In this issue:

- President’s message 2
- Editor’s message 3
- Clio’s corner 4
- Introductions 5
- She was there 6
- Caring corner 7
- Cadet Nurse Evelyn Drinkwine Cahill 8
- Nurses caring for nurses 10
- Role as a new faculty 10
- Empowerment through shared governance 11
- Health policy committee updates 11
- ANA Mass Awards 12
- Better milkshakes 13
- 2019 Conference 14
- A morning with the next generation of nurses 14
- Bulletin board 15

ANA Mass Awards

**Community Service Award** is presented annually to a nurse whose service has a positive impact on the citizens of the Commonwealth of Massachusetts.

Conventual Brother Michael Duffy, DNP, APRN, ANP-BC has improved healthcare access to homeless populations for many years. Because of Brother Michael’s work, an otherwise underserved population has access to primary health care, avoiding unnecessary visits to hospital emergency rooms. His doctoral capstone project was the care van, a refurbished camper, which continues to operate a nurse-run primary care health clinic for the homeless of Chicopee, MA. The care van is staffed with pre-licensure students, RN-to-BS students, DNP students and clinical faculty of Elms College, where Brother Michael was recently promoted to Associate Dean of the School of Nursing. In addition, Brother Michael sponsors an annual Free Healthcare Fair in Chicopee, MA, an event that offers free snacks, gently used clothing and bedding, haircuts, foot care, Naloxone education and kits, CPR training, comfort bags and baskets.

**Herminia Shermont, MS, RN, NE-BC** is the Nurse Director of Surgical Programs at Boston Children’s Hospital. She strongly articulates and encourages enthusiasm for a shared mentoring vision using evidence-based mentoring practices. She creates innovative mentoring programs, embeds mentoring into nurses’ daily practice and links mentoring to organizational goals. Herminia takes a personal interest in each nurse she works with. Even with the vast scope of her role, she is highly visible and connects easily with staff. She is aware of each person’s career goals and helps staff work towards them. Through mentoring she has increased the number of diverse nurses in Surgical Programs by guiding them in developing career trajectory goals into leadership roles thus developing an effective mechanism for succession planning. Moreover, her impact extends beyond the program and outside the walls of Boston Children’s Hospital.

**Andrea Bertheaud, MSN, RN-BC** is an extraordinary nurse, a respected leader among her colleagues, and a kind and generous human being devoted to patient care. She has an enthusiasm and determination toward learning and teaching. Andrea shows her passionate and holistic approach to care. She is thoughtful and respectfully applies her knowledge and skills to help patients with mental health challenges. Highly regarded by her colleagues, Andrea is generous and attentive in her collaboration with others. She has made a profound impact on others. Andrea is an outstanding, inspiring and humble leader. She is admired for her innovative and excellence in patient care. Her compassion is evident through her dedication to caring for those with mental health conditions. She will always have the respect and gratitude of those for whom and with whom she serves.

**Excellence in Nursing Practice Award** is presented annually to a nurse who demonstrates excellence in clinical practice.

**Marcia Duclos and Andrea Bertheaud**
Looking at the year ahead, there is a lot of important work to be done. I would like to begin the year by asking each of us to re-commit to our values: to be open, fair, transparent, and respectful of one another. Only with these values at the forefront can we continue to build cohesion and drive our organization forward. This year, we will create a strategic plan for the next three years that aligns with that of ANA and will drive the mission and vision of ANA Massachusetts forward. You may soon notice our new logo that reflects the other American Nurses Association C/SNA’s. We will also begin to pursue a 501c3 organization that can stimulate funding and scholarship opportunities.

We have a busy legislative year ahead and will work with our lobbyists to support legislation that is important to nursing and healthcare. One exciting advancement is the appointment of past ANA President Barbara Blakeney, MS, RN, FNAP, to the Health Policy Commission. Barbara brings decades of experience in nursing and healthcare to this role, and we are thrilled to have her representing nursing on the Commission. We will continue to support legislation that calls for a registered nurse to hold a permanent appointment on the Commission. Nursing offers a unique perspective in healthcare and we need to have a seat at this table. Additionally, ANA MA has filed HB1941 (HD2861) - An Act Establishing a Commission on Quality Patient Outcomes and Professional Nursing Practice, which calls for a 17-member Commission on nurse staffing to make recommendations regarding best nurse staffing practices with the goal of improving patient care environment, quality outcomes, and nurse satisfaction.

Some of the best advice I have ever heard given was to a new nurse that wanted to excel and advance her career. The advice was simply to “show up.” There are many ways in which we can all “show up” and become involved with ANA Massachusetts. From participation in one of our many committees, including Health Policy, Conference Planning, Member Engagement, Bylaws and Awards Committee to advocating for legislation to simply attending events and networking with your nursing colleagues. This coming year, we will all have plenty of opportunities to show up and I am excited to see what the future has in store for us as an organization. I sincerely thank you for your commitment to the American Nurses Association Massachusetts and to our outstanding profession. Your unique ideas and contributions are what makes our organization so dynamic and special. Please reach out at any time and I look forward to serving you as President in the year ahead.

Receiving this newsletter does not mean that you are an ANA member. Please join ANA Massachusetts today and help promote the nursing profession.

Board of Directors
President
Julie Cronin, DNP, RN, OCN

President-Elect
Tiffany Kelley, Ph.D. MBA, RN

Past-President:
Donna Glynn, PhD, RN, ANP-BC

Secretary:
Jim Kernan, RN, MPIA

Treasurer:
Christina Saraf, RN, MSN

Directors
Myra F Cacace, DNP-BC
Kate Duckworth, BSN, RN
Alicya Dymond, RN, BSN
Lynne Hancock, MSN, RN, NE-BC
Janet Monagle, PhD, RN, CNE
Janet E. Ross, MS, RN, PMHCNS
Deniece Warungie, RN, BSN

Executive Director:
Cambela A. Townsend, DNP, MS/ MBA, RN

Committee Chairs

Awards and Living Legends Committee
Maura Fitzgerald, RN, MS

Bylaws Committee
Mary McKenzie, EdD, MS, RN

Conference Planning Committee
Cynthia LaSala, MS, RN

Approver Unit
Jeanne O. Gibbs, MSN, RN

Health Policy Committee
Arlene Swan-Mahony, DNP, MAHA, BSN, RN
Christina Saraf, MSN, RN

Membership Engagement
Tiffany Kelley, PhD, MBA, RN
Janet Ross, MS, RN, PMHCNS-BC

MA Report on Nursing Committee
Jean C. Solodzik, RN, CNRN, PhD, Editor
Barbara Belanger RN, MSN, CNOR
Inge B. Corless, RN, PhD, FNAP, FAAN
Gail B. Gall, RN, MD
Any Peters, PhD, RN, CNE

Nominating Committee
Donna Glynn, PhD, RN, ANP-BC

*, ANA Massachusetts Staff *,

Executive Director:
Cammie Townsend, DNP, MS/ MBA, RN

Office Administrator:
Lisa Presutti

Nurse Peer Review Leader
Judith L. Sheehan, MSN, RN

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 527 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. ANA Massachusetts and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by ANA Massachusetts of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. ANA Massachusetts and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser’s product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ANA Massachusetts or those of the national or local associations.

Massachusetts Report on Nursing is published quarterly every March, June, September and December for ANA Massachusetts, F.O. Box 285, Milton, MA 02186, a constituent member of the American Nurses Association.
In the last newsletter, I challenged readers to write 13-word micro-narratives (poems really) about nursing for submission into the Massachusetts Report on Nursing. I am delighted with your responses. Nurses from across the Commonwealth wrote. School, pediatric and intensive care unit nurses wrote. Rural and inner city nurses wrote.

As I savored each micro-narrative, I thought of the many commonalities that nurses share. Nurses witness more births and deaths than most. We see the power of love and the devastation that occurs when love is absent. Nurses witness more human strength and vulnerability than most. We also truthfully, touch more naked bodies than most. We smell more… I think you understand where I am going with this.

In addition to our common experiences, I believe that nurses share a certain approach or central focus when caring for others. As I read your micro-narratives, I recalled a paper describing the central focus of nursing and reread it. Three nurses with varied backgrounds and clinical experiences described the central focus for the nursing profession as “facilitating humanization, meaning, choice, quality of life, and healing in living and dying” (Wills, Grace, Roy, 2008). Interestingly, your submitted micro-narratives seemed to support this focus.

