NHNA Announces the Distinguished Member Award

The Board of Directors of the New Hampshire Nurses Association (NHNA) and the members of the Commission on Nursing Practice are pleased to announce creation of the Distinguished Member Award. The Distinguished Member Award honors a member nurse with substantive service to NHNA, through work on the Commissions, work in nursing advocacy or work on NHNA Task Forces. The awardee will demonstrate a commitment to the vision and mission of NHNA. Evidence required for submission of nomination includes at least two letters of recommendation providing examples of how the nominee demonstrates commitment to the NHNA’s vision/mission and service to the NHNA. The Distinguished Member award will be announced at the Fall Membership meeting along with the Rising Star Award and the Champion of Nursing Award.

2019 Clint Jones Nursing Award

Jessica Morris, RN, was the 2019 recipient of the Clint M. Jones Nursing Award. In its 13th year of honoring the memory of Clint Jones, the former director of the Foundation’s N.H. Nursing Workforce Partnership, the award recognizes a registered nurse practicing in New Hampshire for at least one year but not more than six years, who exemplifies quality, compassionate nursing care and demonstrates a commitment to a career in nursing. Between November 2002 and February 2005, the N.H. Nursing Workforce Partnership, under the direction of Clint Jones, distributed millions of dollars in forgivable loans to hundreds of aspiring nurses in college and practicing nurses who received specialty training or advanced degrees.

Morris practices at Hanover Terrace in Hanover, New Hampshire, making the recognition of a long-term care case manager the second time in the program’s history. A resident of Orford and a graduate of Manchester Community College, Morris received the annual award in honor of her peers and family during Nurses Week on May 8th at Hanover Terrace in Hanover, N.H. In nominating Morris for the award, Martha Fosley, Administrator at Hanover Terrace, highlighted Jessica’s compassion as a nurse and her commitment to her patients and their families. “Jessica exemplifies the practice of compassionate, quality nursing care every day,” stated Fosley. “She serves as a mentor and inspiration to all of her colleagues, and we couldn’t be prouder of her.”

As they have every year, Clint’s family, represented by his wife, Leslie and son, Matt, attended the ceremony and presenting the award to Morris at Hanover Health. Sharing a few thoughts on how much it means for the family to be able to recognize those in the nursing profession through the award, Matt stated “Given how important supporting the nursing profession was to my father, it’s an honor for us to recognize nurses each year for their commitment to delivering compassionate care with this annual award. We congratulate Jessica on receiving this award, but more importantly we thank her for her dedication and commitment to her patients at Hanover Terrace.”
Guidelines for Submissions to NH Nursing News

NH Nursing News (NNHN) is the official publication of the New Hampshire Nurses' Association (NHNA), published quarterly and available in PDF format at our website: www.nhnurses.org. Views expressed are solely those of the guest authors or persons quoted and do not necessarily reflect NHNA views or those of the publisher. Arthur L. Davis Publishing Agency, Inc. NHNA welcomes submission of nursing and health related news items, original articles, research abstracts, and other pertinent contributions. We encourage short summaries and brief abstracts as well as lengthier reports and original works. An “article for reprint” may be considered if accompanied by written permission from the author or publisher. Authors do not need to be NHNA members.*

Manuscript Format and Submission: Articles should be submitted as double spaced WORD documents (.doc format vs. .docx, please) in 12 pt. font without embedded photos. Photos should be attached separately in JPG format and include captions.

Submissions should include the article’s title plus author’s name, credentials, organization / employer represented, and contact information. Authors should state any potential conflict of interest and identify any applicable commercial affiliation. Email as attachments to office@nhnurses.org with NN Submission in the subject line.

Publication Selection and Rights: Articles will be selected for publication based on the topic of interest, adherence to publication deadlines, quality of writing and peer review. *When there is space for one article and two of equal interest are under review, preferences will be given to NHNA members. NHNA reserves the right to edit articles to meet style and space limitations. Publication and reprint rights are also reserved by NHNA. Fee free to call us any additional questions at 877-810-5972.

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The wind is blowing from the west and significant changes are underway at the American Nurses Association (ANA). NHNA and nurses everywhere, as well as the public, will all benefit. Three years ago, I attended my first Membership Assembly of the American Nurses Association (MA) as president-elect when the treasurer of the ANA Board of Directors reported a $5.9 million loss. This was made up of a combination of budgeted planned loss, lost revenue, inflated predictions on membership growth and additional unplanned IT and software expenses. It was also the year the Membership Assembly sat through hours of discussion and voting on bylaws changes that removed most language referencing ANA as a labor organization.

Presidential Message

Carlene Ferrier

Attending the Membership Assembly this year, I felt such an amazing sense of pride to be an elected member of the voting body of ANA. It’s not often I have had the privilege of being in a room full of over four hundred nurses sharing their passion and expertise. This is the change I see in ANA. The national leadership team of ANA seemed to grasp that we are in a symbiotic relationship and have made it a point to reach out to the Constituent State Nurses Associations (CSNAs) to ask for their opinions and their help. Last year ANA convened an advisory group made up of representatives from nineteen CSNAs to review the Value Pricing Program (VPP), NHNA participated in the program as part of the pilot and we were in favor of it continuing because the VPP set dues at a reasonable and transparent rate, enhanced membership growth. The MA voted to accept all recommendations of the VPP advisory group including a 50/50 split on dues! They have also formed a Financial Audit and Investment Task Force made up of CSNA members and promise more transparency in ANA financial matters.

The last session was called Leadership Lessons and Worldly Wisdoms and I was mesmerized listening to tales from a panel of eight former ANA Presidents talk about how they became leaders. Barbara Nichols, MSN, RN, FAAN shared with us that when she went to nursing school, many hospital schools were still racially segregated, and she became a leader out of necessity because other nurses would not listen to her unless they had to. My favorite quote came at the end, though I don’t know who said it, and was particularly meaningful to me because it is what I believe “leadership is not a solo endeavor” “You need your voice, passion, and expertise just like ANA does and the American people do. If what you see in NHNA is not reflected in you and your passion in nursing, then please be the change you want to see.”

Carlene Ferrier, RN, MPH, CPM
President, NHNA

The Dialog Forums I attended did not disappoint and led to excellent policies that were adopted. We voted to change from a Presidential Endorsement Policy to a Presidential Engagement Policy with a focus on educating members about where politicians stand on what matters to nurses. As part of an assignment, three DNP students from the California Nurses Association presented recommendations for revision to the ANA Immunization Position Statement that included removing language allowing a religious exemption. They were dynamic and compelling and all revisions were adopted. The most moving presentation was by Tammy Toney-Butler, RN, CEN, TCRN, CPEN, CSEC from the Florida Nurses Association and a Sexual Assault Nurse Examiner. I was previously unfamiliar with her certifications, but understood her message and felt her urgency. She implored nurses to take a lead role to address human trafficking as a public health issue. We were all so moved that the policy proposal passed with an amendment that directs the ANA Board of Directors to convene a national task force to take a leadership role in fighting human trafficking.

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VISION STATEMENT

Empower New Hampshire nurses as leaders in advancing the profession of nursing and the health of New Hampshire.

MISSION STATEMENT

NHNA, as a constituent member of the American Nurses Association, exists to promote the practice, development and well being of nurses through education, empowerment, and healthcare advocacy. Adopted 10-20-2010.
I was fortunate to be part of the New Hampshire Nurses Association’s (NHNA) annual Membership Assembly on June 21 and 22, 2019. The Membership Assembly (MA) provides an opportunity for the leadership from the Constituent/State Nurses Associations, plus elected delegates, to gather, network and discuss issues important to nurses across the country. The delegates voted on proposed governance issues and help to set the strategic direction of ANA for the coming year. Accompanying me on this year’s NHNA delegation were Carlene Ferrier, President, Jan Deziel, President-Elect, Sherrie Palmieri, elected Membership Assembly Representative, and Lyndsay Goss, Chair of the Commission on Nursing Practice.

At the annual two-day meeting attendees discussed proposed ANA bylaws changes, proposed changes to ANA policies and participated in four dialogue forums on important nursing issues. We also had opportunities to network with our colleagues from other states to share information and ideas. Members of ANA and NHNA have received updates to the activities of the Membership Assembly via the weekly ANA Nursing Insider email report, but I wanted to use this forum to share the dialogue forum discussions.

The first Dialogue Forum was presented by a group of DNP students from San Diego University. The presenters urged ANA to revise its Immunization & Vaccine Policy Statement to address the growing anti-vaccine culture and the current measles outbreak. After providing evidence regarding decreasing national vaccination rates and increasing disease outbreaks, the team proposed removing ANA’s endorsement of religious exemptions from its vaccination policy statement, as well as requiring annual recertification of medical exemptions. Most of the comments were supportive of these proposed policy statement changes. One comment expressed concern that this will allow nurse practitioners to grant medical exemptions, as most medical exemption are chronic and not likely to change. They also recommended that ANA pursue programs to equip nurses with more reliable data collection strategies for tracking vaccination compliance and to advocate for increased funding for social marketing education campaigns, incentives for vaccine compliant parents, and reimbursement to providers who have vaccination compliance.

