# The MARYLAND The NURSE Thews and Journal



The Official Journal of the Maryland Nurses Association

The State Nurses Association affiliated with the American Nurses Association, and Representing Maryland's Professional Nurses since 1904



## 2019 MNA Convention Highlights

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### MHEC Funded Website facilitates Nursing Faculty Recruitment

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Circulation 91,000 to all Registered Nurses, Licensed Practical Nurses and Student Nurses in Maryland

# PRESIDENT'S MESSAGE

#### Charlotte Wood, MSN, MBA, PhD, RN

Happy New Year Colleagues!

A new year is upon us, the holidays are behind us, and "2020" promises new opportunities, new and challenges, new achievements. As а profession, united we must strive for excellence in all aspects of our profession, as well as, the community. There will be dramatic changes within our local, state, and national leadership. These



**Charlotte Wood** 

changes have the potential to impact the personal and professional lives of nurses across the state. National and state elections will occur in November and every nurse must take the time to exercise their voice by voting.

The first day of the Maryland General Assembly is scheduled for January 8, 2020. During this legislative session there will be a number of very important bills that will have great significance to nursing and healthcare. The issues of greatest consequence will be discussed on "Nurses Night in Annapolis" on Monday, February 17, 2020. Nurses from across the state will meet with their legislative representatives to discuss the impact these bills will have on nursing. The Maryland Nurses Association's (MNA) Legislative Committee and lobbyist will continue to work on, submit, and support legislation before, during, and after this event.

The Maryland General Assembly website contains important information about the upcoming

President's Message continued on page 2

## Four American Academy of Nursing "Living Legends" to Address 2020 Maryland Education Summit

Nurse Planners for the 2020 "Year of the Nurse" MNA Nursing Education Summit, to be held on Saturday, April 18, 2020 at the Maritime Institute in Linthicum, Maryland, have announced very special Presenters for this event.

Four AAN Living Legends will discuss nursing and nursing education in the 21st Century. Dr. Barbara Nichols, former Chief Nurse Executive Officer of the American Nurses Association and Executive Officer of the Commission on Graduates

of Foreign Nursing Schools (CGFNS International), is the keynote speaker. Dr. Diane Billings will share best practices for teaching nursing and the Nurse Educator Certificate (CNE) Program. Dr. Catherine Alicia Georges, National Volunteer President, AARP, and Dr. Bernardine Lacey, founding Dean of the School of Nursing at Western Michigan University and advisor to president Clinton, will join them to participate in a historic Panel on mentoring and the

#### 

Four of American Academy...continued on page 3

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# CELEBRATING 2020 THE YEAR OF THE NURSE

**MNA Statewide Nursing Education Summit** 

Saturday, April 18, 2020

Maritime Institute, Linthicum, Maryland

#### ARTICLES AND SUBMISSIONS FOR PEER REVIEW

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

#### **Preparing the Manuscript:**

- 1. All submissions submitted must be to TheMarylandNurse@gmail.com in WORD format with 12 point font and double spacing.
- 2. A separate title page should be included and contain a suggested title and the name or names of the author(s). credentials, professional title, current position, e-mail, mailing address, and telephone contact, if applicable.
- 3. Subheadings are encouraged throughout the article to enhance readability.
- 4 Article length should not exceed five (5) 8 1/2 X 11 pages (1500-2000 words).
- All statements based on published findings or data should be referenced appropriately. References should be listed in the text and at the end of the article following the American Psychological Association (APA) style. A maximum of 15 references will be printed with the article. All references should be recent-published within the past 5 to 7 years-unless using a seminal text on a given subject.
- 6. Articles should not mention product and service providers.
- 7. Photos must be submitted as separate attachments.

#### **Editing:**

All submissions are edited for clarity, style and conciseness. Scholarly submissions are double-blind peer reviewed by at least two reviewers. Reviewer comments may be returned to the authors if reviewers request significant clarification, verification or amplification. Original publications may be reprinted in The Maryland Nurse with written permission from the original author and/or publishing company that owns the copyright. The same consideration is requested for authors who may have original articles published first in The Maryland Nurse.

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



#### PUBLICATION

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March 15, 2020

June 15, 2020

#### The Maryland Nurse Publication Schedule

Issue

May 2020 August 2020

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#### MISSION STATEMENT

The Maryland Nurses Association, the voice of Nurses, advocates for excellence in nursing and the highest quality healthcare for all.

> Our core values: Courage, Respect, Integrity, Accountability, Inclusiveness Approved by MNA BOD, 2019

#### President's Message continued from page 1

legislative session and can be located at the following http://mgaleg.maryland.gov/webmga/frm1st. link: aspx?tab=home. At this website, information can be found about upcoming legislation, contact information for Delegates and Senators, and options to search by bill number or subject area. According to the 2019 Gallup Polls, nursing was again ranked in the #1 spot for the most-trusted profession in honesty and ethics in the United States for the 20th consecutive year. This recognition is why we must use our collective voices to support legislation and regulation that improves access to healthcare, health outcomes, and workplace safety for all healthcare professionals. We must be well informed, prepared, involved and politically active to address healthcare priorities in the state, as well as across the country.

In looking at legislation over this past year, we lost our congressional advocate the Honorable Congressman Elijah Cummings at 68 to long standing health complications. It was stated by Maya Rockeymoore Cummings, Congressman Cummings' wife, that he was "an honorable man who proudly served his district and the nation with dignity, integrity, compassion, and humility." He will be missed by many.

On December 1, the Honorable State Senator Shirley Nathan-Pulliam, a registered nurse, submitted her resignation related to health concerns after serving 20 years in the House of Delegates and four years in the Senate. As much as we will miss our colleagues, they have provided us with a timely, yet unspoken message, "take care of yourself."

The American Nurses Association has named 2020 "The Year of the Nurse." As we look forward to our future, we must plan to take the opportunity to preserve our memories, establish new goals, and create a lasting legacy. MNA's Districts will celebrate "The Year of the Nurse" with a Statewide Summit on Nursing Education on April 18th (with special guest, Ms. Barbara Nichols and Dr. Diane **Billings**).

The 2019 MNA 116th Annual Convention was very memorable and a huge success with over 400 participants. Many nurses from across Maryland attended and shared their enjoyment of the volunteer presenters at the Convention. This year (2020) we are planning another great event. The MNA 117th Annual Convention planned for October 1st and 2nd at the Clarion Resort Fontainebleau Hotel, Ocean City, Maryland. Join us as we create a vision of unity and self-care. Take some time off, relax, and learn. I look forward to sharing, caring, and connecting with nurses from all across Maryland!

#### February, March, April 2020



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# ANA/MNA NEWS

#### Four of American Academy...continued from page 1

Standardized Testing to promote student success is the focus of the second 2020 Panel Discussion. Presenters are nursing education leaders from our region whose graduates have best outcomes on the licensure examination.