There were three major categories of stories: Humor, humanization and the fleeting nature of life. The overwhelming majority were about humanization. Humanization in nursing has been defined as “open-minded caring, intentional, thoughtful, nature of life. The overwhelming majority were about humanization. Humanization in nursing has been defined as “open-minded caring, intentional, thoughtful, unconditional acceptance and awareness of human beings as they are” (Wills, Grace, Roy, 2008). Nurses wrote about “open-minded caring” when: addressing a young child as the child saw herself - a princess; playing laser tag and; hugging a thirsty patient. Some described “intentional and thoughtful” practice when: Carefully choosing words; administering interventions for children undergoing needle procedures and; showing empathy and caring. Others wrote about an “awareness of human beings as they are.” The loving couple with six numbers tattooed on their arms; an injured athlete striving for the Olympics; and a small child receiving chemotherapy are examples of this.

Some of the micro-narratives were humorous. Nurses wrote about excrement; a punch from an “unrestrained hand” and; hearing call bells as “change of shift sonata in a minor key.” The descriptions were so familiar and vivid I could feel the punch and hear the sonata. Humor is essential for sharing joy, even during times of pain and sorrow. Thankfully, I know a lot of humorous nurses. I hope you do too. Humor can be a way to facilitate humanization and care for yourself and your colleagues. After a difficult day, one of my nurse friends tells me funny stories until I lose control with some belly laughs. Quite of few of the micro-narratives were about the fleeting nature of life. Caring for the dying, grieving families and the dead are definitely a part of nursing. Nurses wrote about celebrating a daughter’s birthday after caring for a patient and family after death; having perspective about working the holidays when faced with a near death experience, and several more. I believe that having a daily awareness of our mortality is one of the many benefits of being a nurse. Almost every work day, I am reminded that this day could be my last. From being morbid, I try to let this awareness propel me to live fully by working hard then going home to enjoy my dear family and friends.

Please take a few minutes to enjoy these micro-narratives from your colleagues. I included many more that I originally planned to include. Unfortunately, I could not choose them all. I plan to publish micro-narratives again next year, so please keep writing. To each of the poets who submitted stories, I sincerely thank you for writing and sharing your wisdom.

I also want to mention that this edition includes two new columns that I think you will enjoy: caring corner and introductions. A. Lynne Wagner conceived of the caring corner column to share articles and art related to caring practices. Gail Gall is coordinating the effort on introductions, a column conceived by Cammie Townsend to help readers get to know some of our new members. I hope you will enjoy these columns. Please consider writing something for the caring corner. Please answer Gail when she reaches out to you for an interview! Enjoy!


Jean Solodiuk is a pediatric nurse practitioner at Boston Children’s Hospital.

---

**Micro-narratives**

“I’m a princess”: Imagine a tiny little princess speaking to me at work! -Judith Mahoney

Sad to work Christmas. Sadder parents rush to bedside. Christmas miracle. Elation! Perspective. -Rachel Mortell

Walked parents out, their daughter in morgue. Hope to celebrate my daughter’s birthday. -Claire McCollom

A soldier. He longed for love but never made it over for good. -A. Lynne Wagner

Ten years: Running fast, Heart beats, Focused, STUMBLE. Olympic trials over for good. -Christine Shusterman

Had I known, I would’ve chosen different words. Shouldn’t we all speak kindly? -Brenna Quinn

I want to draw blood before transfer.” Inside I screamed “no.” Needlestick. Code. -Judith Mahoney

Isabel dies before Mother’s Day. “Am I still a mom?” her mother asks. -Christine Shusterman

Acknowledges, guide, show compassion as a task is divided into before and after. -Claire McCollom

Nursing responsibilities: Laser tag with child post BMT hospitalized more than 10 months. -Mary Tang

He’s dying. You were there. Wanted you to meet Dad, not like this. -Christine McCabe

They came for care. Found only love. They experienced healing, dying in peace. -A. Lynne Wagner

He’s comatose. She’s constantly present. Six tattooed numbers on their forearms tell all. -Susan Boudreau

Pain expressed/understood by another can be endured. Changes nothing but can be endured. -Sue Korber

---

**editor’s message**

Humor, humanization and the fleeting nature of life

Jean C. Solodiuk

In the last newsletter, I challenged readers to write 13-word micro-narratives (poems really) about nursing for submission into the Massachusetts Report on Nursing. I am delighted with your responses. Nurses from across the Commonwealth wrote. School, pediatric and intensive care unit nurses wrote. Rural and inner city nurses wrote.

As I savored each micro-narrative, I thought of the many commonalities that nurses share. Nurses witness more births and deaths than most. We see the power of love and the devastation that occurs when love is absent. Nurses witness more human strength and vulnerability than most. We also truthfully, touch more naked bodies than most. We smell more... I think you understand where I am going with this.

In addition to our common experiences, I believe that nurses share a certain approach or central focus when caring for others. As I read your micro-narratives, I recalled a paper describing the central focus of nursing and reread it. Three nurses with varied backgrounds and clinical experiences described the central focus for the nursing profession as “facilitating humanization, meaning, choice, quality of life, and healing in living and dying” (Wills, Grace, Roy, 2008). Interestingly, your submitted micro-narratives seemed to support this focus.

There were three major categories of stories: Humor, humanization and the fleeting nature of life. The overwhelming majority were about humanization. Humanization in nursing has been defined as “open-minded caring, intentional, thoughtful, unconditional acceptance and awareness of human beings as they are” (Wills, Grace, Roy, 2008). Nurses wrote about “open-minded caring” when: addressing a young child as the child saw herself - a princess; playing laser tag and; hugging a thirsty patient. Some described “intentional and thoughtful” practice when: Carefully choosing words; administering interventions for children undergoing needle procedures and; showing empathy and caring. Others wrote about an “awareness of human beings as they are.” The loving couple with six numbers tattooed on their arms; an injured athlete striving for the Olympics; and a small child receiving chemotherapy are examples of this.

Some of the micro-narratives were humorous. Nurses wrote about excrement; a punch from an “unrestrained hand” and; hearing call bells as “change of shift sonata in a minor key.” The descriptions were so familiar and vivid I could feel the punch and hear the sonata. Humor is essential for sharing joy, even during times of pain and sorrow. Thankfully, I know a lot of humorous nurses. I hope you do too. Humor can be a way to facilitate humanization and care for yourself and your colleagues. After a difficult day, one of my nurse friends tells me funny stories until I lose control with some belly laughs. Quite of few of the micro-narratives were about the fleeting nature of life. Caring for the dying, grieving families and the dead are definitely a part of nursing. Nurses wrote about celebrating a daughter’s birthday after caring for a patient and family after death; having perspective about working the holidays when faced with a near death experience, and several more. I believe that having a daily awareness of our mortality is one of the many benefits of being a nurse. Almost every work day, I am reminded that this day could be my last. From being morbid, I try to let this awareness propel me to live fully by working hard then going home to enjoy my dear family and friends.

Please take a few minutes to enjoy these micro-narratives from your colleagues. I included many more that I originally planned to include. Unfortunately, I could not choose them all. I plan to publish micro-narratives again next year, so please keep writing. To each of the poets who submitted stories, I sincerely thank you for writing and sharing your wisdom.

I also want to mention that this edition includes two new columns that I think you will enjoy: caring corner and introductions. A. Lynne Wagner conceived of the caring corner column to share articles and art related to caring practices. Gail Gall is coordinating the effort on introductions, a column conceived by Cammie Townsend to help readers get to know some of our new members. I hope you will enjoy these columns. Please consider writing something for the caring corner. Please answer Gail when she reaches out to you for an interview! Enjoy!
Vita Paladino: Guardian of nursing's memory to retire

Mary Ellen Doona

In 1976 while perusing the positions available at Boston University, she seized the opportunity said, “Must be willing to work with authors and famous people.” Later she would recall the moment saying, “I thought that the position was absolutely for me. It had my name written all over it.” Apparently so did Howard Gotlieb (1926-2005), the Director of BU’s Special Collections, for he chose Paladino over all others who had applied. Her studies in journalism and social work proved to be among her many assets, for capturing the history of the twentieth century required being focused on the details of individuals and their social milieu. To be sure Paladino was a neophyte about contemporary archives as she had begun but under Gotlieb’s guidance she quickly mastered its requirements.