As a result of this discussion, ANA adopted the recommendations to revise its Position Statement on Immunizations and Vaccines. In addition, ANA will:
• Advocate for increased funding for social marketing education campaigns, for incentives for vaccine compliant parents and reimbursements to providers who have high vaccination compliance.
• Advocate for the establishment of a standardized, state and federal immunization database.
• Promote use of existing immunization resources from ANA’s immunization materials and the CDC.

The second Dialogue Forum was submitted by Carole Stacy from ANA-Michigan and presented by Carol Myers. Nurses represent the largest number of members of the health care profession, but are rarely cited in health related articles. A recent Washington University study found that nurses representation in the media actually declined between 1997 (4%) and 2018 (2%). Nurses were only quoted in 14% of 1997 articles; down to 13% in 2018. Nurses are essentially absent from stories regarding health policy.

What are the root causes for the absence of nursing’s voice in media? Multiple reasons were identified, including biases about women who are less frequently viewed as leaders and opinion makers, and lack of opportunities to promote their knowledge and offer to be a resource for journalists. The delegates broke into teams to strategize on ways to address this issue. Some of the recommendations from the discussion included:
• Educate nurses on the media and media engagement (Washington University is developing tools for media engagement and NHNA has some suggestions on how to write an opinion piece or a letter to the editor posted on the website).
• Educate the media on the value that nurses can provide to health related articles.
• Position nurses as influencers in social media.
• Develop a transformation strategy, including fostering interprofessional training programs between nursing and journalism students.

The third Dialogue Forum was submitted by Carli Zegers (Nebraska State Nurses Assoc.) and Norma Cuellar (Alabama State Nurses Association). The purpose of this forum was to consider approaches to allow eligible Deferred Action for Childhood Arrivals (DACA) recipients to take the NCLEX exam in all 50 states. DACA recipients are immigrant children who came into the United States illegally with their parents. DACA recipients do not hold a SSN, but rather a Federal ID number. Currently, only eight states allow DACA recipients to sit for the NCLEX exam as many states require a social security number to register to take the exam. Additionally, some nursing programs do not make it clear to DACA recipients they may not be eligible to sit for the NCLEX. Regulations for taking the nursing licensure exam are a state specific issue so action on this issue must be taken at the state level. The outcome of this forum was to recommend that ANA:
• Advocate for state legislation that will open eligibility requirements to allow DACA nursing students to sit for the NCLEX in all states without barriers.
• Advocate for schools of nursing to disclose, prior to admission, potential barriers to meet eligibility requirements to take the NCLEX.

The fourth and final Dialogue Forum was a compelling and moving presentation on human trafficking. Tammy Toney-Butler (Florida Nurses Assoc.), a nurse and former victim of human trafficking, shared with the delegates that between 67.6% (2016 study) and 87.8% (2017 study) of human trafficking survivors reported that they had contact with a healthcare provider during their victimization and were never identified. The purpose of this forum was to increase the awareness of this issue as the nursing profession is on the front line of the battle to end this human rights atrocity through prevention, intervention and restoration efforts. Toney received a standing ovation at the conclusion of her remarks. The delegates agreed to the following call to action:
• Educate nurses on the use of effective screening tools when an individual comes in contact with a healthcare facility.
• Advocate for the use of human trafficking protocols in all 50 states and U.S. territories.
• Promote Adverse Childhood Experiences (ACEs) education and use baseline screening in the ED to identify and address long-term impacts.
• Promote trauma-informed care using a collaborative approach when dealing with a human trafficking victim/survivor.
• Engage with the community on awareness and prevention campaigns related to human trafficking.

These Dialogue Forums addressed relevant nursing issues and provided an opportunity for the Membership Assembly delegates to engage in lively discussion and determine constructive actions to address the issues raised. This is a very strong example of how being a member of your professional association allows your voice to be heard. Isn’t it time to add your voice to ours?

Joan Widmer, MS, MSBA, RN, CEN
NHNA Executive Director
To the Editor: In her July editorial “An Unsuitable Alternative,” Susan Fetzer has it all backwards. She frets that allowing Certified Registered Nurse Anesthetists (CRNAs) to use the descriptor “nurse anesthetist” will add to patients’ confusion about the roles and responsibilities of a CRNA. On the contrary, we believe it provides clarity for patients—as well as for hospital administrators, and other healthcare professionals, for that matter. Interestingly, it was market research conducted in the early 2000s by the physician anesthesiologist’s own professional society, which revealed that much of the public does not equate the terms “anesthesiologist” and “anesthesiology” with physicians, leading the society to recommend adding the descriptor “physician” before the term “anesthesiologist” for clarity. This realization by the anesthesiologist society underscores that anesthetist isn’t a term “owned” by physicians, and that similar use of the term with the descriptor “nurse” is fair game.

As noted by Dr. Fetzer, New Hampshire is nationally recognized as having the least restrictive practice acts for advanced practice nurses such as CRNAs. We are proud that our state remained true to form when, in November 2018, the Board of Nursing confirmed the value of CRNAs to the U.S. healthcare system. Not only are CRNAs as safe as their physician counterparts, a CRNA working solo is by far the most cost-effective anesthesia delivery model. On these matters there is little confusion between provider types in the eyes of policymakers, hospital administrators, and other healthcare professionals. Admittedly, there is still much work to be done early dangers to patients. Supervision is not backed by studies as being safer for the patient. It is purely a turf preserving measure.

The Nurse Anesthesiologist descriptor was born from several key factors:

1. Anesthesiologists forced AAs’s (Anesthesiology assistants) to adopt the “anesthesiologist” descriptor for their profession, in order to create a public narrative of equality between the AA and CRNA, and further their turf battles. I have personally seen and been frustrated by this when they introduce themselves as anesthesiologists to patients, which they are not. They are assistants.
2. Doctors or nurses who refer to us as anesthesia nurses, instead of nurse anesthetists.
3. Anesthesiologists who drop the anesthetist attachment, and unprofessionally refer to us as nurses, instead of nurse anesthetists.

There is no doubt that confusion over the similarities and differences between CRNAs and physician anesthesiologists has existed over the years, but not initially. Nurses were the original and, for a long time, only anesthesia specialists. They first gave anesthesia to wounded soldiers on the battlefields of the American Civil War, and in the decades that followed, they were truly the standard of care. The emergence of specialty anesthesiologists and their training to obtain. On the contrary, we believe it provides clarity for patients—as well as for hospital administrators, and other healthcare professionals, for that matter. Interestingly, it was market research conducted in the early 2000s by the physician anesthesiologist’s own professional society, which revealed that much of the public does not equate the terms “anesthesiologist” and “anesthesiology” with physicians, leading the society to recommend adding the descriptor “physician” before the term “anesthesiologist” for clarity. This realization by the anesthesiologist society underscores that anesthetist isn’t a term “owned” by physicians, and that similar use of the term with the descriptor “nurse” is fair game.

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5. The ending nomenclature -ologist, is defined not as a medical specialist, but as a highly trained expert in the respective field. Which we are. As well, there is no risk adjustment for premiums in medical malpractice insurance between CRNAs and Anesthesiologists. CRNAs are trained to be an “assistant” to an anesthesiologist, and in high quality pain management acquisition, it is clearly a threat to anesthesiologists, who created the AA to preserve and establish new turf within the anesthesia realm. Our will to 100% adopt the new title: Nurse Anesthetist is an expression of our support of the profession we work and the new cutting edge NAA. CRNAs note our aggressive PR attempts to minimize, downplay, still, and stagnate our training, title, and recognition thereof. We do not wish to confuse the public with nurse - doctor muddying of nomenclature waters. We simply must weaponize our nomenclature to preserve, and build upon our status as an independently trained anesthesia provider. In addition, from personal experience, patients better understand the difference between the two (ie) anesthesiologists, between physicians or nurses, and that there’s been a long time struggle between physicians and nurses especially in the field of anesthesia. In the last few years physician anesthesiologists paid for a study to determine what title the public recognized and trusted the most vs the least. The results left them rebranding themselves as “physician anesthesiologist” and making sure our title included the word “nurse.” Acceptable ways to introduce the CRNA were “nurse,” “nurse anesthetist.” They also concluded it was time to drop the “assistant” title from the newly developed “anesthesia assistants” and then ran a campaign titled “meet your new anesthetist” to introduce anesthesia assistants. This of course led to CRNA’s battling once again to define themselves. A review of the terms revealed anesthetist actually means technician or assistant and assistants. This of course led to CRNA’s battling once again to define themselves. Hopefully this information will assist you in forming future opinions. I’m sure nurse practitioners who fight to define themselves from physician assistants have similar experiences. Please consider supporting this, because this is a nurse battle as well.

