
Nurses Support Red Cross Blood Initiative

Nayna Philipsen, RN

The nurses of the American Red Cross Central Maryland Chapter and the Black Nurses Association of Baltimore (BNAB), along with a representative of Maryland Nurses Association (MNA) District 2, met to share a holiday dinner celebration at the Red Cross in Baltimore on Saturday, December 12.

These nursing groups have pledged to support an African American Blood Donor Initiative, led by Phil Bovender, RN, the Associate Division Leader for Maryland for Red Cross Nursing, to improve the health outcomes for our African American blood recipients.

Bovender announced that there are new roles for nurses in Red Cross Blood Services, in donor support and in donor screening. There is also a newly identified urgency to better educate both professionals and the community about the need to have a greater diversity among donors, in order to prevent delayed transfusion reactions, which is at highest risk when a patient of African ancestry receives blood from a donor of European ancestry. That is because of the recent discovery that European donors often have antibodies for which other population groups are negative.

Dr. Leola Washington urged Black Nurses to actively participate with Bovender in this initiative, stating, “Phil is a humble person doing an exceptional job.” Nurses interested in working with the Red Cross, either as part of the African American Blood Donor Initiative or in Disaster Response, can contact Phil Bovender at Philip.Bovender@redcross.org.

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Today’s healthcare industry continue to struggle with supply and demand issues related to the lack of nursing professionals. In 2008, more than half of the 243,000 full time equivalents (FTE’s) working were nurses over 50, with 50,000 of those nurses moving into hospitals and other non-hospital settings (Buerhaus, 2009). The fluctuating economy and shifts in the nurse labor market created a temporary decline in the need for nursing personnel and the urgency with which those replacements would be needed in the future. However, Buerhaus (2009) argued that by 2015-2020, the largest numbers of nurses working in healthcare will start to retire and the momentum will swing back in the direction of a severe nursing shortage.

As the nursing shortage continues to fluctuate, many hospitals have initiated strategies to secure the best and the brightest in the nursing profession. The public has tasked environments of higher education, with increasing the numbers of nursing professionals anticipated for 2015-2020. Societal demands stipulate the need to ensure that graduates have the knowledge, quality, safety, and competence.

The shortage of nursing faculty is of primary concern for nursing education and will continue to be a major factor as nurses retire. Without adequate numbers of nursing faculty, there will continue to be a negative impact on student enrollment, clinical placement, and the resources needed to rebuild the nursing labor force. This domino effect has significantly impacted the number of qualified nurses willing to assume nurse leader, nurse educator, and clinical instructor roles.

The primary goals of nurse educators are to facilitate the attainment and application of knowledge and to ensure the safety and quality of care provided to the clients (Allen, 2008). Courtney-Pratt et al, (2012) stated that clinical experiences for students are an essential element in developing professional character and clinical judgments. Clinical experiences provide excellent opportunities for the development of critical-thinking, self-confidence, relationship building, and the acceptance of responsibility (Nishoka et al, 2014). Nishoka, Coe, and Hanita (2014) claimed that without clinical experiences student nurses would not be able to accomplish the goal established by nursing schools.

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education to produce beginning practitioners. Several alternative models of clinical nursing have been explored and reviewed to determine the efficacy and efficiency as a substitute for traditional clinical experience.

Peer Mentoring

A peer mentoring program is developed to have senior nursing students act as role models and a resource for other students in a clinical laboratory setting (Dennison, 2010). Peer mentoring programs can be used to focus students on academics, personal growth, clinical and skill practice (Dennison, 2010).

Peer mentoring projects have the potential to be an excellent clinical placement setting for the senior students acting in a peer mentorship role. The peer mentorship role should be used as a student centered, efficient, and effective project. Dennison (2010) reported that the successful results of peer mentoring programs can be easily used as evidence to support using this model as an alternative clinical experience for the senior level nursing student.