She learned his method of scrutinizing the ongoing scene, spotting people at the beginning of their careers and anticipating their future excellence. A few instances suggest the rest: Martin Luther King, Jr., with the Civil Rights march at Selma still before him; David Halberstam just back from Vietnam and not yet the author of seventeen books; and Dan Rather on Nixon’s enemy list but concentrating on the Watergate muddle are three of the more than 2000 individuals who yielded to Gotlieb’s persuasion and gave their papers to BU’s Special Collections.

Paladino was still another success of the Gotlieb method. His clever ad “spoke” to her and roused her interest. He approached her and proposed that he should collect nursing. She countered his concerns about collecting nursing. She knew that women dominated almost as much as they did motherhood. Gotlieb conceded and on the eighteenth of April 1976 he had approached her and proposed that he should collect nursing. She countered his concerns about collecting nursing. She knew that women dominated almost as much as they did motherhood. Gotlieb conceded and on the eighteenth of April 1976 she was clothed in the conviction that she was perfect for this position. September 13, 1976 was her first day of thousands of others that stretched over the next four decades.

In hiring Paladino, Gotlieb had taken another step in his own journey in creating a contemporary archive. Wooed by BU in 1963 Gotlieb resigned from his position at University Archivist at Yale and seized the opportunity to create Special Collections in the newly built Mugar Memorial Library. The next phase of convincing several significant individuals to donate their papers, processing these documents and serving researchers was into its requirements.

In 2003 Paladino was Managing Director when the University renamed Special Collections the Howard Gotlieb Archival Research Center to honor its Founding Curator. Exhibits surrounding the gala celebration testified to the Center’s achievement in creating a temporary archive and preserving records of the past.

Documentation from the archives were displayed among those of artists, authors, diplomats, journalists, statesmen, actors, and musicians. The letters of Florence Nightingale, a Crimean War era lamp and Charles Dickens, the creator of nurses Sairey Gamp and Betsy Prig, provided insights into nursing during the Victorian era. Similarly nurses’ photographs, letters and diaries of their military service during the World Wars were exhibited alongside documents of military strategists, journalists and novelists making nursing’s context more accessible to viewers. “Nursing’s Urgent Now” in Capturing History was one among many tributes in the monograph highlighting scholars’ necessary relationship with the forty-year-old Center.

The History of Nursing Archives is a story in itself. Mary Ann Garrigan (1914-2000), the professor of nursing at Boston, had not waited until Gotlieb would spot her interest in history. Instead she approached him and proposed that he should collect nursing. She countered his concerns about collecting nursing when no other library was doing so. Nursing had a wealth of primary sources, she said, and more important, nursing’s past was becoming increasingly significant. More and more nurses were researching documents, seeking facts for the profession’s narrative then cluttered with myths. Sensitive to the social ferment of the 1960s, Garrigan also pointed out that feminists in search of a useable past would latch on to nursing, a field that women dominated almost as much as they did motherhood. Gotlieb conceded and on the eighteenth of February 1966 the History of Nursing Archives became part of Special Collections with Garrigan as its Curator.

A decade later, Garrigan led nurses in joining the celebrations of the Nation’s Bicentennial that began on April 18, 1775 with the first shot of the war. The first lantern in the Old North Church and the next day visited Concord and Lexington where America’s War of Independence began. On May 6, 1975 the American Nurses Association’s President Gabriel Rosamund first with Natasha McEnroe, the Director of the Florence Nightingale Museum in London, and then with the Royal College of Nursing and the Wellcome Institute in London. More than 2300 Florence Nightingale letters of 1872 now number 305. More dazzling is the Florence Nightingale Digitization Project that Paladino created first with Natasha McEnroe, the Director of the Florence Nightingale Museum in London, and then with the Royal College of Nursing and the Wellcome Institute in London. More than 2300 Florence Nightingale letters are accessible with the click of a mouse through the single source at BU: (http://archives.bu.edu/web/florence-nightingale).

She has been the logical successor following Gotlieb’s death in 2005. From her vantage point as an archivist, Lt Cmdr Ann Donovan (1916-2016) USNNC (Retired) witnessed everyday how the Center was flourishing. She unequivocally endorsed Paladino as its next leader: “I cannot think of any other than Vita Paladino who is as qualified to take over the leadership of the Center. She has worked very hard and has educated herself so that she is fully cognizant of the responsibilities and the workings of the Center. Over the years she has prepared herself for these administrative duties.

Apparently the position of Director of the Howard Gotlieb Archival Research Center had Paladino’s name written all over it as her first position of 1976. Paladino was even more willing to “work with authors and famous people” having done so for thirty years. Wisely, BU chose Paladino as Director of the Howard Gotlieb Archival Research Center saying in 2006: Vita has effectively nurtured the Center and expanded its influence. She demonstrates persistence, persuasiveness, and passion. Not only has she embraced the founder’s vision; she has further advanced the Center’s mission in its relevance to the University and to the community.

During Paladino’s tenure as Director, the History of Nursing Archives marked its fiftieth anniversary. The Nursing Archives Associates and Mary Ann Garrigan’s family joined nurses on May 22, 2016 for a gala celebration at Boston University’s George Sherman Union.

The Paladino Era that began in 2006 will come to a close June 30, 2019 with the Center’s holdings valued at over $198,000,000. Her value is without measure. For four decades from 1976 to 2019 she was a vital force in preserving nursing’s memory. Vita Paladino will remain an imperishable part of nursing’s history.
In June, we celebrate graduations and weddings, honor our fathers, and, believe it or not, World Juggling Day. I consider this a chance to celebrate nurses who juggle, multitask, and constantly manage competing demands. The Massachusetts Report on Nursing is inauguring a column to introduce new ANA/ANNASS members to our readership. These are stories about our colleagues, both those who’ve set a high bar for nursing in the past, as well as contemporaries, who propel us to juggle with joy and expertise. I am looking forward to interviewing new members who represent varied interests, diverse backgrounds and locations. When I reached out to new members both east and west of Route 495, two nurses quickly responded.

When I reached out to Christina Sansone DNP, ACNP, CNRN, RNFA, she responded promptly and enthusiastically accepted the interview. Dr. Sansone is well-experienced in perioperative nursing, and a veteran acute care nurse practitioner who recently completed her DNP with a concentration in Executive Leadership. We chatted about her reasons for joining ANA/ANNASS at this time in her career, her expectations about how ANA/ANNASS might influence her career path, and potential contributions she might make as a member.

Currently, Dr. Sansone is putting her clinical and leadership skills to use by opening an innovative clinic for Dana Farber Cancer Institute (DFCI) patients, an endeavor she views as a captivating. Dr. Sansone and colleagues intend to mitigate emergency room visits for this highly vulnerable population by providing access to acute care services with oncologic expertise. All DFCI patients undergoing cancer treatment are eligible for this new service.

The next nurse I would like to profile is Allison Killcoyne, MS, FNP, RN, the Director of School Based Health for the North Shore Community Health Center, recipient of the Massachusetts Coalition of Nurse Practitioner’s (MCNP) State Award for Excellence. Killcoyne has spent most of her career in school-based health centers as both a clinician and advocate for expanding access to developmentally appropriate, empirically sound, and culturally sensitive health care. “I try to keep the focus on what is best for the student and my values of high-quality health care where youth are, what they need and when they need it. Healthy youth make better learners.” Currently she provides direct care to students at Peabody Veterans High School while coordinating services, including behavioral health, at Salem High and several elementary schools. Aside from clinical skills, she prepares grant applications, adheres to licensing and regulatory procedures, and practices interprofessional collaboration. Recently, Killcoyne implemented a preventive program that trained all staff on emergency response to potential overdosing and prevented a fatality.

Killcoyne identified several key mentors in her career. Donna Coe, MS, FNP, retired director of school based care at Lynn Community Health Center, recipient of the Massachusetts Coalition of Nurse Practitioner’s (MCNP) State Award for Excellence. Killcoyne has spent most of her career in school-based health centers as both a clinician and advocate for expanding access to developmentally appropriate, empirically sound, and culturally sensitive health care. “I try to keep the focus on what is best for the student and my values of high-quality health care where youth are, what they need and when they need it. Healthy youth make better learners.” Currently she provides direct care to students at Peabody Veterans High School while coordinating services, including behavioral health, at Salem High and several elementary schools. Aside from clinical skills, she prepares grant applications, adheres to licensing and regulatory procedures, and practices interprofessional collaboration. Recently, Killcoyne implemented a preventive program that trained all staff on emergency response to potential overdosing and prevented a fatality.