Matthew Hill, CRNA, Florida

To the Editor: I read your piece on the nurse anesthesiologist descriptor and want to share some background information with you. I’m sure you’re already aware that nurses have been providing anesthesia for over 100 years, that there’s no distinction between CRNAs and physician anesthesiologists and that there’s been a long time struggle between physicians and nurses especially in the field of anesthesia. In the last few years physician anesthesiologists paid for a study to determine what title the public recognized and trusted the most vs the least. The results left them rebranding themselves as “physician anesthesiologist” and making sure our title included the word “nurse.” Acceptable ways to introduce the CRNA were “nurse,” “nurse anesthetist.” They also concluded it was time to drop the “assistant” title from the newly developed “anesthesia assistants” and then ran a campaign titled “meet your new anesthetist” to introduce anesthesia assistants. This of course led to CRNA’s battling once again to define themselves. A review of the terms revealed anesthetist actually means technician or assistant and assistants. This of course led to CRNA’s battling once again to define themselves. Hopefully this information will assist you in forming future opinions. I’m sure nurse practitioners who fight to define themselves from physician assistants have similar experiences.

Daniel Rice CRNA DNP, New Hampshire

To the Editor: Nurse anesthetists are asking to have the choice to use the descriptor nurse anesthesiologist because it accurately describes who we are. I’ve practiced as a nurse anesthetist for over 20 years and I assure you that when I tell patients I am a nurse anesthetist they have no idea what I do. The word anesthetist is not a word lay people understand. I gladly explain to patients what I do and the extent of my educational background. Doctors “practice” and the title “nurse practitioner” is considered appropriate. I see the term nurse anesthesiologist in the same manner as this. Please understand that we do not mean to have patients confuse us with physicians, hence “nurse anesthesiologist,” but rather simply understand who we are.

Sue Cydy, CRNA, New Hampshire

To the Editor: I recently read the editorial by a NH nurse regarding the descriptor of “Nurse Anesthesiologist.” The use of the term has been accepted in most states. It is meant to usurp an Anesthesiologist’s title. It is merely for clarification for patients. A Biologist is one who studies Biology. A Pharmacologist is one who studies Pharmacology. An Anesthesiologist is one who studies Anesthesia. Whether it is a nurse, a doctor, or a dentist, we all study Anesthesia. Patients need to know that a CRNA is not a hand maiden to a Physician Anesthesiologist. We are credentialed, licensed, and trained to function on our own, providing anesthesia services across those country and abroad, with or without the collaboration with a physician anesthesiologist.

Debra Valdivieso CRNA, US Army, Texas

To the Editor: As a result of the recent editorial published in the June, 2019 issue of NH Nursing News, the New Hampshire Nurses Association (NHNA) Board of Directors leadership was called to examine the concerns raised. The editorial expounded on the decision of the NH Board of Nursing (BON) approving the use of the title, Nurse Anesthesiologist, in the stead of Nurse Anesthetist. The approval was passed on May 22, 2019 as a result of the nursing community’s petition. We then sent a letter to the BON expressing our concerns about this action because it was not a new decision. The BON then conducted a public hearing and approved the use of the title on June 13, 2019. The NHNA Board of Directors then expressed their concerns to the BON that the proper public hearing was not conducted and a public meeting held. The NHNA Board then decided to file a request with the BON to reconsider this decision.

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New Hampshire Nursing News • Page 5
Board of Directors Seeks NHNA Bylaws Changes

Last year, the New Hampshire Nurses Association (NHNA) proposed changes to its current Bylaws which were last amended in October, 2017. The changes were posited to the NHNA website and a link to the changes was emailed or mailed to all NHNA members. While attendance at the 2018 Fall Nursing Conference was strong, the number of NHNA members attending the Annual Membership Business Meeting portion of the day was insufficient to establish a quorum to conduct organizational business. Voting on the proposed bylaw changes had to be deferred to the 2019 Annual Membership Business Meeting.

With a year for continuing review, the NHNA Board of Directors (BOD) voted to convene a Bylaws Task Force (BTF) to review the NHNA Bylaws in their entirety, seeking to update the language and make sure that the bylaws were consistent with organizational practices. A call for volunteers was issued in March of 2019, seeking the participation of NHNA Past Presidents, as well as individuals with prior experience in drafting and reviewing bylaws. An in-person meeting of the BTF members occurred April 17, 2019. NHNA Board Member, Carmen Petros, served as Chair of the BTF, with Board President, Carlene Ferrier, serving as Vice Chair. Other BTF members included Susan Reeves (NHNA President 1994-1996), Susan Ouellette (NHNA President 2006-2008), Judy Joy (NHNA President 2013-2014), Peggy Lambert (NHNA President 2015-2017), Joan Widmer (NHNA Nurse Executive Director), Pam Leseaque and Cheryl Abbott, both members of other NHNA Task Forces.

At the meeting Carmen and Carlene provided an agenda and overview of the language they hoped to revise and discussed the discussion was initiated with BTF members. Members indicated Articles of interest in revising and divided into three sub-groups. Each sub-group was assigned Articles as they reviewed and discussed proposed changes recommended by the American Nurses Association’s (ANA) COB and previously proposed language changes submitted by the NHNA BOD. Commission Chairs and members were also given the opportunity to suggest revised bylaws language for their Committees on Bylaws (ANA COB) and recommended bylaws changes from the BTF sub-groups and Commissions were sent to Carmen, and with the assistance of Carlene and Joan, incorporated all of the recommended changes into a document of the proposed NHNA Bylaws and a table identifying the changes with rationales.

Following the ANA Membership Assembly at the end of June, Carmen, Carlene and Joan made additional changes to the proposed bylaws to include the requirements of the newly approved ANA Bylaws. A final draft was forwarded to the BTF for their feedback and then on to the NHNA BOD. The NHNA BOD made final revisions and approved the final draft of the proposed NHNA Bylaws and the table identifying the changes with rationales. In all, ten Articles have proposed amendments, some minor, and some more substantive.

This draft of the proposed NHNA Bylaws and the table with rationales were submitted to the ANA on July 18, 2019 with a response received from the Chair of the ANA Committee on Bylaws on July 24, 2019. It was reported that the proposed NHNA Bylaws were harmonized with ANA Bylaws with two exceptions, which were identified. Carmen, Carlene and Joan collaborated to make the needed changes. The final draft of the proposed NHNA Bylaws and the table identifying the changes with rationales was sent to the BTF and the NHNA BOD for a final review.

The proposed NHNA Bylaws and the table with rationales will be presented to the NHNA membership at large for final membership approval. The NHNA Board of Directors will post the final proposed changes to the NHNA website no later than November 5, 2019. The changes will be posted referencing Bylaws Articles, one document per article, similar to how they will be discussed and voted upon at the NHNA Annual Business Meeting on November 20, 2019. A URL link to the bylaws page on the NHNA website will be sent to each member via an emailed announcement, no later than November 5th. Members will be able to comment on the proposed changes by “responding” to the email. The BTF will review and consider comments and will prepare a response.

It is critically important for NHNA members to attend the Annual Membership Business Meeting on November 20, 2019. The meeting will be held just prior to the Nurses Night at the Museum, which will be held at the Currier Museum of Art in Manchester. The Annual Membership Business meeting will run from 5:00 to 6:35 pm, a break from 6:35-6:30 pm will allow for transition from the business meeting to social mode. The Nurses Night at the Museum will begin at 6:30 pm. Voting on the proposed bylaws can only occur at this meeting, and only if a quorum of NHNA membership is in attendance. Member presence is essential to achieve a quorum!

Nurses Night at the Museum

Nurses are a unique kind. They have this insatiable need to care for others, which is both their greatest strength and fatal flaw. - Dr. Jean Watson, RN

The New Hampshire Nurses Association (NHNA) has been busy planning a night to allow you to take time for yourself! Nurses from across the state will gather to refresh their spirit, feel the pride, and be inspired.

Refresh your spirit the first hour and enjoy the hors d’oeuvres prepared by the Currier’s chef with a beverage of your choice. Nurses are encouraged to wander among the works of art (included in your ticket), network with your colleagues, and visit the tables of our sponsors and exhibitors.

Nurses Night at the Museum is scheduled to occur after the NHNA Annual Membership Business Meeting (5:00-6:45 pm). At the membership meeting, nurses will discuss and vote on proposed bylaws changes, meet the winner of the 2019 elections and have an opportunity to ask questions regarding the annual reports from the NHNA President, the NHNA Treasurer and the Chairs of the Commission on Nursing Practice and Commission on Government Affairs. Commission on Nursing Practice and Commission on Continuing Education. All these reports will be posted to the NHNA website prior to the meeting for the members to review. A short break has been scheduled between the Annual Membership Business Meeting and the Nurses Night at the Museum to allow nurses time to check emails, make a phone call and/or have a brief segue between the business event and the social event.