Karen Evans, Executive Director of the Marvland Board of Nursing, will describe the Board's work to protect quality nursing education and safe practice. Peg Daw and Kimberly Ford from the Maryland Higher Education Association will update participants on the financial support for nursing education from the state. Educators from throughout Maryland will share their work in break-out sessions and poster presentations.

The Chair of the 2020 Nurse Planners Committee is Dr. Nancy Goldstein, President of MNA District Two. Representatives from other districts are Dr. Jeannie Seifarth of District One, Nwamaka Oparaoji of District Five, and Dr. Melani Bell of District Nine. Other Nurse Planners are Dr. Darlene Hinds Jackson of Coppin State University, Dr. Sharon Kozachik of Johns Hopkins University, Jylia Artis, CRNP of NIH, and Dr. Nayna Philipsen of the American Red Cross, facilitated by Vann Joyner, RN, Chair of the District Two Program Committee. Dr. Charlotte Wood, MNA President, is the Honorary Chair. Registration is limited, so interested educators, practitioners and students are encouraged to register early. Information is available online at marylandrn.org and mnadistrict2.org.

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#### Master It. Start Here. Ready to take your **2020 Nursing Education Summit** career to the next level? "The Year of the Nurse" April 18, 2020 Explore 8:00 a.m. – 4:30 p.m. Maritime Institute, Building #3 North Academic Wing Linthicum, Maryland Security Management Keynote Address: Special Presentation: Certified Nurse Educator (CNE) & Best Nursing in the 21<sup>st</sup> Century Practices Barbara Nichols, DNSc (hon), MS, RN, Diane Billings EdD, RN, FAAN FAAN at Cadia! Standardized Testing & Strategies to Promote Student Success **Panel Discussion with Maryland Educators** Cadia Healthcare **Our Locations** American Academy of Nursing's Living Legends **Benefits** Historic Expert Panel on: Mentoring & the Future of Nursing **Competitive Wages** Paid Time Off 401k Sign-On Bonus (select locations) Learn more or submit your resume at Diane Billings **Bernadine Lacey Catherine Georges Barbara** Nichols EdD, RN, FAAN EdD, RN, FAAN DNSc (hon), MS, RN FAAN EdD, RN, FAAN Former Dean & AARP Board of Directors ANA Past President Professor Emeritus Presidential Advisor Indiana University **Posters & Oral Presentations: Come One, Come All** It's Time to Register! National Institutes of Health

Marvland Higher Education Commission Maryland Board of Nursing **Maryland Schools of Nursing & Hospitals**  **Register under the "Events" tab:** www.mnadistrict2.org **6.5 Contact Hours Submitted for Review** 

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# ANA/MNA NEWS

## Maryland Nurses Association's Nurses' Night in Annapolis

During Nurses' Night, there is an overview about how the Maryland state government works on a daily basis and how that work applies to nurses. This includes how to speak to a policy maker, how to negotiate the halls of the Senate and House buildings and talking points on the bills that MNA is sponsoring which will affect the profession in 2020. There are guest speakers who address proposed legislation introduced to the General Assembly. This year Charlotte Wood, PhD, RN, MNA President, Mary Kay DeMarco, PhD, RN, CNE, MNA Legislative Committee Chair, and Robyn Elliott, MNA Lobbyist will be speaking to participants. Finally, the MNA Legislative Committee members will be there to answer questions and accompany participants to legislative appointments.

Appointments? What? Yes, the main purpose of all this information is for individual attendees to meet with their legislators or their staff from 5pm-7pm and deliver the information provided by MNA. We also educate legislators on who nurses are, what we do and why they should support our agenda! With 2600 or more bills to read and decide on in 90 days, the personal touch is the only way to keep our profession forefront in the minds of our policy makers and our practice on track. 90 days? Yes, our policy makers work 90 days straight, often 16-18-hour days in the worst weather to visit Annapolis all year.

All fired up? Do you know who your representatives are and how to contact them? They all have emails, websites and Facebook pages, most probably have twitter feeds and Instagram. You can still send them snail mail or call! Don't know quite how to introduce yourself or what to say? Here is a link to get you started: <u>https://maapconline.enpnetwork.com/page/26151-navigate-your-government</u>. Make sure to write down your Legislative District, State Senator and State Delegate(s) as you will need this information to register for Nurses' Night. MNA will set up appointments for you after you register, and the information will be on the back of your badge.

The 2020 event will be held at the Calvert House in Annapolis (<u>https://www.</u><u>historicinnsofannapolis.com/suites/governor-calvert-house.aspx</u>), register for the event at: <u>https://mna.nursingnetwork.com</u>.

We hope to see you in February!

## **District 2: Nurses on Boards**

Did you know that the Nurses on Boards Coalition of the Robert Wood Johnson Foundation has a goal of getting 20,000 nurses on nonprofit Boards by the year 2020?

Linda Stierle, RN, former US Air Force Brigadier General and Director of Medical Readiness, and former CEO of the American Nurses Association, discussed the ethics and duties of nonprofit Board members, as well as the role of their Bylaws, at a meeting hosted by the American Red Cross on December 18.

"Serving on boards allows nurses to partner with other leaders to promote change and advance health. ... The call for nurses to serve on boards is important because nurses provide a unique perspective in the healthcare arena." Board members of District Two in attendance received strong encouragement from Linda to integrate Board Development into every Board meeting.



Linda Stierle, Presenter and Current Chair of MNA's Bylaws Committee, Dr. Nayna Philipsen, Red Cross Disaster Health Services Coordinator for Central Maryland, Dr. Charlotte Wood, President of MNA, and Dr. Nancy Goldstein, President of District Two MNA.