Killcoyne identified several key mentors in her career. Donna Coe, MS, FNP, retired director of school based care at Lynn Community Health Center, recipient of the Massachusetts Coalition of Nurse Practitioner’s (MCNP) State Award for Excellence. Killcoyne has spent most of her career in school-based health centers as both a clinician and advocate for expanding access to developmentally appropriate, empirically sound, and culturally sensitive health care. “I try to keep the focus on what is best for the student and my values of high-quality health care where youth are, what they need and when they need it. Healthy youth make better learners.” Currently she provides direct care to students at Peabody Veterans High School while coordinating services, including behavioral health, at Salem High and several elementary schools. Aside from clinical skills, she prepares grant applications, adheres to licensing and regulatory procedures, and practices interprofessional collaboration. Recently, Killcoyne implemented a preventive program that trained all staff on emergency response to potential overdosing and prevented a fatality.

Killcoyne identified several key mentors in her career. Donna Coe, MS, FNP, retired director of school based care at Lynn Community Health Center, recipient of the Massachusetts Coalition of Nurse Practitioner’s (MCNP) State Award for Excellence. Killcoyne has spent most of her career in school-based health centers as both a clinician and advocate for expanding access to developmentally appropriate, empirically sound, and culturally sensitive health care. “I try to keep the focus on what is best for the student and my values of high-quality health care where youth are, what they need and when they need it. Healthy youth make better learners.” Currently she provides direct care to students at Peabody Veterans High School while coordinating services, including behavioral health, at Salem High and several elementary schools. Aside from clinical skills, she prepares grant applications, adheres to licensing and regulatory procedures, and practices interprofessional collaboration. Recently, Killcoyne implemented a preventive program that trained all staff on emergency response to potential overdosing and prevented a fatality.

Additionally, Killcoyne cited the support of NSHC leadership. CEO, Maggie Brennan, MPH, and COD Christine Malagrida, MS, FNP who “encourage professional development and create opportunities for leadership development such as the Core Leadership program I am completing this May with the Institute for Non Profit Practice (INP). I would not have had such professional growth if I didn’t have a supportive employer like North Shore Community Health.”

Juggling is an art and a skill, nursing is an art, a science, and many skills. Mentors are crucial lynchpins in developing strong clinicians and effective advocates. Like many nurses, Killcoyne unites her passion for adolescent health care with active leadership in the MA School Health Alliance and the national Alliance for School health where she also completed a leadership fellowship.

Resources:
• MA School Based Health Alliance: https://www.masbha.org/
• School Based Health Alliance: https://www.sbhda.org/about/
• North Shore Community Health Center: https://www.nschc.org/
• Juggling: https://www.juggle.org/program/wjd/
She was there...  

Meghan Manning

She was there. Man, oh man, was she there. Whether it was through a thoughtful text after a rough shift or a hug at the beginning of the day because she “missed you so much,” she was there. She was the type of friend to bluntly tell you how it was, but cry with you over the small details. She came to work each day with a bright smile on her face; always cheering everyone on around her, boosting the morale left and right. She was someone you were lucky to have in your corner. Her patient advocacy was consistent and her laugh was contagious. Her support was tenacious and her compassion palpable. Being a nurse meant everything to her, it was her true calling, and it showed with each shift she tirelessly worked. Learning from her, having her friendship, and working beside her was a true gift that I will value for my entire life. Her name was Talia, and she was the epitome of nursing.

In November of 2016, we lost her. Our friend was suddenly and tragically gone. There’s a sudden void that comes with death; an emptiness that feels never-ending and irreparable. But in true Talia fashion, the void was quickly filled with hysterical memories that brought both laughter and tears. She had this light about her, even though she was no longer “here” with us. Her light shown so bright amongst the loved ones she left behind, and with that her legacy bounded strong.

When asked to be a part of her funeral services, I was so unbelievably humbled, but also at a complete loss, thinking of how I could appropriately honor my dear friend. She made during those years by stepping into people’s lives, by special moments. I have heard about tributes and honoring the fallen in so many professions across the country. The WHO has designated the year 2020 as the “year of the nurse and midwife” and the tribute brought brightness to the day that I will forever be grateful for.

To my surprise there was in fact a tribute that had been created back in 2003 for just that, a fallen nurse. To my surprise there was in fact a tribute that had been created back in 2003 for just that, a true honorary eulogy for nurses. Created over fifteen years ago by the Kansas State Nurses Association, the Nightingale Tribute is to be used to honor and remember nurses that have passed. The tribute begins with a reading and is then followed by a simple, thoughtfully crafted poem. It is encouraged that modifications be made to both the reading and poem to best embody the nurse herself who is being remembered. With tears in my eyes, I read through the reading and poem multiple times. It was almost perfect. After a few “corrections” and modifications, I knew it would be impeccably “Talia-fied.”

I quickly consulted my colleagues and asked for their favorite memories of her. We compiled a few pages of memorable moments that exemplified who she was. We decided to add them to the initial reading, and follow it with the poem that we had also made some “adjustments” to. Most of those adjustments involved some of her most favorite things: cheese pizza and awkward hugs. The entire tribute was perfectly modified to “T.”

The tribute ends with a white rose. The white roses were dropped into a basket at the foot of her casket by nurses who worked beside her, adorned in the brightest scrubs they could find as another way to pay homage to her luminous soul. It is said that a white rose exemplifies honor to a loved one or friend and recognizes a new beginning or a farewell. It was perfect for the culmination of the tribute.

That November, and the months and years that followed, have been so incredibly difficult. Being able to perform a tribute for Talia beside my colleagues is something I am so thankful for, and will remember for my entire life. Knowing there is a way to honor fallen nurses has lifted our spirits and been able to remember our friend with their feet of her casket by nurses who worked beside her, adorned in the brightest scrubs they could find as another way to pay homage to her luminous soul. It is said that a white rose exemplifies honor to a loved one or friend and recognizes a new beginning or a farewell. It was perfect for the culmination of the tribute.

That November, and the months and years that followed, have been so incredibly difficult. Being able to perform a tribute for Talia beside my colleagues is something I am so thankful for, and will remember for my entire life. Knowing there is a way to honor fallen nurses has lifted our spirits and been able to remember our friend with the tribute brought brightness to the day that I will forever be grateful for.

Meghan Manning is a staff nurse caring for infants and toddlers at Boston Children’s Hospital.

The Nightingale Tribute

Nursing is a calling, a lifestyle, a way of living. Nurses here today honor our colleague who is no longer with us and their life as a nurse. is not remembered by his/her years as a nurse, but by the difference he/she made during those years by stepping into people’s lives, by special moments.

(s)he Was There

When a silent glance could uplift a patient, family member or friend, (s)he was there. When the situation demanded a swift foot and sharp mind, (s)he was there. When a gentle touch, a firm push or an encouraging word was needed, (s)he was there. When the elegance of a smile could make the world a better place, (s)he was there. To witness humanity, its beauty, in good times and bad, without judgment, (s)he was there. To embrace the woes of the world willingly and offer hope, (s)he was there. And now, that it is time to be at the Greater One’s side, (s)he is there.

©2004 Duane Jaeger, RN, MSN Note: Individuals using this poem as part of a memorial service are encouraged and permitted to change the pronoun to make it gender appropriate.

The World Health Organization (WHO) is a global institution that serves the countries of the United Nations including 194 countries throughout the world. The mission of the WHO is to assist each country in achieving the most optimum health possible for the people of the specific country. The WHO has designated the year 2020 as the “year of the nurse and midwife.”

• 2020 was chosen to honor the 200th anniversary of Florence Nightingale’s birth.
• The WHO is in the process of writing the first State of the World’s Nursing report for 2020. This report will describe the nursing workforce in WHO member countries.
• The State of the World’s Midwifery 2020 report will be launched around the same time. This will be the 3rd State of the World’s Midwifery report; other reports were published in 2011 and 2014.
• These 2 reports (The State of the World’s Nursing and The State of the World’s Midwifery) are important because in many countries nurses and midwives constitute 50% of the total number of health care workers.
• There is a global shortage of health care workers, in particular nurses and midwives, with the largest shortages occurring in South East Asia and Africa.
• Nurses play a critical role in health promotion, disease prevention and delivering primary and community care in many countries.
A brief introduction to caring science: A model for a caring-healing nursing practice and nursing education

The Caring Corner is a new column in the Massachusetts Report on Nursing featuring brief reports on caring science and examples of caring practice. Some examples of topics that are appropriate for this column are descriptions of practice or caring projects that demonstrate the Caritas Processes® or a caring concept, self-care practices and how they relate to caring for others. Examples of some formats that are appropriate for this column are science, essays, stories of personal experiences and art, poetry.