All members are encouraged to attend both events, non-members are welcome to the Nurses Night at the Museum. Visit the NHNA website, under Upcoming Events, for more information and to purchase tickets, nhnurses.nursingnetwork.com/ Don’t miss this fun and informative evening, and please encourage your colleagues to attend as well!
On a pleasant summer evening, June 13, 2019, nurses from around New Hampshire gathered to learn about nursing delegation and human trafficking at the 2019 Spotlight on Nursing. This event is sponsored each year by members of the New Hampshire Nurses Association’s (NHNA) Commission on Nursing Practice (CNP). This year’s event was held at the Event Center at Granite State College’s Concord campus. Attendees were provided with a buffet supper provided by the members of the Commission.

The evening’s first speaker was Carol Allen, Lead Faculty for the Global Campus at Southern New Hampshire University. Allen, the Vice Chair of the CNP, chaired NHNA’s Delegation Task Force over the past year. The members of the Delegation Task were charged with updating NHNA’s Position Statement on Nursing Delegation. Working in concert with the New Hampshire Board of Nursing, members reviewed recent literature on nursing delegation and consulted with nurses working with assistive health care personnel across the continuum of care. The result of this effort was the 2019 Position Statement on Nursing Delegation located on the NHNA’s website under the Nursing Practice tab: https://nhnurses.nursingnetwork.com/page/63741-comm-on-nursing-practice-home-page.

Allen shared with the nurses gathered, as well as those logging in online, the key tenants of the Nursing Delegation position statement. After first discussing nursing tasks that cannot be delegated, Allen spoke about the five rights of delegation and outlined the delegation decision tree. To illustrate the key concepts, Allen used several case studies which challenged the audience. With several school nurses present in the audience, a lively discussion ensued regarding the case study involving school nurses and medication administration by unlicensed personnel. Her presentation was informative and well-received. One attendee commented: “Delegation – love the case study and discussion – excellent learning tool.”

After a brief break, Michelle Poirier, an Emergency Nurse and SANE Program Coordinator for Concord Hospital spoke on Human Trafficking: What Nurses Need to Know. Poirier, the 2019 winner of the Excellence in Nursing Award for Emergency Nurses is SANE-A certified and has spent considerable energy researching human trafficking. She shared with the audience important information regarding the practice of human trafficking, indicators of human trafficking in health care settings, the health consequences associated with this practice, barriers to identifying victims of human trafficking and the important role that health care professionals can play in addressing this problem. Poirier also provided several useful handouts: A list of red flags for human trafficking, a screening tool for human trafficking and a list of New Hampshire resources to aid victims. Poirier’s presentation was extremely well-received. One attendee commented: “I would not have expected that Human Trafficking would relate to school nursing. But it does,” and another “Human trafficking is such a major issue that needs more coverage and discussion.”

All presentations and handouts are posted on the NHNA website under the Nursing Practice tab: https://nhnurses.nursingnetwork.com/page/67301-spotlight-on-nursing-program.

Non-perishable food items were collected at the live event for donation to Concord’s Soup Kitchen: The Friendly Kitchen. NHNA wishes to thank our sponsors for this event, Arthur L. Davis Publishing Agency, publisher of NH Nursing News and Granite State College, provider of the IT support for the event. NHNA also wishes to extend a special thank you to Donna Bordeleau for providing her technical expertise to managing the online Zoom platform for our remote participants.

Members of the Delegation Task Force
- Carol Allen
- Linda Compton
- Amy B. Elftersen
- Diane Hussey
- Mary King
- Pamela Lavesque
- Patricia Lazare
- Jennifer Leonard
- Catherine McNamara
- Joni B. Spring

Members of the Commission on Nursing Practice
- Chair: Lyndsay Goss
- Vice Chair: Carol Allen
- Samantha Bernstein
- Catherine Cuchetti
- Melanie Kapelson
- Teresa Knight
- Joan Loftus
- Darby Thomas

2019 Spotlight on Nursing
Delegation to Trafficking
E-Cigarettes – What Nurses Need to Know!

Susan Feeney

Every day the news is replete with information on e-cigarettes: increased adolescent use, nicotine addiction, Food and Drug Administration (FDA) regulations, and restrictions of sales by many states with more states investigating their use. For those of us who deliver health care it is imperative to keep up with the evidence and health policy, so we can provide accurate and timely care to our communities.

Electronic cigarettes have many names including e-cigarettes, e-hookahs, vape pens, and mods. They are referred to in the healthcare literature as electronic nicotine delivery systems or ENDS. They come in many sizes and shapes, but most have the same components: a cartridge that holds the nicotine filled fluid, a heating element that heats and vaporizes the fluid, a microprocessor that controls the heater and lighter, and a sensor that detects when the user inhales on the device. These devices are considered tobacco-containing products by the FDA and other regulatory agencies because the nicotine they use is extracted from tobacco products.

The first prototype of an e-cigarette was recorded over 80 years ago but was not developed commercially. In 2003, Hon Lik, a pharmacist from China, commercially produced the first e-cigarette between 2006 and 2007, with e-cigarettes introduced in Europe and then the US. They were designed ostensibly to replace combustible tobacco cigarettes to aid in smoking cessation.

The first-generation devices were designed to look and feel like a cigarette. However, most cigarette smokers found them a poor replacement, as they did not have the same draw on inhalation or sensation of nicotine delivery. A second generation of devices was developed that focused more on function and delivery rather than appearance. These were called vape pens and, unlike the first generation e-cigarettes, these were modifiable. The cartridges of these devices could be filled by the user, who can modify the amount and type of fluid, modifying nicotine concentration and flavors. A third generation of devices was developed to provide even more ways to modify the liquid, ingredients, and options on the power of the vaporizer. These are considered hobby vape pens and can be very elaborate, large and expensive.

The fourth generation pen hit the market in 2016 and has had the greatest impact on e-cigarettes: they are sleek and unobtrusive. Some brands have modifiable cartridges, but the most well-known, popular brand does not. These can be as small and concealable as a thumb drive. The brand costs about $40.00 (online) for a starter kit (a pen, rechargeable battery and 4 cartridges). A “pod” or a cartridge ranges from $4.00 to $5.00 and contains approximately the same nicotine that can be found in an average pack of combustible tobacco cigarettes.

Besides nicotine, all ENDS fluid cartridges have propylene glycol (a form of sugar) and various other ingredients. According to the Centers for Disease Control (CDC), although ENDS have fewer toxins and carcinogens than tobacco cigarettes, they do have aldehydes, metals, tobacco alkaloids, and hydrocarbons. Some flavors use glycerol and diacetyl. Diacetyl has been linked to bronchiolitis obliterans (popcorn lung). It is also important to note that although it is referred to as vaping, it is not truly a vapor, but an aerosol with fine, particulate matter inhaled into and exhaled out of the lungs.
For the most part the first generation e-cigarettes are no longer used. The second, third, and fourth generation devices can be found in Vape and Smoke Shops, Supermarkets, Club Stores, and online. In November 2018, the FDA recommended new regulations on sales. The federal regulations have prohibited sales in convenience stores and gas stations and have restricted sales to retailers who have mechanisms in place to adequately verify age. The FDA also wanted to limit online sales through stricter age verification, but this is still being developed and has many obstacles to enforcement. Many states have put their own regulation in place regarding restrictions of sales.

There are over 400 e-cigarette brands on the market and over 7,000 types of flavors. The FDA and the American Academy of Pediatrics (AAP) have been very concerned about the growing trend in ENDS use in the adolescent population. In 2017, 28.8% of all adults aged 18 years and older used e-cigarettes. Of this group, almost 60% were also currently smoking cigarettes, about 30% were former smokers and 11% had never smoked cigarettes in the past. Drilling down into the data, you will find differences in usage. For adults 45 years and older, 4.4% of all were current smokers or former smokers. For adults aged 18-24 years, 40% of ENDS users had never been regular cigarette smokers. Thus it appears that a substantial number of these adults were not using ENDS for smoking cessation.

As far as adolescent use, the numbers are very concerning. The CDC states that from 2017 and 2018, there has been a 78% increase in current e-cigarette use among high school and a 48% increase among middle school students. The data show that in 2018, 1.6 million middle and high school students had used ENDS in the past 30 days, which represents 4.9% of middle schoolers and 20.8% of high schoolers. There is also evidence that nicotine can impact adolescent brain development and cognition. In a study out of California in 2018, 1 in 3 high school students and 1 in 4 middle school students who used e-cigarettes reported using cannabis in their e-cigarette cartridges. The Surgeon General of the United States has issued a report on teen use of e-cigarettes and has called it an epidemic and an urgent public health concern.

There are known risks associated with ENDS use, which include addiction, burns and injury from exploding devices, exposure to inhale toxins, second and third hand aerosol pollutants, and the risk of nicotine poisoning in children from ingestion of cartridge fluid (especially if flavored). Recent evidence shows teens that have used ENDS are more likely to start smoking cigarettes than those who have never used ENDS. Research has also demonstrated that individuals who smoked and vaped, also referred to as dual users, had a greater risk of myocardial infarction than those who smoked only or vaped only.