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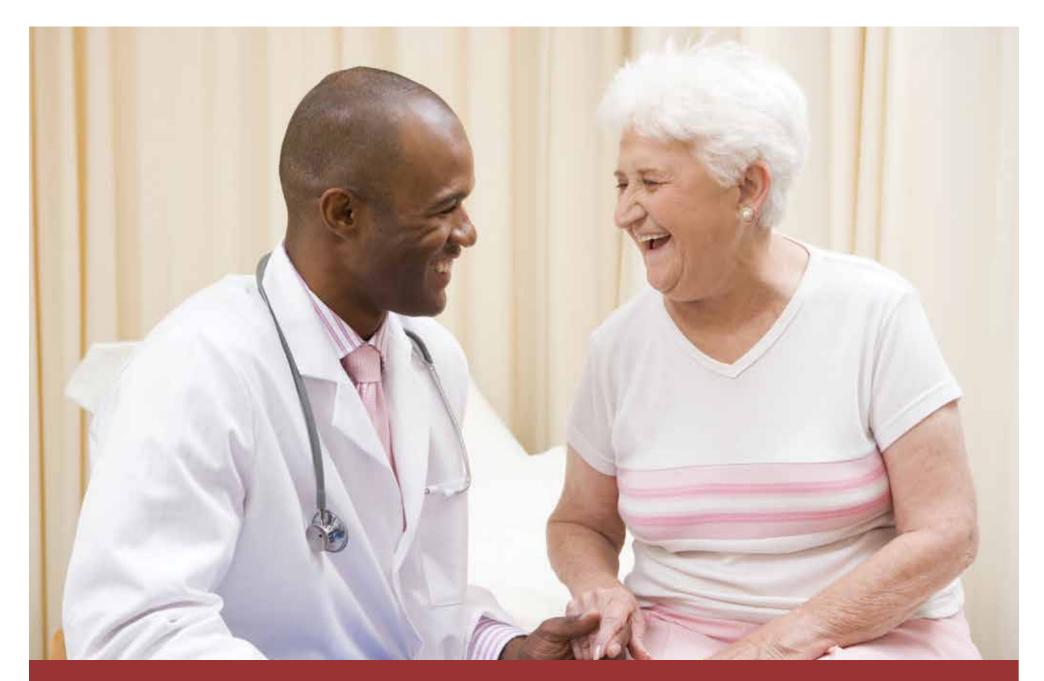
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# MNA CONVENTION HIGHLIGHTS

## **MNA 116th Annual Convention Award Recipients**

On November 14 and 15, 2019, Maryland Nurses Association 116th Convention was held at the Sheraton Inner Harbor in Baltimore City. The theme of the conference was Healthy Nurse, Healthy Maryland. Mary Kay DeMarco and Delegate Ariana Kelly of District 16 in Montgomery County provided the keynote presentations. Delegate Kelly was also the recipient of the MNA Legislator of the Year.



Kathleen M. Martin, DNP, RN, CNE, Stierle Exemplary Service Award recipient and Brigit VanGraafeiland DNP, RN, Outstanding Advanced Practice Clinical Nurse recipient



Donna Downing Corddry, Heather Mason, Arthur L. Davis Scholarship Winner, and Stephen Miller from Arthur L. Davis Publishing Agency



Jennifer Riley MS, RN, NFM Scholarship Recipient and Donna Downing Corddry, NFM President.



Derrick L. Wyatt, Outstanding Pathfinder Award Winner and MNA Past President, Mary Kay DeMarco



Mary Peck, Notre Dame of Maryland School of Nursing, Nursing Foundation of Maryland Scholarship Recipient and Donna Downing Corddry.





Donna Downing Corddry and NFM Scholarship Recipient.

2020 Maryland Nurses Association Awardees

# MNA CONVENTION HIGHLIGHTS

## **Poster Session Highlights**



## Translating Evidence in Practice: Increasing Compassion Satisfaction in Bedside Nurses

#### Kelly Molloy, BSN, RN, Mercy Medical Center

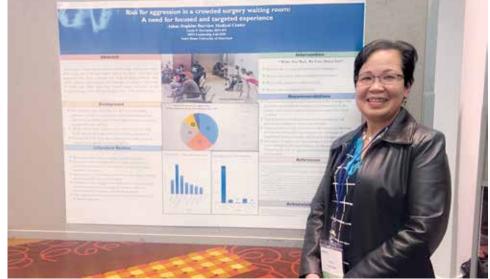
Oncology nursing is a rewarding, yet physically and emotionally challenging area. We noticed that the staff was having a high turnover rate, dissatisfaction, resistance to change and negativism towards management. Former nurse Nikki McCarthy surveyed the staff and found they were experiencing compassion fatigue and burnout. I wanted to implement an evidence based compassion satisfaction bundle to make a positive change.

The following PICO Question was developed and tested. "Will using evidence based compassion satisfaction bundle increase the compassion satisfaction in inpatient oncology nurses?" CINAHL was searched for interventions for compassion fatigue and yielded 56 articles. Articles (18) were appraised using the Johns Hopkins EBP model: Level 2 (3), Level 3 (7), Level 4 (1) and Level 5 (7).

The literature showed that implementing compassion satisfaction interventions in a bundle would help to decrease the burnout and compassion fatigue by supporting the staff in a variety of modalities.

In order to address the PICO, the staff was pre-surveyed to find out what bundle interventions would be meaningful to them. Once scored, I implemented several interventions. We started an anonymous journal for staff to write about their feelings related to work experiences. I share via email when a patient has passed and staff signs a card to send to the family. We made signs for patient doors to help signal to staff to enter with care: a white rose for a dying patient; and a dove for patients going to hospice. We also collect goodies for baskets for patients and their families leaving on hospice care. After three months I surveyed the staff using the Pro-QOL scale about their compassion satisfaction and saw an overall improvement.

This project shows that the implementation of a compassion satisfaction bundle provides staff with ways to be supported while reducing their compassion fatigue and burnout.



## Risk for Violence in a Crowded Surgery Waiting Room

#### Annie Duremdes, BSN, RN, Johns Hopkins Bayview

A literature review to explore interventions and strategies in mitigating incidences of visitor and family aggression and hostility towards nurses and staff in surgery waiting rooms while promoting a safe work environment. The waiting room experience in the hospital setting presents a visual of a crowded, impersonal place where anxious or, at times, angry visitors and families of various backgrounds are waiting. While visitors and families wait in the surgery waiting room, they go through a stressful waiting experience. Waiting provokes anxiety, causing unstable responses. Nurses and other hospital staff have been recipients of hostility, aggression, both verbal and physical abuse carried out by visitors and family members of patients. These actions prevent the nurses and staff the ability to exercise their right to work in a safe environment. It is essential for nurses and staff who work in crowded and heightened stress areas such as waiting rooms, to provide the visitors and families a purposeful and meaningful caring presence at each interaction. Understanding the phenomenon of waiting, allowed us to recognize the specific needs of the visitors and family during this trying time. Therefore, by providing nursing and staff presence in the waiting room through personalized interaction, shows concern and positive regard for their comfort. Allowing families to reunite with their loved ones through visitation in pre op and recovery room can also provide comfort. These timely actions and meaningful communication are all perceived as caring by visitors and families. Knowing these caring connections and conveying them to the visitors and families can prevent the escalation of heightened anxiety and the risk for violence. The threat of violence is a reality and can have a lasting psychological impact on the nurses and staff.

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## THANK YOU Convention Committee!

The Maryland Nurses Association would like to formally recognize all of the hard work and dedication of the 2019 Convention Planning Committee. Without your contributions, the convention would not have been a resounding success.