A. Lynne Wagner

Watson’s (2005, 2008) Caring Science, first known as the Theory of Human Caring, has evolved since the 1970s into a caring-healing paradigm model that fosters and sustains quality human care. Caring Science is founded in a humanistic philosophy of caring with love (caritas); connectedness; and ethical-moral, values-guided approaches in healing care. “In self and care for self...” (Watson, 2008) is the essence of nursing. Caring Science brings the nurse to practice and environment as a whole (Watson, 2005, 2008) with a broad and inclusive perspective that is grounded in human dignity and worth. This perspective will increase nurses’ and nursing’s understanding and acceptance of caring as central to nursing. Caring Science includes relationships, processes, and practices that are not linear and are meant to be practiced personally and professionally. Below is a brief look at concepts incorporated in the Caritas Processes (CP).

1. Practicing loving-kindness, compassion, and equanimity with self and others (CP#1), the first and foundational Caritas Process, underlies all the others. This process addresses nurses’ need to attend to their own self-care and wellbeing, enabling them to care for others in healing ways. CP#1 raises one’s consciousness to ask “How do I care for myself?” and “How do I find that inner balance that prepares me to meet the daily challenges at work without burnout?” Being reflective on these questions and increasing awareness helps build a mindful self-care practice (Sitzman & Watson, 2018). A simple centering of deep breathing with gratitude throughout the day can be a start—perhaps after a hard day’s work. Some hospitals have created Healing Rooms for brief staff retreats at work. CP#1 also treats nurses to care for colleagues, patients, and students with loving-kindness. A shift, a class, or each entrance to a patient’s room can start with a brief centering to compassionately care for each person’s basic needs in ways that sustain human dignity (CP#9).

2. Being authentically present to self and others (CP#2) transforms a task-oriented practice to self-reflective intentionality of “witnessing” and “doing for” each person you meet. It is necessary to prepare yourself through mindful centering, letting go of your story (ego) (CP#3) and “internal chatter” about other distracting events. This allows you to attend to the person before you, addressing them personally, listening to and valuing their story of positive and negative feelings (CP#5). With a shared collaborative transpersonal teaching and learning (CP#7) process, you move beyond ego to transpersonal presence. This awareness is freeing and an invitation to celebrate the healing process with wonder. That caring is the essence of nursing, Caring Science brings the nurse to practice and environment as a whole (Watson, 2005, 2008) with a broad and inclusive perspective that is grounded in human dignity and worth. This perspective will increase nurses’ and nursing’s understanding and acceptance of caring as central to nursing. Caring Science includes relationships, processes, and practices that are not linear and are meant to be practiced personally and professionally. Below is a brief look at concepts incorporated in the Caritas Processes (CP).

3. Developing and sustaining loving, trusting-caring relationships (CP#4) flows from the practices of loving-kindness and authentic presence. Trusting relationships flow from a shared collaborative transpersonal teaching and learning (CP#7) with no hierarchy or sense of power. This honors each person’s wisdom and experiences and the joy of learning from each other, increasing communication and understanding. Thereby, novice and experienced nurses learn from each other; students and patients teach their caregivers.

4. Problem-solving/“solution-seeking” through creative caring practices elicits the creativity of nurses that is informed by all ways of knowing. This Process (CP#6) empowers the nurse/educator to recognize that understanding human lived-experiences and treatment decisions transcends the limits of empirical (science) knowledge. The human experience is understood more fully by also considering personal knowledge, gained by experiences: moral-ethical, and socio-cultural knowledge that affect personal choices; and aesthetic knowledge from literature and the arts that teach us deeply about human suffering, pain, joy, fear, failures, and triumphs (Carper, 1978; Watson, 2008; Zander, 2007). While science addresses disease process and treatment, other ways of knowing affect perspectives, patient decisions, and outcomes. Nurses can often help the medical team listen to and learn about the patient, as well as offer integrative caring-healing modalities in treatment choices.

5. Being open to the spiritual, mysterious unknowns in the human experience, allowing for small and large miracles (CP#10), Watson (2005, 2008) reminds us that we do not always have answers, control, or full understanding of outcomes. This awareness is freeing and an invitation to celebrate the healing process with wonder.

Watson’s Caring Science has been adopted as a Practice Model by a growing number of hospitals, especially Magnet hospitals, and Schools of Nursing (www.watsoncaringscience.org) in the belief that Caring Science promotes quality human care. By including caring and love in science, caring-healing professions and disciplines discover they offer much more than a “detached scientific endeavor, but a life giving and life-receiving endeavor for humanity” (Watson, 2005, 2008). Nurses in Massachusetts can join the conversations about Caring Science by being involved in the Massachusetts Regional Caring Science Consortium and twice yearly conferences. Contact Lynne Wagner directly at lynnewagner@outlook.com or visit the website at mcrsc.org.

References


A. Lynne Wagner, EdD, MSN, RN, FACCE, is a Caritas Coach; Professor Emerita of Nursing, Fitchburg State University; a Faculty Associate, Watson Caring Science Institute; a Nurse Educator Consultant for Caring Science; and the Founder of the Massachusetts Regional Caring Science Consortium. She received the 2018 ANA Massachusetts Mary A. Manning Mentoring Award.


1. Practicing loving-kindness, compassion and equanimity with self and other.
2. Being authentically present, enabling faith/hope/belief system; honoring subjective inner, life-world of self and other.
3. Being sensitive to self and others by cultivating own spiritual practices; moving beyond ego to transpersonal presence.
4. Developing and sustaining loving, trusting-caring relationships.
5. Allowing for expression of positive and negative feelings; authentically listening to another person’s story.
6. Creatively problem-solving/“solution-seeking” through caring process; full use of self and artistry of caring-healing practices, using all ways of knowing.
7. Engaging in transpersonal teaching and learning within context of caring relationships; staying within other’s frame of reference.
8. Creating healing environment at all levels.
9. Reverently assisting with basic needs as sacred acts, touching mind-body-spirit of other, sustaining human dignity.
10. Opening to spiritual, mystery, unknowns; allowing for miracles.

Join Transformational Leaders at the Forefront of Healthcare

NEW DNP to PhD
Psych Mental Health NP
AGNP Program

We Offer:
• Small class sizes
• A small faculty-to-student ratio
• Integrative mental and a culture-sensitive simulation center
• A collaborative clinical placement process

Graduate School of Nursing
University of Massachusetts Medical School

Learn More and Apply Today!
go.umassmed.edu/apply
Evelyn Drinkwine was only 17 when she left her home in Richmond, Maine to enroll in Lynn Hospital Nursing School in Sept of 1942. It was not until 1943 that she learned about the new U.S. Cadet Nurse Corps that was formed to meet the critical shortage of nurses in World War II. She didn’t hesitate to enlist as she liked being “part of the military” effort. She vividly recalled how she traveled by bus, train and subway to the “Commonwealth Avenue Army Recruiting Office” where she completed the necessary forms and passed the required physical exam. She was admitted to the Corps on its founding date, July 1, 1943, in the rank of Junior Cadet Nurse.

Early in 1945, after completing the government-approved accelerated nursing training at Lynn Hospital, Evelyn was assigned to serve as a Senior Cadet Nurse at Cushing Army Hospital in Framingham, newly “built to receive injured soldiers.” But first, she was sent by train for two weeks of “basic training” at Fort Devens, MA. There, Cadet Nurses slept on “cots in open barracks” and were issued army “fatigues.” They practiced marching drills and took classes on “military organization, routines and how to properly salute.” She laughed as she told me, “Our Sargent gave up on us. He shook his head and said, ‘I don’t think you gals are marchers’.”

Once arriving at Cushing Army Hospital, she and other Cadet Nurses were housed in barracks on the army hospital grounds. “We slept on bunkbeds and had to make them just right. We had roll call, inspection and lights out. If they found some hair on your comb, you got a warning for that.”

While there, she was formally referred to as “Cadet Nurse Drinkwine” and properly saluted army officers. And she proudly said, “Our marching skills improved and we participated in retreat parades wearing our Cadet uniforms.”

She made it clear that Senior Cadets “ran the hospital.” She elaborated, “We gave injections [such as sulfur, penicillin, and morphine], monitored IV’s and drew our own bloods. On the psych wards, we only drew bloods and we always had a corpsman with us.” She recounted a story of a soldier with malaria who instructed her to always “wake me up before you give me a shot, because I don’t know what I would do.”