There has been recent evidence that use of ENDS as a smoking cessation tool may be effective.10,11 As of this date, the FDA has not approved ENDS as a smoking cessation tool. However, the CDC states that e-cigarettes may be appropriate for smokers who have failed conventional cessation methods but strongly caution against their use in pregnancy and in adolescents regardless of smoking status. The American Cancer Society (ACS) (2018) stated, “the current generation of e-cigarettes may be less harmful than smoking tobacco however long-term harms are unknown.”2 The ACS recommends using ENDS for smoking cessation only after failure on the FDA approved tools nicotine replacement therapies (NRT), varenicline.

As of July 30, 2019, 18 states and over 480 localities have raised the minimum age for sale of tobacco products (which included ENDS) from 18 to 21 years.12 This includes Washington DC and according to the Campaign for Tobacco Free Kids, covers more than one half of the US population.

Both the New Hampshire Nurses Association (NHNA) and the New Hampshire Nurse Practitioner Association (NHNPA) are participating in the Tobacco 21 Coalition to raise the age of tobacco products sales to 21 in New Hampshire. This is important and will make it harder for teens to get these products. The CDC states that from 2017 and 2018, there has been a 78% increase in current e-cigarette use among high school and a 48% increase among middle school students. We need to make sure that these practices are well thought out and developed with the science to better meet the needs of our communities.

References

New Hampshire NP's Garver Awards

Three New Hampshire nurse practitioners were recipients of prestigious awards at the 2019 Northern New England Annual Conference.

Kitty Kidder, MS APRN, was awarded the Nurse of the Year 2019. at the Northern New England Annual Conference. Kidder was a pioneer in independent NP practice, opening and operating Life Long Care in New London, NH for sixteen years before retirement. Her practice was recognized as a medical home, the only NP owned practice to receive this recognition at the time. A member of NHNA for over 20 years she has been the NHNA liaison to the NH Board of Nursing, advocating and protecting New Hampshire NP practice.

Evelyn Stacy, MS, APRN, and the current NHNA Education Committee Chair, was the recipient of the 2019 NHNA Lifetime of Service Award. at the First Annual Northern New England Nurse Practitioner Conference. Stacy has practiced in Pediatric Neurology at Dartmouth Hitchcock in Manchester for over nine years and is the Medical Director of a residential treatment facility for children and adolescents.

Christina Ferrari, DPN, APRN, FNP-BC, and current NHNA President, was honored with the 2019 NHNA Nurse Practitioner of the Year Award. Ferreri is a clinical leader in pediatric primary care among nursing the primary care health needs of New Hampshire pediatric patients for 16 years within the Elliot Pediatric Primary Care Network.
HUMOR ME

Regularly exercising our sense of humor improves resiliency, positivity and balances anti-negativity. Laughter may not solve problems but can change your chemistry allowing you to face them anew. In this issue we present one-liners from would-be philosophers. Submissions are welcome.

- We are here on earth to do good unto others. What the others are here for, I have no idea.
- If life was fair, Elvis would still be alive today and all the impersonators would be dead.
- The first piece of luggage on the carousel never belongs to anyone.
- If God had intended us to fly he would have made it easier to get to the airport.
- America is the only country where a significant proportion of the population believes that professional wrestling is real but the moon landing was faked.
- After the game, the King and the pawn go into the same box.
- Arguing with a woman is like reading a Software License Agreement. In the end, you ignore everything and click “I agree.”
- During labor, the pain is so great that a woman… Can almost imagine what a man feels like when he has a cold.

Investment Advice

If you had purchased $1,000 of shares in Delta Airlines five years ago, you would have $0.00 today.

If you had purchased $1,000 worth of beer one year ago, drank all the beer, then turned in the aluminum cans for the recycling refund, you would have received $214.00. Based on the above, the best current investment plan is...
**WELCOME NEW and RETURNING NHNA MEMBERS!**

NHNA welcomes these new and returning members. Thank you!!! What do these 81 nurses and over 1,100 NHNA members know that you don’t? If you are not a member ask your neighbor on this list why they joined! Go to nhnurses.org where joining is easy and one of the best professional values for your money! We want to see your name here in the next issue of the NH Nursing NEWS!

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**Health Care Has A Calling.**

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Nursing and surgical services clinical staff celebrate with Tracy Fillion, RN.

Kathleen Sherman-DeRoche, BSN, RN received the Excellence in Education, School Nurse of the Year award. She is known as Nurse Kate, and was nominated by Michelle Auger, Principal at Pollard School in the Timberlane Regional School District in Plaistow.

Kate received her Bachelor of Science in Nursing from the University of New England in 2002 and has been the School Nurse at the Pollard School for eleven years, serving over 500 students from preschool to grade 5. In 2013 Kate was voted in by her peers as the Lead Nurse for the district, acting as a liaison between the district’s 12 school nurses and the Director of Student Services. She coordinates and collaborates the health care needs of students with medical needs, including both the District Autism program and District Emotional Disabilities program within the district. With a passion for students and school nursing she organized the “Blue Bag Program” with the local Plaistow Lions Club. They have distributed over 20 bags of food to students that have food insecurity each weekend for the past four years. Kate is also an integral part of her school community she is a board member with the Granite State Dental Program, which brings dental screening and treatment to families who can’t afford dental care. She was instrumental in fundraising and building the school’s new playground. In 2016, she was honored with the Plaistow Women in Leadership Award for her service to the town of Plaistow.

Nursing Excellence at LRH

Tracy Fillion, RN, received the 7th annual Nursing Excellence Award at Littleton Regional Hospital. Koren Superchi, RN VP Patient Care Services, Riley Vashaw, RN Katherine LeHoskey, RN Surgical Services, Christine Morancie, RN, Operating Room, Jody Brusseau, Case Management & Social Services, Kimberly Force, RN Clinical Director Inpatient Services.

LRH Nurse Mentor

Littleton Regional Healthcare was honored to present Riley Vashaw, RN, BSN with its fourth annual Nursing Mentorship Award. According to his nomination letter “Mr. Vashaw exemplifies the traits of compassion, caring and commitment by supporting fellow nurses needed for successful mentoring relationships. Riley is always willing to take time to explain something to his peers, patients, students - the list is endless. He happily takes students, UNAs, and other nurses along when he performs procedures that provide a learning opportunity.” Vashaw has been an Emergency Department nurse at Littleton for over eight years. “Each person Riley mentors is left feeling as if they are his only focus. He is kind and patient with anyone that is the beneficiary of his teaching and mentoring.”

Nursing Excellence at LRH

Jenn Abbott, LPN: Practice Coordinator at Alton Family Medicine, received the 2019 Huggins Hospital Board of Trustees’ Roy B. Carder Service Excellence Award. The award is named in honor of the late Roy B. Carder, who dedicated his energy, time and talents as a member of Huggins Hospital’s Board of Trustees. It recognizes an employee who personifies the best of the best, every day. “Jenn is a phenomenal leader and provides excellent customer service and patient care,” Amanda Norton, Physician Practice Director, wrote in a letter nominating Abbott for the award. “Jenn holds herself to very high standards, and because of that, she motivates the entire staff at Alton Family Medicine to be the best versions of themselves. Abbott is pursuing her associate degree in nursing at New Hampshire Technical Institute.”

Daisy Awardee at Concord Hospital

Intensive Care Unit (ICU) nurse Shannon White RN is the first Concord Hospital recipient of a DASY Award recognizing excellence in nursing. The DASY Award was established in 1999 by Mark and Bonnie Barnes after their son, Patrick, died in Seattle from complications from an autoimmune disease. The couple was touched by the care and compassion of Patrick’s nurses and decided to honor his memory by creating a foundation to recognize the “super-human work nurses do for patients and families every day.” “I was so shocked that I have been able to touch people as much as they have. I feel honored to be on the same playing field as them” said White, who had nominated other ICU nurses for the award. White, a nurse for five years, has practiced in the ICU at Concord Hospital for nearly two years. She received a certificate, a pin and a statuette representing the bond between nurses and patients.

“Shannon has only been in the ICU for two years, but she has quickly become a fan favorite,” said ICU manager Margie Ackerson and her nominator. “She has gained this admiration and respect not because she is the most experienced nurse in the ICU, but rather by the way she treats her peers, the multidisciplinary team and most importantly, how she cares for her patients and their loved ones.”

Korena Superchi, RN, VP Patient Care Services, and her team would like to extend a big thank you to all nurses who submitted their colleagues for the Nursing Excellence Award and those nurses who have dedicated their efforts to provide exceptional care to our patients day in and day out. This is a testament to the quality of care we are able to provide because of our nurses.

Huggins Excellence Award

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—Koren Superchi, RN, VP Patient Care Services

Celebrating with Riley Vashaw. (From L to R) Julia Barry, RN - ED, Koren Superchi, RN VP Patient Care Services, Riley Vashaw, RN Katherine LeHoskey, RN Surgical Services, Christine Morancie, RN, Operating Room, Jody Brusseau, Case Management & Social Services, Kimberly Force, RN Clinical Director Inpatient Services.