MaryKay DemarcoJennifer ArigoCaroCharlotte WoodKathy MartinLindaMary Jean SchumannBev LangKathKathy OgleVann JoynerBarbara

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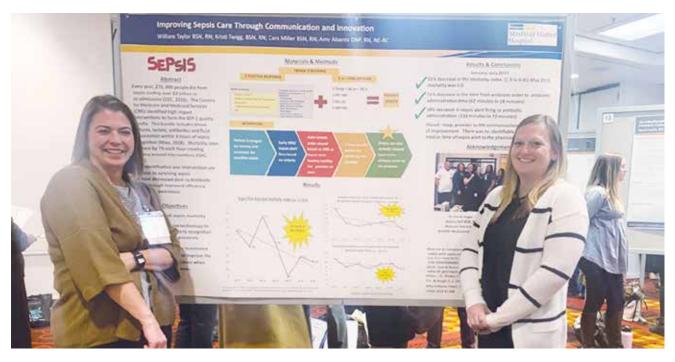
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# KINA CONVENTION HIGHLIGHTS

## **Poster Session Highlights**



## Maryland Board of Nursing



Improving Sepsis Care Through Communication and Innovation

#### MedStar Harbor Hospital, William Taylor BSN, RN, CEN, Kristi Twigg, BSN, RN, Cara Miller BSN, RN, CNML, Amy Alsante DNP, RN, NE-BC, CHEP

Every year, 270,000 people die from sepsis costing over \$2 billion in re-admissions (CDC, 2016). The Centers for Medicare and Medicaid Services (CMS) identified high impact interventions to form the SEP-1 quality bundle. This bundle includes blood cultures, lactate, antibiotics and fluid resuscitation within three hours of sepsis recognition (Rhee, 2018). Mortality rates increase by 7% each hour creating urgency around interventions (CDC, 2016). At Medstar Harbor Hospital, we have decreased door to antibiotic times through improved efficiency, increasing awareness, inter-disciplinary education and targeted communication techniques.

Early identification and intervention are the keys to surviving sepsis. A sepsis alert automatically fires in the electronic medical record evaluating labs and vital signs for Systemic Inflammatory Response (SIRS) and Sepsis criteria. Nursing worked collaboratively with Information Systems (IS) to automate a lactate order that is triggered by the sepsis alert. This decreased our sepsis alert to lactate order times to zero minutes. Members of the inter-disciplinary care team were educated on the importance early identification and the need for targeted communication of potential septic patients to initiate the SEP-1 bundle. An emphasis was placed on direct communication between the triage nurse and the provider and then the provider back to the charge nurse and bedside nurse to close the loop and initiate interventions. Dashboards were displayed for transparency, to monitor trends and to continuously improve the process.

From January to July 2019, there was an 11% decrease in sepsis alert to antibiotic order time, a 30% decrease from antibiotic order to administration time and an overall decrease of 18% from alert to antibiotic administration time. During this time, mortality rates have continued to decline and reached zero during the month of May 2019.





Karen Evans, MSN, RN-BC Executive Director, Alison S. Jenkins, MJ, MSN, RN Director of Licensing

## **Students**





Bowie State University, Nursing Students



Harford Community College, Nursing Students

Nursing students from across the State network at the Convention



#### UNIVERSITY OF MARYLAND SCHOOL OF NURSING NEWS



## University of Maryland School of Nursing Receives Health Professions Higher Education Excellence in Diversity Award

For the second year in a row, the University of Maryland School of Nursing (UMSON) has won the Health Professions Higher Education Excellence in Diversity (HEED) Award from *INSIGHT Into Diversity* magazine. The HEED Award recognizes colleges and universities that demonstrate an outstanding commitment to diversity and inclusion.

"We are tremendously honored that the School of Nursing has been recognized for the second year in a row with this prestigious award," said UMSON Dean Jane M. Kirschling, PhD, RN, FAAN. "The process of applying for the HEED Award allows us to continually assess our progress on issues of diversity and inclusion. We know that diversifying the health care workforce — not only racially and ethnically, but also with respect to sexual orientation and gender identification, as well as an array of economic, cultural, and social factors — is an essential aspect of creating a truly effective and equitable system of health care for all persons."

UMSON has a diverse student population, with 48% of its total enrollment composed of students of ethnic and racial diversity, compared to a national average of 33 percent. Men compose almost 13% of UMSON's student body, compared to 10% nationally. The School also attracts students from various socioeconomic backgrounds, supporting about 60% with substantive merit- and need-based financial aid.

The School has a variety of programs and initiatives related to diversity and inclusion, including an LGBTQ+ ally working group, headed by Jeffrey Ash, EdD, associate dean for diversity and inclusion and assistant professor, and a member of the University of Maryland, Baltimore's (UMB) Diversity Advisory Council.

In its 2019 application, UMSON highlighted three areas of innovation:

- Health and wellness: The School's Office of Diversity and Inclusion has an affinity group called Fit 'n' Fun, which partnered with UMB's Launch Your Life wellness program to sponsor and organize a Universitywide step challenge, the Ultimate Mileage Battle.
- Social justice and activism: UMSON introduced restorative justice (RJ) practices through its professional development program by facilitating circle discussion processes and starting an RJ interest group. The School aims to impact the way it addresses situations in which members of the School community harm one another, to encourage all voices to be heard in decision-making, and to address power imbalances.
- Policies and strategy: The School has updated its policies in two areas to enhance diversity and inclusion practices. In 2018, it began requiring chairs of search committees to engage in structured learning about implicit bias and how to run an optimal search. Secondly, UMSON has implemented a new section in its faculty and staff professional development plans in which employees create diversity goals and complete them within the annual evaluation period. This provides employees with the flexibility to set goals that fit within their roles or professional interests.

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## **Evening with Stars**



The Johns Hopkins School of Nursing celebrated its 8th annual Evening with the Stars, which recognizes nurses across the John Hopkins Health System. It awards those who have been nominated for their excellence, innovation, and commitment to improving health. Net proceeds from the event benefit the school's Baltimore Talent Scholars program, which provides four full-tuition scholarships for Baltimore City Public Schools high school graduates who have been admitted to the school's Master of Science in Nursing (MSN) Entry into Nursing Practice program.



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# EDUCATION

## Salisbury University: Maryland Advanced Faculty Academy and Mentorship Initiative

Nicole Hall EdD, MBA, RN, CNE; Lisa Seldomridge PhD, RN, CNE; Kayna Freda EdD, RN, CMSRN; Judith Jarosinski PhD, RN; Tina Reid EdD, MSN, RN

#### Introduction

Do you have a particular nursing clinical instructor that you remember vividly? Perhaps they said something to you that made a lasting impact, or they believed in you more than you did in yourself, or maybe you remember a specific nursing instructor because you struggled with him or her. As students throughout our nursing education, we surely interacted with an array of instructors who embodied different strengths and weaknesses, some good and others not so much.