Cadet Nurse Drinkwine cared for many injured soldiers. “Some need plastic surgery for their burns and wounds.” She recalled, “They would attach their arms to their body to create a flap of skin to be used for a graft. We did a lot of neuro and brain surgery, some would stay in the OR all night because we had no intensive care units back then.”
Margaret DeFillippo (L) and Evelyn Drinkwine Cahill (R) sporting a winter cadet nurse uniform with berets, overcoat, handbag and gloves. Margaret, who has since passed, was from Revere and Evelyn’s best friend and classmate in training. As a Senior Cadet, Margaret served at the Philadelphia Naval Hospital.

In 2017, an identical bill passed “without dissent” for the all-male Merchant Mariners. Unlike the USCNC, they were civilians, issued no military uniforms and took no oath to serve their country for “the duration of the war.” The only difference is that the USCNC was all-female.

The bill is fully supported by the Veterans of Foreign Wars and the 63 members of the Nursing Community Coalition. This includes the ANA who has created a direct on-line link to contact Congress. It can be found on the USCNC WWII Facebook and website listed below. https://p2a.co/FKMXKP/p2aSource=NurseCadet419

Remembering Cushing Army Hospital and the Cadet Nurses who served there.

More than 13,800 soldiers were treated and cared for in the 95 buildings erected on the grounds by the U.S. War Department. Only the Chapel remains. All were cared for by the Cadet Nurses. Sadly, the memorial to the hospital has no mention of the Cadet Nurses for their critical role in the successful rehabilitation of the soldiers.

Cushing Memorial Park in Framingham, MA would be an appropriate place to honor and remember our WWII Cadet Nurses. The only statue of a Cadet Nurse in the United States is in Veterans Freedom Park, LaCrosse, Wisconsin. A similar statue would fit in well here. It would be a great start to preserving the lost history of the USCNC. Regrettably, too few statues of women. Little girls need heroes just as much as little boys need heroes. The Cadet Nurses are heroes for all.

Dr. Poremba is Professor Emeritus, Salem State University. She welcomes hearing from Cadet Nurses and all Women who served in WWII

Email: FriendsofUSCNC@gmail.com
Facebook: Friends of the U.S. Cadet Nurse Corps WWII
Website: https://www.nursingandpublichealth.org/ cadet-nurses.html

EARN YOUR BSN ONLINE AT FISHER.

- Fully online courses
- Can be completed in as little as 20 months
- Start dates every September or January
- 36 credits awarded for your RN license
- Accredited by the Commission on Collegiate Nursing Education (CCNE)

Visit www.BSNatFisher.org for more information.

We are actively recruiting enthusiastic nurses to help end the epidemic of opioid use disorder in our community. Join our dynamic team of nurses, medical providers and other staff to transform the lives of people in our community!

Nurse Case Manager Supervisor
- This RN will meet with clients, provide case management and coordinate care of those in treatment.

Nurse Case Manager Supervisor
- This experienced RN will meet with clients, provide case management and coordinate care of those in treatment while providing supervision and assisting with staff development.

For additional information about this position and to apply, please visit briencenter.org/careers EOE/AA

Massachusetts Report on Nursing • 9
Role as a new faculty

Julianne Walsh

In reflecting on my educational journey and professional nursing career, I have found myself looking back on the places in my life, the people who care most about the patient are enormous. In this case, the patient was me. I knew this was going to be the biggest challenge I have ever faced. I endured two major surgeries, an ostomy, high dose radiation therapy, and chemotherapy for six months with one more surgery still to go. The toll this diagnosis took on me was mentally and physically exhausting. But the emotional toll was the most challenging. The day before I was diagnosed, I had booked a family cruise for a vacation. I remember leaving the hospital after my diagnosis of cancer and telling my husband, “quick, cancel the cruise.” From here I had a new focus, a huge fight to fight! I was scared, but determined to beat this disease. I have four young children and like most people this happened, I never imagined this would happen to me. I tried to wrap my head around what did I do to get this.

I knew there were many bumps in the road. But for all that I went through, I felt the caring nature of so many nurses, especially my infusion nurse, Kathleen, who gave me such hope and support at that time when I felt that I had compassion, humanity and kindness when she cared for me. She always treated me like a person, not a person with cancer. She explained to me many of the side effects of the chemotherapy and some of the things that worked for other patients that I could try, and overall, she had such compassion for me.

Like Kathleen, the other nurses who helped me through this were equally amazing. By being kind and present and listening to me as a patient I was treated with such holism in the care I received. I had always hoped that the patients I cared for felt this way.

For example, at one point there was no bed for me after my surgery and I was in the Orthopedic floor. I must say the Orthopedic nurses at Brigham and Women's Hospital were amazing. I was a post-op surgical patient, not their specialty, but that didn’t stop them from taking exceptional care of me. I had a significant surgical incision, needed multiple IV antibiotics, ongoing pain management, physical therapy, and emotional support; all of which they did with exceptional care. Like my story, more and more young people are being diagnosed with colorectal cancer. Cases are on the rise in adults 20-40 years old in the United States. Unfortunately, it is not known why this is happening. Many young adults who are diagnosed with colorectal cancer present with more advanced disease as their symptoms are often misdiagnosed or dismissed as something less serious such as hemorrhoids or Irritable Bowel Disease (IBD). This was the case for me. I had a surgical rectal cancer at diagnosis. Had I not ignored my primary care doctor, who said this was hemorrhoids, and gone to a gastroenterologist, my disease certainly would have progressed. The colonoscopy which the gastroenterologist performed saved my life.

Throughout this journey I’ve learned so much about the patient care experience. I learned how much I needed to be a patient, how much pain I cared about physically and emotionally. When I returned to practice, I’m reminded how every patient is unique, and should be treated in a caring manner. Sometimes the smallest things that a nurse did for me made the biggest impact. The nurses who cared for me helped me realize how strong I am. When I thought I couldn’t do “this” anymore, they showed me and helped me to actualize my full capabilities. They also pushed me to believe in myself more than I did before. I’m grateful for their support throughout this process, and I’m proud to be part of this great profession.

Kristine Ruggiero is a pediatric nurse practitioner at Boston Children’s Hospital.
Empowerment through shared governance

Aanya Bostian Peters, PhD, RN, CNE

Healthcare is delivered in a dynamic space where the turnover of employees can be costly to an organization. In addition, constantly training new staff creates an imbalance of meaningful growth. In order for empowerment to exist within an organization, these conditions must be supported by leadership. Conditions promoting personal empowerment are essential for all employees but especially necessary for employees transitioning from student to registered nurse. As we face an influx of millennials in the workforce and the challenges of retaining their talent in an ever-changing work environment, Kanter’s theory on Structural Empowerment can guide us through these challenging times.

Shared governance allows nurses to voice their concerns and advocate for change. Empowered nurses advocate for change at the bedside and beyond. The impetus lies upon members of the shared governance committee members to be the voice of our fellow nurse’s concerns, frustrations, and challenges. Through discussion and compromise, these concerns, frustrations and challenges pave the way for solutions addressing organizational issues. It is critical to participate in shared governance to empower ourselves and the organization and health care in general.

The personal empowerment journey begins with an exploration of purpose and passion for the “what” and the “why” of nursing. This personifies the art and passion of nursing. I urge all of you to take that passion forward and find purpose in what you do daily as that will define you and your nursing legacy.


Aanya Peters is an assistant professor at the University of Massachusetts, Lowell with research interests in incivility in the workplace, student success, and stress.
Michael Duffy continued from page 1

After an already accomplished career, Brother Michael returned to Elms College in 2011 from a six-year missionary assignment in Jamaica where he was an adult nurse practitioner and manager of a rural health clinic. Brother Michael now returns to Jamaica each winter with undergraduate nursing students who fulfill their population health/community nursing experience there – an experience often described by students as "transformative" to their professional identity and future nursing practice. In addition, as the Associate Dean of the School of Nursing at Elms College, Brother Michael is responsible for the undergraduate programs, service learning programs, and international studies.

Brother Michael's philosophy of nursing and health care are guided by faith principles such as "...feeding the hungry, visiting the sick, clothing the unclothed and to ransom the captive...." He displays the special qualities of a Franciscan, educator, and nurse practitioner. He is a selfless individual who truly embodies the values of social justice, equality, and fairness.