Scholarship Awarded

Kathryn Smith, RN, from the VNA of Manchester and Southern NH received the $1,000 Maryellen LaRoche Nursing Scholarship. The Maryellen LaRoche Nursing Scholarship supports individuals currently employed in home healthcare who are working towards an associate, bachelors, or advanced nursing degree. The scholarship honors Maryellen LaRoche, who was the executive director of Carroll County Health & Home Care in Chocorua until her death in 2009. Smith began her career as a LPN, earned an Associate’s Degree in Nursing and is currently a BSN student at Southern NH University.
Marissa Parlee, a new member of New Hampshire Nurses Association and the America Nurses Association in the month of May 2019, recently located to New Hampshire from Virginia. Marissa graduated from American International College in 2012. For the past seven years, she has worked in the intensive care or post anesthesia care at hospitals in Georgia, Virginia and the District of Columbia. Originally from Massachusetts, as a military spouse, she traveled with her husband as his career moved them around the country. Their most recent relocation to the Dover area, however, has brought them back to New England as they wanted to be closer to family while dealing with the challenges of his medical discharge.

After an injury while attending the Air Force Academy in Colorado resulting in a ruptured disc, Jeff has had four discectomies (three in 2016) with subsequent re-herniations. He has been diagnosed with “failed back syndrome” after multiple surgeries and alternative treatments such as physical therapy, chiropractic, acupuncture, disc decompression therapy, steroid injections, epidural injections, and multiple medications have failed to relieve pain. He was medically discharged from the Air Force after 11 years of service. Marissa has enrolled in the University of New Hampshire’s graduate nursing program with the goal of becoming a nurse practitioner. She is currently looking for a PACU position in the seacoast area. Marissa is a first time NHNA/ANA member and looks forward to participating in some of our upcoming events. Welcome Marissa!

What has been your biggest challenge in nursing?

When I started working at the Level 1 trauma center in Macon, Georgia, I had been a nurse for nine months. I was terrified that I would make a mistake that would cost a patient their life. Building not only my nursing skills but also my confidence was the biggest hurdle.

What has been your biggest success?

I would say that my biggest success was understanding that showing emotion to a patient’s family is not a weakness and is not a negative. I feel that every nurse has a patient and/or family that is forever engraved on their hearts. I had that experience when I worked in the Surgical Trauma ICU in Georgia. When entering the hospital for a shift, it was almost like I switched off my emotions, unfazed my death, trauma, or a family’s pain. I was there to do my job and emotions were unprofessional. At this time, I was working day shift and I received a report on a patient who had come in during night shift. He was a 26-year-old police officer who had been shot in the head while on duty. His 22-year-old wife of six months was at his bedside along with his parents. For the next two days through numerous tests and treatments, brain death testing and finally deciding to donate his organs, I grew to know this family on a deeper level. I remember the second morning the wife came in and asked to lay in bed next to her husband. Along with another nurse and the respiratory therapist, we moved the patient, wires, tubes and ventilator and his wife crawled in the bed and rested her head on his chest and whispered, “I wore the clothes you would always change into after taking off your uniform to bed last night.” At this point I had to leave the room for fear the family would see the tears in my eyes. My husband, who was in the military at the time, had those clothes that he would always change into after taking off his uniform. That day the patient’s family and wife came up to me and asked if I would help them. They asked if it was possible to obtain the patient’s sperm so that one day, when they were ready, the patient’s wife could have his child. After numerous phone calls, a surgeon who was willing to perform the procedure pro-bono borrowing supplies from the OR, and a meeting with the ethics committee, the procedure was scheduled to take place a few hours before the harvesting surgery. A worker from the sperm bank came to the hospital after her work hours and stayed until the procedure was over and returned to the bank to safety store the tubes. The halls were lined with nurses, doctors, respiratory therapists, family, friends, and police officers as we wheeled my patient to the OR for his final procedure. I asked the OR if I could stay and watch the procedure since my shift was over. I felt like I needed to see that surgery to have closure from this experience. The OR declined and I was devastated. I tried to keep my composure as I had to walk past the packed waiting room to go home. The family saw my face and stopped me in the hallway, thanking me for all that I have done for them and that I showed them that he wasn’t just another patient, he was a person that was loved. A year later, after re-locating with the military to just outside Washington D.C., the family reached out to me. They were in D.C. for police week to honor my patient. Reconnecting with them gave me the closure that I had been looking for. I will never forget that family, for they taught me that it is okay to show that you care and do whatever you can to help them through that difficult time. I had helped this family during the hardest time in their life. That is what I have set out to do since I was seven years old, so I consider that to be a big success.

What advice would you give new graduates?

Someone told me this when I started in the ICU. Walk into your patient’s room assuming that something is wrong. It ensures that your assessment will be thorough, and you are less likely to miss small warning signs.

Why is membership in NHNA important?

This past spring semester in graduate school, I took a health policy class. I was naive about politics and how they have such a large impact on our day to day nursing and the care of our patients. One of the first assignments was to virtually attend a meeting held by the NHNA that discussed bills that were introduced to legislation that regarded health care. Nurses from all over New Hampshire tuned into this meeting and I felt privileged that I was able to be a part of it. I realized that every nurse has a voice and can use it to make a necessary change to improve the working conditions for nurses, the care we provide, and the health of our citizens. I want to continue to be up to date of the current policies and give my support.
Psychiatric Nurse Practitioner - Harbor Care Health & Wellness Center

We are seeking a Psychiatric Nurse Practitioner to join the Harbor Care Health & Wellness Center in downtown Nashua, New Hampshire. The center provides a full range of behavioral health services, including but not limited to, Psychotherapy, Psychopharmacology, and Psychiatric Evaluation.

**Position Overview**
- Join a team of experienced clinicians
- Collaborate with medical directors and other healthcare providers

**Requirements**
- Master’s degree in nursing
- Completion of psychiatric training
- Board certification in Psychiatric/Mental Health Nursing

**Qualifications**
- Excellent communication and interpersonal skills
- Ability to work effectively in a multidisciplinary team

**Responsibilities**
- Conduct psychiatric evaluation
- Prescribe medication
- Provide ongoing therapy

**Benefits**
- Competitive salary
- Health, dental, and vision insurance
- 401K with company match

For more information or to apply, visit [www.harborhomes.org](http://www.harborhomes.org).

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Nurses of the State. Prior to retiring July 2019 after over seven years serving the Board of Directors, the citizens and nurses of the state. Prior to being the Executive Director at the BON she was the Director of Professional Development at Portsmouth Regional Hospital and was a nursing instructor at the University of New Hampshire.

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Joanne Samuels RN PhD

Joanne Samuels RN PhD retired May 2019 after over 12 years on the faculty of the University of New Hampshire, Department of Nursing. As a tenured associate professor, Samuels taught across all programs focusing on quality improvement in nursing.

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Susan Felzer RN PhD

Susan Felzer RN PhD retired from the University of New Hampshire, Department of Nursing August 2019. As a tenured full professor, Felzer taught at UNH for 30 years across all programs focusing on medical-surgical nursing.

Felzer plans to continue her research interests at Southern New Hampshire Medical Center and as a visiting professor in Taiwan.

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Rosemary Taylor RN PhD

Rosemary Taylor RN PhD has accepted a faculty position at the University of Massachusetts in Worcester. Taylor previously held a position as assistant professor at the University of New Hampshire with research interests in horizontal violence in nursing.

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Jean Ten Haken, MSN, RN, CENP, has been promoted from the VP of Nursing and Chief Nursing Officer to Chief Operating Officer at Alice Peck Day Memorial Hospital. Haken serves on the Senior Leadership team in the dual role of CNO/COO. Joining APD in January of 2018 she had previously served as Chief Operating Officer at the Elliot Health System in Manchester, New Hampshire, where she also served as Senior Vice President of Patient Care Services and Chief Nursing Officer. Prior to joining the Elliot, Haken was Vice President of Acute Care Nursing at Concord Hospital.

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Heather Newfield, RN BSN has been appointed as the Manager of Education and Staff Development at Littleton Regional Healthcare. Newfield has practiced at LRH for six years, previously she was at Dartmouth Hitchcock Medical Center.

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Robert (Bob) Dunn Esq has been appointed as the Director of Public Policy for the Catholic Diocese of Manchester. Though not a nurse, Dunn has served as the lobbyist for the New Hampshire Nurses Association for over 15 years through his position as Director of Legislative and Governmental Affairs with the law firm of Devine Millimet in Concord. As NHNA lobbyist he has provided educational programs, served the Commission on Governmental Affairs and successfully stewarded legislation supported by the NHNA. Dunn has received awards from many organizations for his efforts in health care including: NHNA’s Outstanding Support of Nursing award.

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Littler Regional Healthcare

Littler Regional HealthCare, located in the White Mountains of New Hampshire is a desired vacation setting which offers year round recreation including hiking, fishing, golfing, skiing, snowmobiling, has great schools, and is conveniently located between Boston and Montreal. It’s a place to build a life and a future for yourself and your family.