E-mentoring

E-mentoring is best defined as, “the merger of mentoring with electronic communications to develop and sustain mentoring relationships linking a senior individual (mentor) and a lesser skilled or experienced individual (protégé) independent of geography or scheduling conflicts” (Mihram, 2004). The focus was on resolving real-time issues with the support and assistance of “e-mentors” (Akin & Hilbun, 2007). Therefore, one of the major goals of E-mentoring is to build a stronger relationship between the mentor and the mentee that may not have had the opportunity to meet face-to-face (Williams, Sunderman, & Kim, 2012). The mentor-mentee matches were geographically long distance requiring a commitment to meet face-to-face (Williams, Sunderman, & Kim, 2012). The mentor-mentee matches were geographically long distance requiring a commitment to meet face-to-face (Williams, Sunderman, & Kim, 2012). The mentor-mentee matches were geographically long distance requiring a commitment to meet face-to-face (Williams, Sunderman, & Kim, 2012). The mentor-mentee matches were geographically long distance requiring a commitment to meet face-to-face (Williams, Sunderman, & Kim, 2012).

Nurse Residency Programs

Residency programs have been established in medicine and pharmacy as a means to transition the student or trainee into the healthcare environment as a safe practitioner. Although residency programs are not viewed as a new concept, programs in the field of medicine and pharmacy understand that a residency program mandates a certain number of required clinical hours that must be satisfied before initiating a licensed practice. In contrast, nurse residency programs are now being viewed as an essential requirement for new nurses to practice. There are debates about whether the graduate nurse should participate in the residency program in a prelicensure status or at the level of a newly licensed registered nurse. The Institute of Medicine (IOM, 2011) indicated that the transition (residency) program needs to be available to support new licensed nurses in competence, the improvement of quality, the reduction of errors, safety, and the coordination of patient centered care.

The nursing residency program is considered a program for advanced beginners and is based on Benner’s (1984) theory from novice to expert. The residency program is usually a 1-year program that is run by a hospital that is partnered with a school of nursing (Goode, et al., 2009). The program provides additional competencies that go beyond the skills obtained in a four year baccalaureate program. Residency programs offer experiences such as, technical and leadership skills, organizational and prioritization skills, and knowledge to the participants (Goode, et al., 2009). These skills result in decrease turnover of new graduates, decrease use of contract labor, and a smoother transition as a bedside clinician (Letourneau & Fater, 2015).

The disadvantage of this program would be directly associated with the cost. The nurse residency program is very expensive and hospitals may not have the budgetary means to maintain this program on an ongoing basis. However, Goode et al. (2009) emphasized how the schools of nursing and hospitals are partnering to petition the state for an accredited program. Once approved, the residency program would be eligible to receive financial support from the Centers for Medicare and Medicaid Services (CMS).

Letourneau & Fater, (2015) reported that the advantage of a nurse residency program may reduce the turnover rate among newly licensed nurses. The research on Methodist Hospital (one of the first institutions to use a residency program) highlighted a new graduate turnover rate that shifted from 50% to an all-time low of 13%, resulting in a cost benefit savings of $1,098,240.00 and a return on investment (ROI) of 8.847% (Pine & Tart, 2007). The program was deemed a success as the new graduate retention rate increased and the cost benefit savings resulted in the pay-off of the nursing residency program. The literature supports residency programs as an excellent model to retain and increase satisfaction among newly licensed nurses (Letourneau & Fater, 2015).

Clinical Simulation

Clinical simulation is another alternative clinical model supporting the contention that student
nurses can practice in a safe and non-threatening environment. Clinical simulations are constantly being designed to stimulate active thinking in the minds of both the faculty and students. Hence, simulation is used to generate critical thinking, clinical reasoning, enhance psychomotor skills, and provide a means for students to assess the client without feeling intimidated. Many studies have shown that the use of both simulation and “real” patient contact are the only methods used to ensure that the student truly appreciates the responses of a client (Fernandez et al., 2007). Therefore, the benefits from the use of simulation is used to generate critical thinking, clinical reasoning, enhance psychomotor skills, and provide a means for students to assess the clinical experiences. Hence, simulation is designed to stimulate active thinking in the minds of both the faculty and students. Hence, simulation is one method of meeting the student's terminal objectives and initiating the first steps to professionalism, respect, and competence. Clinical experiences are the cornerstone to clinical judgment, critical thinking, clinical reasoning, physical assessment, and transitioning of newly licensed nurses to bedside clinicians. This means that there is an ongoing need to seek out opportunities for alternative clinical models in nursing education and clinical experience.