Herminia Shermont continued from page 1

Herminia’s dedication, vision and commitment to the professional development of nurses and advance practice nurses is evident through the innovative mentoring programs she has developed over the last 18 years. As a transformational intellectual leader, she has created a work culture of exemplary practice as a mentor, role model, advisor, and leader by fostering a positive learning culture. Herminia and her leadership team developed and implemented a Parachute Program (PUP) for newly hired nurses. She created and developed a career mapping program for nurses who demonstrated hesitancy in establishing and pursuing career advancement goals. A transitional mentoring and educational program pilot was developed to address knowledge-based gaps in practice, as well as enhance clinical judgment, critical thinking, reflective practice, and personal and professional development for less experienced nurses beyond orientation. Each of these programs has been published. She leads by example and inspires her staff to do their best. She takes pride in her work, but even greater satisfaction in seeing others succeed. One nurse commented that “Herminia makes me want to be a better nurse and leader.”

ANA Mass Awards continued from page 1

Excellence in Nursing Education Award is presented annually to a nurse who demonstrates excellence in education.

Jane Flanagan, Dottie Jones

Jane Flanagan, PhD, ANP-BC is a seasoned educator and a tenured Associate Professor of Nursing at Boston College, William F. Connell School of Nursing. Currently, she is the Director of the Adult Health/Nursing Policy Program, teaching graduate students in both the masters and doctoral programs. Jane is a clinical expert and certified Adult Nurse Practitioner in Adult/ Gerontology, able to link complex conceptual knowledge with "real life" clinical examples to enrich student learning. She is a great nurse educator who complements innovative teaching strategies with dynamic learning experiences that challenge and motivate students at all levels.

Whether in the classroom or practice setting, Jane’s teaching is grounded in knowledge. As an educator and clinician, Jane is a role model for students as well as an exemplar of evidence-based practice. As a Nurse Practitioner in Adult/Gerontology, she is able to link complex conceptual knowledge with "real life" clinical examples to enrich student learning. She is a great nurse educator who complements innovative teaching strategies with dynamic learning experiences that challenge and motivate students at all levels.

Friend of Nursing Award is presented annually to those who have demonstrated strong support for the profession of nursing in Massachusetts.

Suzanne M. Bump serves as the 25th Auditor for the Commonwealth of Massachusetts. She is the first woman to serve in this role in the Commonwealth’s history. As Auditor, Suzanne strives to make our state government more efficient, effective, accountable and transparent while meeting the mission to serve the public.

Suzanne Bump

Suzanne is a strong supporter of nursing. Suzanne recently recognized that the Massachusetts Health Policy Commission (HPC) was lacking nursing representation. The Commission, established in 2012, is an independent state agency charged with monitoring health care in Massachusetts and providing data-driven policy recommendations regarding health care delivery. The Commission has the potential to make policy changes that affect patient outcomes. The HPC’s mission is to advance a more transparent, accountable, and innovative health care system through independent policy leadership and innovative investment programs.

Auditor Bump appointed Barbara Blakeney, a nurse, to the Commission. Barbara was sworn in on February 13, 2019 and State Auditor Bump commented that “Barbara’s breadth and depth of knowledge – as a nurse, advocate, and educator – make her a valuable addition to the Health Policy Commission,” said Bump. “Her expertise in the development and utilization of innovative treatments and care will provide her with important insights into the challenges facing our health care system and driving cost growth. I look forward to working with her in this new position.”

Rebecca McCann, Jessica McCann

Rebecca McCann is a high honors student in the 2nd year of nursing school at the University of New Hampshire. She was nominated by her mother, a nurse for the past 29 years.

Ruth Lang Fitzgerald Memorial Scholarship was established in 2005 in memory of Ruth Lang.

Anne Marie Craman, MSN, RN, PMHCNS-BC uses Photo Voice to help veterans.

Mazen El Ghaziri came to the US from Lebanon in 2010 after completing his undergraduate and master’s degree at the American University of Beirut, Lebanon. He received his PhD in nursing in 2013 at the University of Maryland and then completed a two year research fellowship at the University of Connecticut Health Center, Division of Occupational and Environmental Medicine. In 2015, he joined the faculty of the Solomont School of Nursing at UMass Lowell where he is currently an assistant professor.

Dr. El Ghaziri’s area of research interest is occupational health and wellness, with a focus on workplace violence in the correctional and healthcare workforce. He has focused on workplace health and safety, with an emphasis on gender and health disparities among different segments of the workforce. The themes of these studies are the occupational health risks of men in correctional nursing and gender differences among nurses in occupational exposures and health outcomes.

Mazen El Ghaziri

Excellence in Nursing Research Award is presented yearly to a nurse who has demonstrated excellence in nursing research that has had (or has the potential to have) a positive impact on patient care.

Professional Scholarships

Arthur L. Davis Publishing Agency Scholarship is for an ANA MA Member to pursue a further degree in nursing or for a child or significant other of an ANA MA member who has been accepted into a nursing education program.

Lisa Presutti, Donna Glynn

Lisa Presutti, Donna Glynn

Every successful organization has a person who “steers the ship.” A person who every day and every moment sees a challenge and develops a plan with a smile and a positive attitude. This year ANA MASS faced so many challenges. And we had that person to steer our ship. Lisa Presutti, our office manager, handled every challenge this year with grace and professionalism. Lisa is a stellar representative of our organizational mission and vision. From the ballot question, to the storage shed, lawn signs, member questions, mailers, bumper stickers, schedules, meetings and press events….Lisa Presutti maintained my sanity [Donna Glynn] with the support of her team: "We got this!"
“Okay, so it sounds like my treatments will be basically the same, but really, what’s the food like over there?”

It was mid-morning, after the rush of rounds and 0800 medication pass and my patient and I had a moment to chat. I sat perched on the edge of her bed, watching her take a handful of enzymes as she used the muscles in her chest to take a breath, willing her body to make the most of the oxygen coming from her nasal cannula. Now we could get to the important discussion: Did the pediatric or the adult hospital have better milkshakes?

In my career as a bedside nurse, I have had the honor of working with cystic fibrosis patients first in an adult hospital and now in the pediatric setting. In working with young adults with a chronic and life limiting illness, I have seen incredible resilience. I have also seen that the process of transitioning from pediatric to adult care is a necessary but often an anxiety provoking endeavor for young adult patients. Throughout my patient care encounters, one question comes to my mind again and again: How can we as nurses better prepare and support our patients to transition their care? In reflecting on this question, three main themes came to mind: Conversation, collaboration and community.

Often, the first step in transition planning is simply demystifying the subject through open and honest conversation. With the strong therapeutic relationships that often occur when caring for long term patients, nurses are in an excellent position to have these conversations. Sometimes this may even mean being our vulnerable selves and sharing that we don’t have all the answers but that we are willing to learn with them. Through these conversations with our patients, we can gain a deeper understanding of their concerns and hopes. Ultimately, meaningful conversations allow us to better advocate for our patients and provide education and clarity about the transition process. This can ultimately reduce anxiety when it comes time to make the final move from pediatric to adult care.

However, despite open communication between patients and caregivers, transition planning may still seem overwhelming - for both the patient and the medical team! I have found that the most successful transitions utilize a team-based approach that bridges the gap between the pediatric and adult facility. A multidisciplinary primary team that focuses on the unique needs of young adults can see patients at both facilities is very useful at easing the transition. Even if a team like this is not possible, simply gathering the expertise of your colleagues and discussing challenges together can help to develop creative solutions. I have seen many successful transitions that utilized a team of dedicated nurse practitioners, social workers, dieticians and physicians all of whom collaborate closely with the bedside nurses.

Just as a dedicated medical team helps to ease transition, it is also essential for our patients to build their own personal support team as well. Many young adults with chronic conditions have literally grown up in their particular pediatric hospital. In these circumstances, the routines and people of this hospital serve as a comforting constant in the uncertainty of serious illness. The thought of leaving this comfort zone can be distressing, particularly if this transition of treatment coincides with an escalation of care (such as lung transplant). By encouraging our patients to establish a support system outside of the hospital, they are able to have a constant source of support and encouragement even as medical providers and hospital settings change.

Overall, nurses can play a positive role in helping young adult patients transition from pediatric to adult care. If we as nurses are willing to practice having heartfelt conversations and are open to collaborating with our colleagues, we can provide comfort and advocate for our patients. As a nurse, few things are more rewarding that being able to play even a small part in making a challenging situation easier for my patient.