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Littleton Regional Healthcare

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Solving an Unmet Need –
One Nurse’s Journey to a New Role

Patricia (Trish) Clark joined Wentworth-Douglass Hospital (WDH) in 1975. Her nursing career began as a Nurse Assistant on a skilled nursing floor. She loved her job, but realized that having a career in nursing necessitated her returning to school to further her education. After becoming a Licensed Practical Nurse, Trish moved to a surgical floor, where she worked for the next three years. She was inspired to again return to school to earn her Associates Degree in Nursing, and to become a Registered Nurse. Her first RN position was on a telemetry floor. After completing the WDH’s Critical Care Course she eventually transitioned to a position in the Post-Anesthesia Care Unit (PACU), where she has practiced for the past 30 years. Her desire to keep learning led her to returning to school and she received a Bachelor of Science in Nursing from Franklin Pierce University in 2014.

“I found my passion in nursing,” remarked Trish, and this passion was focused on the post-operative care of patients and supporting their families. “My thirty years in the PACU gave me extensive experience working with families, making intuitive decisions about what families can handle, and understanding which member of the surgical team can provide the information needed to keep families informed.”

Upon achieving her BSN, Trish was asked by her Director to share her career goals. Drawing on her wealth of experience with PACU patients and their families, she believed WDH could benefit from a new role called a Perioperative Nurse Liaison/Navigator. The Perioperative Nurse Liaison/Navigator would keep patients, families and friends connected throughout the day of surgery. “It’s very hard to provide family members with real time information when you are focused on taking care of patients.”

Trish consulted Kelly Grady PhD, RN-BC, nurse researcher at WDH, who helped her to conceptualize the new position. The process began in 2013. They examined evidence-based practice, considered all aspects of the perioperative environment and the WDH organizational culture. They identified the skills necessary for a successful role execution. They started with the end in mind: anticipating the benefits for both patients and families as well as the surgical team. The Proposal for Perioperative Services: The Peri-operative Nurse Liaison Navigator to improve patient/families’ experiences with surgery at WDH. “Together, we took Trish’s ideas and used the WDH patient experience philosophy and perioperative nursing literature to carefully craft the proposal with evidence to meet the needs of our patients,” remarked Grady. “Kelly Grady was very instrumental to helping me achieve my goal,” recalls Trish.

The proposal went to the Executive team which included Sheila Woolley BSN, MPH, NEA-BC, Vice President of Patient Care Services/CNO and Ellen Caille, Executive Vice President. Together they had the foresight, vision, and knowledge that the role was needed in the Surgical Service area. It took a while for the role to become a reality as issues were encountered: financial concerns, number of FTEs required, and the timing for the position. Both Woolley and Caille were proponents of position funding having the vision to realize the benefits the role would provide to WDH patients and their families. “Ellen Caille and I had been analyzing our Press Ganey data for Surgical Services and recognized a common theme that patients were not informed regarding delays, and family and friends had concerns. Trish had previously presented a proposal for a Perioperative Liaison and how that role would positively influence patient and family experiences in the Peri-op area. Ellen and I worked together to assist in FTE needs and how to support the position,” explained Woolley.

Tim NeSmith, MSM, BSN, RN, CNOR Director of Perioperative Services also saw the benefits. “I received the proposal for the Nurse Liaison position in December of 2014. I liked the concept from the moment I read it. As patient experience was then and is now such an important aspect of our culture, we began working on a job description to support the proposal. The job description was submitted in late February of 2015 on a job description to support the proposal. The job description was submitted in late February of 2015 and was posted in mid-March of 2015. In April of 2015, Trish accepted the job.” It’s been a great role. We’ve expanded it far beyond Peri-op Services, the rounding on the units has been closer to the surgical team and we’re very happy with the feedback. We’ve developed an understanding of what families are looking for and we’re working closely with the surgical team to provide a smooth transition.”

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The position has evolved to include assisting with service recovery. When the patients are delayed for various reasons. She also provides emotional support to family members during emergency surgery. Trish sums it up, “The Perioperative Nurse Liaison/Navigator helps to bring everything together, keeping patients and family members connected throughout the day of surgery.”

White River Junction, VT VA Medical Center is seeking experienced Nurses for the following clinical areas:

- Associate Chief Nurse, Quality and Performance • Med/Surg • ICU • OR
- Emergency Department • GI • Night/Weekend Hospital Nursing Supervisor • Occupational Health
- Nursing Assistants • LPN (Home Telehealth and Residential Recovery Center)
- Primary Care RNs • Primary Care LPNs

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To learn more contact vanessa.mann@va.gov OR look on USAJOBS.GOV

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Amy VA RN
The Guernsey Literary and Potato Peel Pie Society

By: Mary Ann Shaffer and Annie Barrows

Reviewed by Anita Pavlidis, RN, MSN

January 1946: London is emerging from the shadow of the Second World War, and writer Juliet Ashton is looking for her next book subject. Who could imagine that she would find it in a letter from a man she’s never met, a native of the island of Guernsey, who has come across her name written inside a book.

As Juliet and her new correspondent exchange letters, Juliet is drawn into the world of this man and his friends. The Guernsey Literary and Potato Peel Pie Society—born as a spur-of-the-moment alibi when its members were discovered breaking curfew by the Germans across her name written inside a book. They happen upon the idea of a roast pig party and the need to keep it a secret in the German-occupied island, she decides she needs to hear more about it. Juliet begins a remarkable correspondence with the society’s members, discovering a wide range of characters, some warm and charming, some extreme, some heroic, some not so heroic. The core of the story is Elizabeth, a particularly brave individual. She is the emotional heart of the tale, as the many characters all have some experience that relates to her. Another important aspect is how all the characters relate around literature.

It is a story of perseverance, resistance to oppression, and a strong sense of community. That said, even though the core of the story might be Juliet and Elizabeth’s lives, its essence is about much more than just the one person. It celebrates life, love, endurance in the face of adversity and above all the love for reading and writing. Each member recounts how reading and attending the meetings of the society helped them get through the hard times and I loved how each person approached reading in different ways: there is one guy who read only one book throughout and managed to get new things out of it every time.

This is without doubt a very uplifting, delightful story with a lot of light and funny moments and quirky characters. But it never denies or hides the horrors of the Second World War. It depicts the German occupation with a degree of shared difficulties. There are people going hungry on both sides. There are vicious, coward, stupid, good, brave, well-natured people on both sides. It doesn’t shy away from the truth about death, torture and survival. One of the most poignant moments comes from concentration camp survivors who find it hard to share their stories with those that did not experience it because how can they possibly understand the horror? It is a very human, nuanced story and I appreciated and enjoyed it thoroughly.

Anita Pavlidis, RN MSN was the former Director of Nursing at the NHTI, Concord’s Community College and Program Specialist at the New Hampshire Board of Nursing.

Note: This #1 New York Times Best Seller is also on Audio Books and a Netflix Film.

From the Bookshelf

MANAGEMENT MINUTE

Leaders and managers move employees toward organizational goals by developing projects. In clinical nursing, projects can take the form of a new way of documentation, a new way of organizing care assignments, introducing new technology or even a new procedure. In nursing education, projects may focus on a new course, new teaching strategy or new curriculum. Projects succeed or fail because of management planning for success. Six steps are offered to determine if your project is in good or bad shape and ready to be implemented. Projects managers who are not clear about their project lives, their task in books, and the impact the recent German occupation has had on their lives. Captivated by their stories, she sets sail for Guernsey.

Written with warmth and humor as a series of letters, this novel is a celebration of the written word probably due to the fact it was written in letters to loved ones and not the subject matter itself, as it focuses heavily on the atrocities of WWII. The GL&PPPS tells of Nazi occupation of this Channel Island during WW II. The story is told via a series of letters exchanged between residents of the island and a writer attempting to learn about their experiences. We are offered a wide range of characters, some warm and charming, some extreme, some heroic, some not so heroic. The core of the story is Elizabeth, a particularly brave individual. She is the emotional heart of the tale, as the many characters all have some experience that relates to her. Another important aspect is how all the characters relate around literature.

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Note: This #1 New York Times Best Seller is also on Audio Books and a Netflix Film.
My dear departed father, while never advancing beyond 8th grade, was wise beyond his diploma and offered many lessons through his observations on life and pithy comments. If my brother or I did not like what was served for dinner or a particular parental decision we could count on the response “Don’t let the door hit you on the way out.” We interpreted his response as the decision was not negotiable and we were free to leave if we did not agree. It was our right to disagree, but there were consequences as well as responsibilities.

Both nursing students and practicing nurses also have the right to disagree, with consequences and responsibilities. I have had many debates with colleagues in academia concerning a popular belief that “anyone can become a nurse.” College students arrive at a college major with a variety of motives, not least of which is the influence of television, social media, parents and relatives. When queried, nursing instructors will report students’ reasons for selecting nursing have included “I was fascinated with ‘Grey’s Anatomy,’” “There are lots of nursing jobs” or “My mother thought I would make a good nurse like my Aunt.” Yet, when introduced to nursing, they faint at the sight of a needle, would never work at night, or did not realize they had to study, and study hard. Many faculty have a “gut feeling” about student nurses becoming successful nursing school graduates. Yet, regrettably, the student is passed on in order to appear positive on accreditation and Board of Nursing reports and faculty evaluations. Agencies require record keeping of dismissals, failures, applications and graduates. While it was not unusual during the hospital school of nursing era to learn of a 30% diploma program drop-out rate by the third year, even a 5% drop out rate will be looked at suspiciously in today’s ‘anyone can be a nurse’ academic climate.