The competition for clinical placements have restricted the availability of many clinical sites, leaving schools of nursing searching for alternative means to provide clinical experiences. Incorporating new clinical models in nursing education programs is one method of meeting the program's terminal objectives and initiating the first steps to professionalism, respect, and competence. Clinical experiences are the cornerstone to clinical judgment, critical thinking, clinical reasoning, physical assessment, and transitioning of newly licensed nurses to bedside clinicians. This means that there is an ongoing need to seek out opportunities for alternative clinical models in nursing education and clinical experience.

References
Akin, L., & Hilburn, J. (2012). E-mentoring in three voices. Online Journal of Distance Learning Administration, 10(1).
Nishimba, V., Coe, M., Hanita, M., Moscat, S. (2014). Dedicated Education Unit Nurse Perspectives on Their Clinical Teaching Role. Nursing Education Perspectives, 35(5), 294-300. 7p

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Membership will provide you access to education and training programs, certification and licensing programs, industry events and conferences, and a plethora of professional resources. Membership will provide you endless networking opportunities with like-minded professionals. And most importantly, membership will provide you the opportunity to give back to your community.

The MNA wants you... the committed and dedicated nurse to enhance our mission: to be the voice for nursing in Maryland that advocates for policies supporting the highest quality healthcare, safe environments, and excellence in nursing. When nursing is strong, everyone you love and care for reaps the benefits.

The MNA would be greatly enriched by your membership.

### Maryland Nurses Association Membership Application

<table>
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<tr>
<th>Last Name/First Name/Middle Initial</th>
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#### MEMBERSHIP DUES VARY BY STATE

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#### Full Dues DNA Membership Only

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<td>1. $20.00 of the dues will be allocated to the Maryland Nurses Association and your District.</td>
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<td>3. Dues and any additional service fees from your checking account will be withdrawn from your checking account each month in addition to your service fee.</td>
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#### 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.

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#### Annual Dues to belong to the Maryland Nurses Association and your District only are:

- **Full Dues** $256
- **Reduced Dues** $128
- **Special Dues** $64

#### MEMBERSHIP APPLICATION

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

<table>
<thead>
<tr>
<th>For All Districts</th>
<th>Full Dues</th>
<th>Reduced Dues</th>
<th>Special Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual EDPP*</td>
<td>Annual EDPP*</td>
<td>Annual EDPP*</td>
</tr>
<tr>
<td></td>
<td>$256</td>
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<td>$21.84</td>
<td>$11.17</td>
<td>$5.83</td>
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Annual Dues to belong to the Maryland Nurses Association and your District only are:

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

#### Summer Camp Nurses Needed

Camp Laurel, a private, co-ed, residential camp in Maine seeks a Nurse Manager, Charge Nurses and Staff Nurses. Often claimed as one of New England's premier campers, Laurel boasts excellent facilities and a well-staffed medical team. RNs, RNs, LPNs and recent Grads are all welcomed to apply. Excellent Salary, Travel Allowance, Room and Board. For more information visit www.camplaurel.com, email staff@camplaurel.com or call 800-337-3509.

### Camp Arcadia

Come spend your summer in Maine. Camp Arcadia is a beautiful lake-sided summer camp for girls located 45 minutes from Portland. We are seeking RNs to work as part of our health care team from early June to early August. Join us for our 101st season and have a wonderful summer. Please contact Laura at laura.monica@camparcadia.com and visit our website www.camparcadia.com.
Make Valentine’s Day sweeter for your patients:

♥ Register for the new online Tobacco Intervention Training to learn how to refer patients to the Quitline and earn free CME credits. Access the training at: www.helppatientsquitmd.org.

♥ Let them know the best way to reduce their risk of heart disease is to avoid tobacco.

♥ Encourage them to quit. Any tobacco use damages the heart and blood vessels.

♥ Discuss how being exposed to tobacco smoke can increase the risk of having a heart attack.