Clinical nursing instructors need to be committed to growing so that they can provide high quality instruction to students, just as nurses are committed to continued learning in their particular field to ensure patients receive high quality, safe patient care. Keep in mind that nursing instructors have the potential to affect even greater numbers of patients because each student they teach, may in turn, yield care reflective of their instructor.

There are many avenues for professional development as an educator such as attending conferences, reading articles, and seeking advanced certification as a Certified Academic Clinical Nurse Educator (CNE®cl) or Nursing Professional Development Registered Nurse. In addition, there are unique opportunities available to Maryland clinicians that allow them to advance their skills and knowledge while also expanding the number of quality nurse educators in our state. This article describes one program's plan to meet the need for further developing nurses who are also expanding their abilities as clinical faculty.

#### **Nursing Education Needs**

Across the nation, our health and well-being are affected by various factors including shortages in the nursing workforce needed to meet increasing patient volumes. The nursing shortage is challenged by an increase in the number of nurses leaving the profession due to issues such as stress, inadequate staffing and lack of job satisfaction (AACN, 2019). The shortage is further complicated by nursing retirement, with an expected one million registered nurses reaching retirement age within the next 10 to 15 years (AACN, 2019).

Unfortunately, the future nursing shortage is today's problem for nursing education which is not well positioned to meet the needs of the profession (Hall & Mast, 2015). There are a number of challenges that academia must address, including a dearth of instructors and clinical sites, and notably the lack of a diverse faculty.

The shortage of qualified nursing faculty has been identified as a key factor in the inability to educate additional students to become registered nurses (Nardi & Gyurko, 2013) and has been the focus of numerous statewide, national and international conferences and publications (AACN, 2015, 2017; NLN, 2018). With insufficient classroom and clinical instructors to teach incoming students, nursing programs are limited in their ability to increase enrollments as evidenced by the "more than 75,000 qualified applicants from baccalaureate and graduate nursing programs" who were turned away in 2018 (AACN, 2019).

A related and equally urgent issue is the lack of a diverse faculty to teach the next generation of nurses. Just as a diverse population of nurses is necessary to provide high quality care for a patient population who embodies a variety of ethnic, religious, race and gender, so too are nursing educators with different backgrounds needed to ensure high quality educational experiences to nursing students.

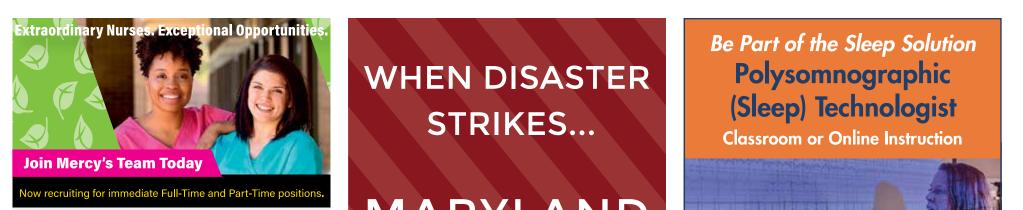
Understanding the problems surrounding these deficiencies is necessary to develop solutions aimed at the underlying causes. The shortages in nursing educators and the lack of diversity in this group are problems that will not solve themselves. Both of these challenges require robust strategic approaches that establish a systematic means for ongoing resolution. Because the faculty shortage is the result of multiple, decades-old problems, solutions must be coordinated and comprehensive (Kowalski & Kelly, 2013). One solution to the nurse faculty shortage is the recruitment, training, and mentoring of expert clinicians to become part-time clinical teachers (Hinderer, Jarosinski, Seldomridge, & Reid, 2016).

#### **Eastern Shore Faculty and Mentoring Initiative**

Maryland is fortunate to have a well-established program targeted at improving both of these challenges while simultaneously focusing on developing high quality clinical instructors. Since 2011, the Eastern Shore Faculty and Mentoring Initiative (ES-FAMI) has developed and trained 162 participants using a three to four-week hybrid course that provides introductory instruction to those nurses interested in pursuing work in the field of nursing education. Funded by a Maryland Higher Education Commission (MHEC) Nurse Support Program-II grant, the program provides participants with a stipend for their attendance at face-to-face sessions, completion of online instruction, and participation in "real-life" clinical teaching simulations. In return, participants must agree to teach for a nursing program in Maryland.

ES-FAMI is committed to meeting the state's need for clinical educators, and with that motivation, has recruited participants from over 31 different healthcare organizations and provides instruction in three Maryland locations. To date, 115 of the program's graduates have taught at a Maryland college or university and 37% reflect underrepresented groups (ethnic/racial minorities and gender), well above the 15.9% of full-time nursing faculty with minority backgrounds (AACN, 2019).

The ES-FAMI program has been an effective means to recruit a racially, ethnically, and genderdiverse group to expand the pool of trained faculty to support the expansion of nursing programs in the state of Maryland. Yet, those in nursing know that while more nurse educators are needed, there must also be a commitment to lifelong learning which can only benefit our patients and nursing students. So, while ES-FAMI in 2020 is projected to have provided introductory training to over 200 part-time faculty these graduates still have opportunities to grow and further develop as nursing academic professionals. Now a second educational offering, The Maryland Advanced Faculty and Mentor Initiative (MA-FAMI), is being created to meet these continuing education needs.



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#### Maryland Advanced Faculty and Mentoring Initiative (MA-FAMI)

Educating practicing nurse experts about the complexity of the clinical academic environment requires an ongoing approach. The MA-FAMI course will benefit Maryland nursing programs by further enhancing the quality and preparedness of clinical faculty available to our state's nursing educational institutions. This course is in the development stage with curriculum experts currently creating customized educational modules that will be delivered primarily online enhanced by a face-to-face orientation, simulated learning experiences, and a mentorship workshop. The advanced curriculum will build on content taught in ES-FAMI while staying true to that program's goal of working toward a multicultural, multiethnic pool of Maryland nursing adjunct instructors. And while this course is not a CNE®cl preparatory course, the blueprint for this exam was carefully reviewed and MA-FAMI graduates will be encouraged to seek certification as clinical nurse educators (CNE®cl).

The first offering is scheduled for May 2020 with a cohort of eight to ten learners who will be recruited from the nearly 200 past graduates of ES-FAMI. Future offerings of MA-FAMI will continue to be geared toward these graduates though clinicians with some teaching experience, and also experienced clinical teachers who desire an opportunity to advance their knowledge and skill in clinical teaching will be welcome to apply.

#### Conclusion

The nursing profession is confronted with widespread faculty shortages, a lack of clinical sites, and limitations in the diversity of nurse educators. These challenges limit growth in student enrollment, graduation, and entry into professional nursing practice. MA-FAMI is an advanced educational program designed to address these issues and to further develop clinical instructors so they are better prepared to handle the complexities inherent in the clinical academic setting. This program is scheduled to welcome a pilot cohort for the spring of 2020.