Katherine South is a pediatric nurse that cares for adolescents and young adults.
The morning session concluded with a presentation entitled, Truth about Consequences. The presenter was Dr. Alex Taylor, Director of Neuropsychology from Boston Children’s Hospital. Key components in the pathophysiology, assessment, diagnosis, and treatment of concussion as well as current research findings and evidence-based practices were presented.

Following delicious lunch and opportunities for networking, the afternoon session opened with a choice of two concurrent sessions. Lisa DuBreuil, LICSW, Massachusetts General Hospital (MGH) Department of Psychiatry’s Center for Diversity, presented Access to Treatment for Individuals with Opioid Use Disorder. Dr. Terrein discussed the physiological and emotional effects of weight stigma, societal misconceptions regarding individuals who are obese, and the Health at Every Size (HAES) principles that emphasize acceptance and respect for individual sizes and shapes, improved access to healthcare for individual needs, respect versus stigma, life-enhancing movement, and eating for wellbeing. Michelle Carley Jacobo, PhD, Assistant Professor of Psychology at Harvard Medical School, Director of the MGH Dialectical Behavioral Therapy (DBT) training program, presented Mindfulness: Strategies to Improve Our Resilience in which she emphasized the importance of self-care and work/life balance as essential to nurses’ personal wellbeing and fulfillment and practical tips for incorporating mindfulness into our daily practice to promote resilience. The session concluded with our first interactive poster session! Eleven posters were presented by their authors on a variety of topics related to innovations in practice, education, and research. The environment was electric and exuberant! We hope that this encourages more nurses to submit abstracts so we continue this tradition at future conferences.

I would like to extend my personal thanks to the ongoing commitment and outstanding efforts of Conference Planning Committee members, Mary Hanley, Joan Clift, Maura Fitzgerald, Julie Cronin, Terry Pszczylowsk, Tammy Glenn, Lee-An L’Heureux, and Marcia Margarita Duclos and the unwavering support of Executive Director, Cammie Townsend and Office Administrator, Lisa Presutti. We also wish to thank attendees who completed and submitted program evaluations. Your feedback is so important in our efforts to offer educational programs that promote your professional development and enhance your practice. Work has already begun toward planning for the 2020 Annual Conference so stay tuned!
Friday, June 7th, 2019
Last chance to register for the Spring Symposium, Friday, June 7th, Curry College

The ANA Annual Symposium is a time for nurse planners, primary nurse planners and professional development nurses to explore topics in continuing education. We will learn, network, have fun and recharge. The focus this year is creatively designing programs to meet the ANCC criteria.

- Bring your challenges, questions and creative ideas to discuss with nurse colleagues, peer reviewers and the ANA Mass.
- We will discuss best practices, content integrity, and formative evaluation techniques.

Tuesday, October 1st, 2019
Hot Topics: Water Cooler Solutions

SAVE THE DATE! The Health Policy Forum will be held on Tuesday 10/1/2019 at the State House. In addition, the Health Policy Committee will be monitoring the status of other legislative priorities in the Commonwealth and providing testimony on key issues. Our meetings are held monthly on the 1st Monday, alternating video conference calls and face to face. If you are interested in participating, please contact us at info@anamass.org.

Wednesday, October 16th, 2019
President’s Lecture Series on Health, Regis College

Don’t miss our next panel, Health Care by Zip Code: Health Disparity or Equity?
Mark the date on your calendar now, October 16, 2019 at 6:15 pm.

Registration will open September 6, 2019. Details available in the September issue.

Tuesday, November 5th, 2019
7th Massachusetts Regional Caring Science Consortium Conference, November 5, 2019, 7:30 am-12 noon

Inviting nurses to attend the 7th Massachusetts Regional Caring Science Consortium (MRSCS) Tuesday, November 5, 2019, UMass Worcester Graduate School of Nursing, 7:30 am - 12 noon.

The MRSCS requests for you and your family to reclaim the heart of nursing by sharing and exploring caring practices that foster and sustain personal and professional well-being, healing relationships with health care providers, patients, healthy work environments, and best outcomes in patient care.

• The conference features a keynote speaker and presentations by a panel of nurse Caritas Coaches®, graduates of the Watson Caring Science Institute’s Caritas Coach Education Program® (CEEP), which prepares nurses and other health care providers to coach, teach and implement caring-healing philosophy and practices. These coaches will present caring-practice projects, based on Caring Science concepts, that they launched in their acute care and outpatient care settings with healing outcomes.
• There will be time for interactive questions and discussion and some take-home handouts.
• Join the presentations and conversation on November 5, 2019 to renew your caring practices and heart of nursing. Continental breakfast, parking, and contact hours will be provided.
• Conference details will be posted on the MRSCS website (mrcsc.org) as they are finalized. Registration is required by October 4, 2019. You can register on the MRSCS website at mrcsc.org or by contacting Lynee Wagner directly for information and registration at annawagner@outlook.com.
• There is no fee for the conference, but registration is required.

JOIN ANA Massachusetts AND ANA TODAY!

- National and State-Level Lobby Days
- Lobbying on issues important to nursing and health care and advocating for all nurses
- Representing nursing where it matters/representation in the MA State House
- Speaking for U.S nurses as the only U.S.A member of the International Council of Nurses
- Protecting and safeguarding your Nursing Practice Act Advocating at the state level
- Anaheim represents to policymakers that nurses are actively involved in the issues that impact our profession and patients
- ANA Mass Action Team
- ANA-PAC Strategic Action Team (N-STAT)

Personal Benefits

- Professional Liability Insurance offered by Mercer
- Auto Insurance offered by Nationwide
- Long Term Care insurance offered by Anchor Health Administrators
- Term Life Insurance offered by Hartford Life and Accident Insurance Company
- Financial Planning Offered by Edelman Financial Services
- Savory Living Eating – discounted program offerings
- Emmanuel College – Tuition reduction scholarship
- Walden University Tuition Discounts
- Tuition Savings at Chamberlain College of Nursing
- Scholarships offered to ANA members
- Free Research Recruitment Notices placed on ANA Massachusetts Website and sent to the ANA Massachusetts Email Distribution

JOIN TODAY AT www.ANAMass.org

We hope you enjoyed this edition of the Massachusetts Report on Nursing, sent to every RN in the Commonwealth.

Please join ANA Massachusetts today and become an active member of the world renown and most respected professional nursing organization. Go to: www.ANAMass.org to complete the application.

The ANA Massachusetts Action Team – MAT cordially invites you to join this exciting team, when you join you will be lending your voice to those matters affecting all nurses in Massachusetts.
Go to www.ANAMass.org for more information

Like us on Facebook - http://www.facebook.com/pages/ANA Massachusetts/260729070617301
Facebook: ANA Massachusetts/260729070617301
Like us on Facebook - http://www.facebook.com/pages/ANA Massachusetts/260729070617301

ADDRESS CHANGE?
NAME CHANGE?

ANA Massachusetts gets mailing labels from the Board of Registration in Nursing. Please notify the BORN with any changes in order to continue to receive the Massachusetts Report on Nursing!

ANA Massachusetts Mission
ANA Massachusetts is committed to the advancement of the profession of nursing and of quality patient care across the Commonwealth.

Vision
As a constituent member of the American Nurses Association, ANA Massachusetts is recognized as the voice of registered nursing in Massachusetts through advocacy, education, leadership and practice.
OUR NURSES CREATE our greatness

We have opportunities for experienced Registered Nurses in all departments across BMC

For detailed information please visit jobs.bmc.org or email nursingcareers@bmc.org

Nurses: Need your BSN? We can help!

Labouré’s new RN-BSN was created by nurses to be flexible, 100% online, and - at $300/credit - the most affordable in Massachusetts.

Accelerated · Online · Affordable
For you, the working nurse

BECOME A LEADER IN THE FUTURE OF NURSING

In the Worcester State University Master of Science in Nursing program you will:
• Focus on the challenges, opportunities, and technologies that will shape the future
• Gain in-demand population health and public health nursing skills or work towards certification as a nurse educator

To learn more, visit worcester.edu/gradnursing
Community and Public Health Nursing Contact: Dr. Stephanie Cheng-Pike, schengpike@worcester.edu
Nurse Educator Contact: Dr. Michelle Orszany, morszany@worcester.edu

The baccalaureate degree program in nursing and masters degree program in nursing at Worcester State University are accredited by the Commission on Collegiate Nursing Education (www.acione.org).