Organizations employing nurses have a similar problem, though it is called ‘turnover’ and not failure. Accrediting agencies monitor turnover with dismissals, failures, applications and graduates. While it was not unusual during the hospital school of nursing era to learn of a 30% diploma program drop-out rate by the third year, even a 5% drop out rate will be looked at suspiciously in today’s ‘anyone can be a nurse’ academic climate.

The practice is looking for someone with a long-term commitment to provide the best possible health care to our patients. This is an integral position in the practice and will involve working closely with all providers, staff and patients. The ideal candidate will have a minimum of 2 years of relevant experience, love patient care, have an interest with innovation of leading patient care initiatives and be willing to learn in a professional and supportive environment.

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The New Hampshire Nurses Association honors the memory of and acknowledges the work of deceased nurses who have graduated from New Hampshire nursing schools or who have actively practiced in New Hampshire during their career. Sharing the names and information about these nurses is one way we honor their contribution to the profession. Brief submissions are welcome.

**Pedi Nurse**

Eileen (Dunmore) Heath, 92, died May 2, 2019. She obtained her nursing diploma from the Margaret Pillsbury School of Nursing at the Pilsbury Hospital in Concord. She practiced at Concord Pediatrics for several years and then for the Concord School District as a school nurse at Concord High School as well as the Centennial Home in Concord.

**OR Nurse**

Esther Jane (Trask) Cashin, 85, died May 11, 2019. A Keene native, she graduated from Moore General Hospital School of Nursing (Goffstown) as registered nurse in 1954. In her early years, Esther worked as a registered nurse at Sacred Heart Hospital. Until her retirement in 1996, she was a skilled and highly regarded operating room nurse with Catholic Medical Center.

**MASH Army Nurse**

Dorothy R. Wood, 91, died May 13, 2019. She received her BS in nursing from Seton Hall University and her Masters from Columbia University. Dorothy served in the U.S. Army during the Korean War as a 1st Lt. with the 8225 MASH Unit. She later practiced at the New Hampshire Veterans Hospital and Riverside Rest Home in N.H.

**Gero Nurse**

William Arthur Hanson (Billy, Bill) passed away at the Veterans’ Hospital in Tampa, Florida on May 26, 2019. A Maine native he joined the U.S. Air Force in 1983 as a Medical Service Specialist. Retiring from the Air Force as a result of contracting multiple sclerosis, he continued his nursing career as a registered nurse in various fields, including care for the elderly.

**Ortho Nurse**

Marjorie (Richardson) Sherwin Haggard, 90, of Manchester, died May 19, 2019. She obtained her nursing diploma in 1951 and practiced as a surgical nurse. She was employed in various operating rooms after her marriage. Upon settling in Manchester in 1965, she assisted her husband, Dr. Sherwin Haggard, in orthopedic surgery until retiring in 2002.

**Welch Immigrant**

Carole (Davies) Locke passed away June 6, 2019 after a brief illness. Born in Wales UK, she immigrated with her husband to the US in 1970. She practiced as a registered nurse and was employed by several nursing homes in MA and NH, caring for the elderly.

**Home Care Nurse**

Sanbornville-Elizabeth “Liz” (Lemley) Nelson, 83, passed away May 14, 2019. Obtaining her nursing diploma in 1976, she practiced in home care, especially enjoying her community based nursing, most recently for Northern Human Services in Conway, NH.

**Nashua Grad**

Lorraine E. (Houle) Van Uden, 86, passed away June 24, 2019. A Manchester native she graduated from the Nashua Memorial Hospital School of Nursing. She was a nurse at Sacred Heart Hospital and then Catholic Medical Center for over 20 years. Following her hospital nursing career, she then worked for Dartmouth Hitchcock and AIG Insurance as a medical case manager.

**Elliot Grad**

Betty Christine (Whittemore) McKinnon, 89, passed away July 9, 2019. Betty was a graduate of the Elliot Hospital School of Nursing and spent her career as a registered nurse in various hospitals and other venues throughout the greater Manchester area.

**Norma Ayce Bastow Houghton**, 80, departed this world on July 11, 2019. She obtained her nursing diploma in 1959 and was a clinical instructor in Boston after graduation. Relocating to New Hampshire she was a certified Lactation Consultant and associated with the Birthing Center at Monadnock Hospital for over 30 years. She was a leader in the water birth movement. Her legacy has been recognized by the Monadnock Community Hospital with the Norma A. Houghton Birthing Suite Award which honors a staff member, and a Norma A. Houghton Scholarship which provides an annual scholarship to a graduate of local schools pursuing a nursing degree.

**Manchester Grad**

Lorraine F. (Meteiever) Downing, 79, passed away unexpectedly on July 25, 2019. A native Brentwood, N.H., she went to nursing school at the NH Technical College in Manchester. After raising a family she practiced at Catholic Medical Center and then for several years as a nursing supervisor at the Rockingham County Nursing Home in Brentwood.

**Korean War Nurse**

Josie (Klocek) Lee, 91, of Manchester, New Hampshire, passed away July 25, 2019 in Seattle, Washington. Josie left Manchester as a young woman to serve as an Army nurse in the Korean War. She attained the rank of Captain at Tripler Army Medical Center in Honolulu, Hawaii. Josie continued serving in the Army after the war ended. She eventually returned home to serve as an operating room nurse at the Manchester VA Medical Center.

**Pediatric Nurse**

Pauline L. (Prince) Latulippe, 85, passed away June 24, 2019. Of Manchester, she was a Pediatric Nurse Practitioner. During her 42-year nursing career, her passion was for nursing school at the NH Technical College in Manchester. After raising a family she practiced at Catholic Medical Center and then for several years as a nursing supervisor at the Rockingham County Nursing Home in Brentwood.

**Pediatric Nurse**

Judith A. (Miller) Holt Armstrong, died July 31, 2019. Educated in Massachusetts she practiced at the Floyed School, as a school nurse in Monterey and was a valued part of the team at Foundation Pediatrics in Nashua, NH for the past 20 years where she was a Pediatric Nurse Practitioner. Judy was a former board member and volunteer for the Ronald McDonald House in Boston, MA.
FROM THE NHNA ARCHIVES

Eva Mae Emery Crosby

Ed Note: Eva Mae Emery Crosby graduated from the N.H. Memorial Hospital for Women and Children on October 23, 1900 as the fourth graduate of that School of Nursing. She was President of the Alumnae Association (now the New Hampshire Nurses Association) from 1915-1916. The first part of her nursing story was published in the last issue (Volume 43 (3), p 17) of the NH Nursing News.

The Spanish War broke out in the spring of 1898. It did not last long and the boys began to come home in September. Most of them were sick and needed care. The Margaret Hitchcock Hospital was crowded, cots in the hall and everywhere. The Trustees of the Memorial Hospital opened its doors to the soldiers. Nine were admitted – six of whom were not very sick and stayed only a short time. But three of them had regular care. Two were bedridden and the third was under observation in those days. One case was especially severe. The young man was delirious and incontinent. I remember we had a tub containing disinfectant solution – think it was bichloride of mercury – beside the bed into which we put soiled articles and we used other antiseptic precautions. The physician in charge went away on vacation. The Director of Nurse left before her resignation was to take effect. Miss Dart had not arrived and there was no graduate nurse in the hospital. I did not know enough to put a diaper on the young man, made of a material which could be burned.

I was on night duty alone. We took care of the typhoid cases for general duty for the other patients. Sometimes we worked in the operating room. We did scrub our hands for 20 minutes. Nurses wore short sleeves, no masks, and no gloves in the operating room. We did 24 hour duty with four hours off duty in the afternoon. Only in very severe cases, those who needed constant watching would there be two nurses on the case. More often we had a cot in the patient’s room. Although allowed to sleep, one could never sleep soundly as one never knew what might happen.

When we “specialized” or did private duty in the hospital, we did 24 hour duty with four hours off duty in the afternoon. We put on a kimonos after 10 and slippers and slept when we could, which was not much. We did the morning care, also the evening care after supper.

As superintendent of the Memorial Hospital in 1903, I was on constant duty. The superintendent had no regular time off. Day or evening and no afternoon off a week. I went to do the marketing, and took two to three hours off to go home or do what I wished. I did all of the buying for the hospital, planned the meals, had charge of the domestic help as well as teaching the classes and most of the practical work. I had no graduate nurse. I had to be present. I had to do the discipline, and surgical operations. I left the hospital in 1905 and held various positions and private duty cases.

One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field. One continues to learn more and more as new drugs and treatments are discovered or invented. I learn much by attending nurses’ meetings. The first duty of a nurse is to keep up to date in this field.
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