#### Learn More

If you are interested in learning more about these programs please contact us: Phone: (410) 546-2463 Email: ESFAMI@salisbury.edu

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#### February, March, April 2020

## Maryland Helps Set the Federal Stage for Medicare APRN Policy

Robyn Elliott, MNA Policy Consultant and Lobbyist

Maryland is at the forefront of innovation in Medicare policy supporting full-practice authority for APRNs. In December, the Center for Medicare and Medicaid Solutions (CMS) recognized the authority of nurse practitioners to certify eligibility for home health services for Medicare enrollees as part of Maryland's Total Cost of Care Model. Effective January 1, 2020, the new policy helps set the stage for further advancements of Medicare APRN policies on the federal level.

The American Nurses Association (ANA) is championing the bipartisan *Home Care Planning Improvement Act* (H.R. 2150/S. 296) to improve health

outcomes for Medicare enrollees who need home health services. Currently, patients must wait for a physician's order to receive home health services. This policy delays care and potentially causes poor health outcomes. *The Home Care Planning Improvement Act* would require Medicare to permit home health services to be ordered by nurse practitioners, clinical nurse specialists, and certified nurse-midwives.

ANA is also advocating for innovation in Medicare policy outside of the legislative process. As an agency, CMS can grant an exception to its policies to a state through the waiver process. Maryland is operating its entire hospital financing system under a broad waiver called the Total Cost of Care Model. This model seeks better patient outcomes and lower health care costs through incentivizing hospitals to shift care to less acute settings. As part of that model, Maryland's goal is to lower readmissions by the appropriate and timely provision of home health services. To that end, Maryland state agencies sought CMS permission to allow nurse practitioners to order home health services. When CMS approved the request in December, the agreement was signed by Governor Larry Hogan, Secretary of Health Robert Neall, and Chairman Nelson Sabatini of Health Services Cost Review Commission.



Robyn Elliot



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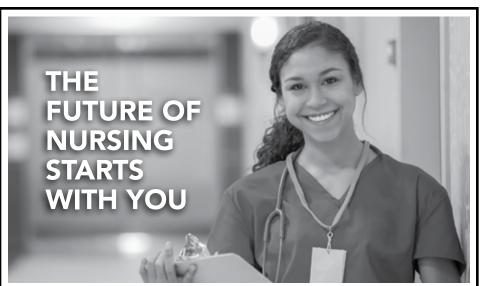


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## NPAM 2019 Fall Conference Networking, Learning, and Fun for State NPs

#### Beverly Lang RN, MScN, ANP-BC, FAANP Executive Director of NPAM

The Nurse Practitioner Association of Maryland, Inc. (NPAM) hosted the 2019 Fall CE Conference on Saturday, October 12th, 2019 at Howard Community College, in Columbia, MD. It was a perfect fall day to network and meet new members, hear about new products and services, and mingle with colleagues while learning and obtaining continuing education units.

Almost 200 Nurse Practitioners and Nurse Practitioner Students attended the one-day event. On the agenda were two American Association of Nurse Practitioners (AANP) national speakers, Susan Tofte BSN, MS, FNP-C, who spoke about atopic dermatitis, and Dr. Leslie Davis PhD, RN, ANP-BC, FPCNA, FAHA, FAANP, who spoke about managing heart failure. Local speakers included Dr. Dale Jafari DNP, RN, FNP-BC, Sharon P. Fisher MS, APRN-BC, Dr. Cherokee Layson-Wolf PharmD, Susan Camardese RDH, MS, and Dr. Alexander Pappas MD. There was a wide range of interesting and informative topics which included menopausal management, medications for mental health, vaccination guidelines for 2019, incorporating oral health in primary care, and opioid use disorder treatment updates.

Attendees had the opportunity to visit with over 15 exhibitors who supported the event. Also, on hand were NPAM representatives from the NPAM Political Action Committee (PAC) and Legislative Committee who updated the group on the Legislative Agenda for the upcoming legislative session in Annapolis in 2020. Our thanks to Howard Community College for continuing to partner with NPAM and allowing us to use the RCF Building for this annual event, and to our many sponsors, who continue to support the educational needs of Nurse Practitioners.

If you are a Nurse Practitioner in Maryland and were unable to attend our 2019 Fall Conference this year, we hope to see you next October! Check <u>www.NPAMonLine.org</u> for more information about NPAM, our rich history, and all of the valueadded benefits of membership in this professional association.



Susan Camardese RDH, MS



Victoria Mojbiola, NPAM member



Dr. Pappas, Maryland Addictions Counseling Services

## **Red Cross**

Twenty-five nurses and nursing students from Central Maryland attended the October Red Cross Health Services presentation on the role of nurses in preparing and responding to local disasters. Phillip Bovender, BSN, RN, CCRN, TCRN, a long time Red Cross Nurse volunteer, described the framework for response and shared some of his many experiences in the field. Nurses interested in becoming a Red Cross nurse should contact Kristi Giles, Senior Recruitment Specials at kristi.giles@redcross.org, or 410-913-9154 (Central Maryland) or 310-246-0015 (Southern Maryland), or visit redcross.org/volunteer. This is an especially popular activity for retired nurses who want to remain active with the local Chapter but work primarily from home, and new nurses who want to deploy to assist in disaster response.



Phillip Bovender with Yolanda Williams, Red Cross support staffer

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## **Improving Vaccination Compliance**

Anna Barrett, Allison Boissonneault, Samantha Meir-Levi, ABSN Program, Notre Dame of Maryland University

Vaccinations have been an essential aspect of disease prevention since the 18th century. In recent years, unsubstantiated studies fueled false beliefs, deceiving the public eye and diminishing the importance of vaccines. As nurses, we are well aware of this issue, its impacts on public health and our ability to promote holistic well-being for our patients. Nurses have an ethical responsibility to model, maintain and promote the suggested health practices for immunization against vaccine-preventable diseases.

There are a variety of reasons for vaccine hesitancy or refusal. However, the common variables include: children who are immunocompromised, religious exemptions and anti-vaccination driven households. As a result of recent vaccine preventable outbreaks, the concern and drive for increased vaccine compliance have led to the creation of policies that include comprehensive vaccine requirements for schools and potential penalties for non-compliance. However, with a lack of enforcement and proper tracking and documentation, we have come to a place where more drastic measures are increasing, including the banning of unvaccinated children from school.

The ANA clearly states, "To protect the health of the public, all individuals should be immunized against vaccine-preventable diseases according to the best and most current evidence outlined by the Centers for Disease Control and



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Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). All health care personnel (HCP), including registered nurses (RNs), should be vaccinated according to current recommendations for immunization of HCP by the CDC and Association for Professionals in Infection Control and Epidemiology (APIC)." A focus among nurses on methods to improve vaccine compliance is critical. Research has shown that collaboration among public health officials as well as stronger enforcement and better documentation have led to an increase in compliance rates.

#### **ImmuNet in Maryland**

ImmuNet is a secure web based immunization registry that was developed to improve immunization tracking. It provides schools and the general public access to patient and personal vaccination records and is operated by the Maryland department of health (Maryland Department of Health Immunization Registry, n.d.). This system sends reminder notes to those who have not received immunizations and helps identify geographic areas and populations that are under immunized. A new bill, HB0316, that passed in the fall of 2019 requires health care providers to report all vaccines that children and adults receive to be reported to the ImmuNet system. This law will help to facilitate better documentation and awareness of potential gaps in immunization coverage and allow for further policies and procedures to be developed.

#### Vaccine Exemptions

The ANA states, "given the recent surge of measles cases and potentially uncontrollable outbreaks of other vaccine-preventable illnesses, ANA no longer supports religious exemption as a reason to not get vaccinated. ANA believes that to protect the health of the public, all individuals should be immunized against vaccine-preventable diseases." Various non-medical and medical vaccination exemptions are still allowable in some States. Currently 15 states accept philosophical exemptions, which has led to an increasing number of individuals seeking religious exemptions. As this trend continues, the requirements and procedures for being granted a religious exemption are being tightened.

Although there are medical exemptions for students who are immunocompromised, nonmedical exemptions are of particular concern as lowering the rates of vaccination decreases herd immunity and threatens everyone. The issue of nonmedical exemptions arose after a measles outbreak in 2015 in Disneyland California (Pierik, 2017). Recently, nonmedical exemptions have been taken for granted, but importantly, these exemptions put other students at a significant risk. The increased rate of exemptions result in decreased herd immunity, and therefore increases the risk for preventable disease outbreak increases (Wang, et al. 2014). As of 2017, 28 states accepted religious exemptions (Pierik, 2017). In June of 2019, New York became the fifth state to require by law that children in public school must be vaccinated (Sandstrom, 2019).

#### **Pros & Cons of School Laws**

Schools have an obligation to protect children, keeping them safe and maintaining healthy standards. In addition, they need to protect students with immune system disorders that cannot be vaccinated (Johnson & Garcia, 2019). Furthermore, schools are a part of the community. The standards they set reflect the standards and health of the community that surrounds them. Schools have a duty to uphold and enforce health and safety measures in order to prevent further outbreaks, which could lead to bioterrorism threats and significantly jeopardize communities at hand.





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#### February, March, April 2020

All school requirement laws are state based and parallel the recommendations of public health officials (Johnson & Garcia, 2019). Schools should not be creating or enforcing particular standards regarding vaccinations because they are not the ones setting them. In addition, the state health officer can change school requirements through administrative rule (Johnson & Garcia, 2019). Furthermore, some parents advocate that mandated vaccines impede on their parental rights. These controversial issues should not have a poor reflection on schools, mainly because it is expected to be treated and looked at as a safe-haven. Challenging basic parental rights can create a barrier and animosity. This can be a classic conflict between individual rights and the common good or the public health.

#### Problems associated with school immunization laws

In efforts to decrease the rate of unvaccinated children, some states have implemented a school ban. This involves unvaccinated students not being allowed to go to school until they get vaccinated. School immunization laws have been found to be ineffective in improving vaccination rates. A common problem regarding its ineffectiveness was due to the lack of formal guidance from public health officials as well as higher education commissions (Castel, 2007). Lack of a thorough documentation process and a lack of oversight to ensure proper record keeping result. Collaboration between state and local public health agencies is essential to ensure the success of mandatory vaccination laws (Gilmartin, 2015). A lack of compliance by the schools in regards to documentation and following through with legal requirements is a related issue. If school immunization laws and bans continue to trend upward, a standard method for implementing and monitoring compliance with the law is needed to achieve and track better immunization rates to improve public health.

#### **Improving Compliance**

According to Wallace et al., (2014) we have seen that penalties and repercussions are not a successful method for improving compliance. Instead of scare tactics and unenforceable penalties for non-compliance, history and research tell us that positive interactions with healthcare professionals and meaningful incentives increase vaccine compliance. Building rapport with patients is the first step in providing quality, individualized patient care. Positive rapport creates an environment that allows every patient interaction to become an opportunity for education and assessment of vaccine hesitancy. This also means that we, as healthcare professionals, need to be educated about vaccines and be skilled in the dissemination of that knowledge in order to foster trust. Research shows that individuals who trust their healthcare providers and receive a thorough education regarding vaccines are more willing to accept vaccinations (Baumgaertner et al., 2018).

#### **Nurses' Role**

Nurses provide a majority of the direct care that patients need; they are highly trusted and have the ability and obligation to educate and advocate. Vaccine education and advocacy are expected responsibilities and aspects of the nurse's role. As stated in the Code of Ethics for Nurses (ANA, 2015, p. 19), RNs have an ethical responsibility to "model the same health maintenance and health promotion measures that they teach and research...," which includes immunization against vaccine-preventable diseases (Porter, 2013). Nurses have the ability for more one-on-one conversations and typically have more patient interaction time, they have the ability to improve compliance rate through more education. Nurses should also seek guidance from position statements of major nursing organizations such as the American Nurses Association.

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#### Improving Vaccination Compliance continued on page 19

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## Lead Nursing Forward.org Website Addressing the Maryland Nursing Faculty Shortage



#### Abigail Johnson, BA Kaynabess, EdD, RN, CMSRN Lisa Seldomridge, PhD, RN, CNE

#### Introduction

Currently, in the state of Maryland as well as at the national level, there is a pressing need for more nursing faculty to help address the shortage of registered nurses. The United States Bureau of Labor Statistics (2017) projects "employment of registered nurses to grow 15 percent from 2016 to 2026, much faster than the average for all occupations" (para. 5). At the same time, there is a growing shortage of nursing faculty that is predicted to persist throughout the next decade. This shortage is attributed to the aging and impending retirement of a significant portion of the current faculty workforce, lack of qualified applicants for open faculty positions, and non-competitive salaries (Fang & Kesten, 2017; National League for Nursing, 2018). Despite the urgent need for more nurses, "U.S. nursing schools turned away 75,000 qualified applicants from baccalaureate and graduate nursing programs in 2018 due to insufficient number of faculty, clinical sites, classroom space, and clinical preceptors, as well as budget constraints" (AACN, 2019, p. 2). Salisbury University School of Nursing, in collaboration with the University of Maryland School of Nursing, has embarked on a 5-year Maryland Higher Education Commission Nurse Support II funded project creating a website for those interested in becoming nursing faculty (Johnson, Jarosinski, & Seldomridge, 2018). This website, LeadNursingForward.org, is now live and available for all those interested in career advancement in nursing.

LeadNursingForward.org aims to:

- Increase awareness of the ongoing nurse faculty shortage;
- Provide strategies and tips on how to become a nurse educator;
- Serve as a resource for accurate information about advancing your education;



## **Come Join Our Team!**

- Rebrand and promote the image of the nurse educator career; and
- Connect job seekers with open nursing and nursing education positions in Maryland.

Through this website you can learn more about the nurse faculty shortage and be part of the solution. Any nurse interested in advanced education with an ultimate goal of becoming an educator can find information on valuable resources such as grants, scholarships, and tuition reimbursement to help defray the cost of further education. Additionally, nurses will be able to view the colleges in their geographic area and the educational programs they offer.

The site also features an interactive "Explore Your Own Adventure" Career and Educational Pathways section to learn about different educator positions. This site also features maps displaying the locations and linking to the websites of Maryland nursing programs, hospitals, and healthcare organizations.

#### Newest Features of LeadNursingForward.org

In September of 2019, LeadNursingForward. org launched its searchable Career Portal, a free resource to connect users to nursing or nurse educator job openings as well as events. The portal provides opportunities for job seekers to connect with employers, such as colleges, hospitals, and other healthcare organizations throughout Maryland. Job seekers can search the Career Portal by position title, full or part-time, geographic location, and educational requirements among other filters. In 2020, new features will be added allowing employers to search for candidates to fill vacant educator and preceptor positions with access to a broad spectrum of Maryland nurses and educators. All users are invited to create a secure profile to help them connect with the resources they desire.

Interviews are being filmed across Maryland to showcase real-life stories and pathways of a wide diversity of nurse educators from Maryland universities, community colleges, hospitals, and healthcare organizations. The first two videos are available on the site now with more to come.

#### LeadNursingForward.org is now live!

If you or your organization would be interested in a demonstration of <u>LeadNursingForward.org</u> and its features, we would be happy to arrange a visit.

Sign up on the Career Portal today and join our mailing list to receive notifications about upcoming features. You can follow us @LeadNursingFwd on Facebook and Twitter or @LeadNursingForward on Instagram and LinkedIn. We want to hear from you! Let us know what you think at <u>leadnursingforward@gmail.com</u>. Be a part of the Lead Nursing Forward community and help us address the Maryland nurse educator shortage.

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The LeadNursingForward.org Homepage

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## Healthy Nurse, Healthy Nation, Healthy Maryland: Your Health Matters

## Service to Others is Self Care

Shannon White, Student Nursing Department, Montgomery College

"Volunteers do not necessarily have the time; they just have the heart."

On October 27th, 2019, twelve Montgomery College Nursing students and two faculty attended the Marine Corps Marathon (MCM). The MCM is an annual event where runners can select a 10k, marathon (26.2 miles), or an ultramarathon (50k) that spans Arlington, VA and Washington, D.C. The Montgomery College Nursing Program had the privilege to attend this national event and provide Nursing care for athletes in the medical tents.

The day started at 0530, when we met in the parking lot in the pouring rain, and it continued to rain all day! We met our other tent members, separated into groups, and traveled to our assigned medical tent. We unpacked the truck, set up the supplies, and reviewed medical algorithms to facilitate patient care when runners started to arrive. My group was in Aid Station 9 (mile 22), the second to last tent from the finish line. We began cheering on the 10k runners who had simple needs including needing ice on joints, hydration, and a bathroom break. As more time passed, we watched the marching band play and continued to cheer on the runners. Around 10:00 we began to see runners from the marathon and 50K groups. That's when the major medical issues were seen.

Hyperthermia was the main concern during this race with some temperatures ranging up to 108.5 rectal! For these heat emergencies, we worked alongside doctors and RNs taking vitals signs, bathing the patient ice, initiating IVs, and monitoring temperature closely. The goal of this care was to stabilize the patient in order to transfer them to the hospital. We also saw cases of dehydration, muscle cramps, syncope, respiratory issues, and chest pain. One of my classmates, Elizabeth Thompson, said "it was a great experience seeing how all of the medical specialties work together. It was interesting to see how each would handle things in a different way."

Overall, I am so grateful for the opportunity to be able to volunteer for these amazing events and to be able to learn patient care hands on in the field. There's nothing comparable to that adrenaline rush that you get from taking care of a patient in need, and knowing that you did the best of your ability to return them to better health. I believe that having a big heart and doing great deeds is what makes this profession even more enjoyable and helps me to find my purpose in the nursing world. This is my self care. I cannot thank my professors, military men and women, and the entirety of the Marine Corps Marathon organization enough for everything they do to make sure the student nurses earn experience and proper patient care techniques. I plan on returning to help in the medical tent next year, with an RN behind my name!



## LETTER TO THE EDITOR

## **Nurses Deserve Better**

Dear Editor,

Year after year nursing is ranked America's most trusted profession. I can only believe this is largely in part to the relationships that we form with patients and their families. Our patients trust us to care for them unconditionally, keeping them safe and protecting them from harm, especially during a time of such vulnerability. At the very heart of the nursing profession, we are called to advocate for safe, quality care for our patients and their families. Sadly, the safety of nurses and other health care workers is often neglected. Although many workplaces may have programs in place to prevent workplace violence, they are not standardized. Nurses, techs, and other health care workers continue to become victims of physical, verbal, and psychological abuse from the very individuals we work so hard to protect.

The Workplace Violence Prevention for Health Care and Social Services Worker Act (H.R. 1309, S. 851) was introduced by Representative Joe Courtney (D-Conn.) and Senator Tammy Baldwin (D-Wis.) in February 2019, in an effort to protect health care workers from workplace violence. According to H.R. 1309, The Government Accountability Office reported over 730,000 cases of health care workplace assaults over the 5-span year from 2009-2013. The bill proposes a "Workplace Violence Prevention Standard" that will mandate employers in the healthcare and social service sectors to develop and implement a comprehensive workplace violence prevention plan to protect workers from workplace violence. The "standard" includes identification of different types of violence and instructs facilities to provide comprehensive in-person education and training to employees and follow up acts of violence with thorough investigation and documentation. With these standards in practice, health care workers may be more apt to identify themselves as victims of violence and report cases more quickly leading to better outcomes overall.

Those in opposition of the bill feel that prevention plans are already in place in facilities, including hospitals, and that efforts should be directed elsewhere. In June 2019, three months after H.R. 1309 was introduced, the American Hospital Association (AHA) took their position against the bill stating that federal funding for increased behavioral health care should decrease the rate of workplace violence as an effort to keep these patients out of the emergency department and other settings in acute care. Although this may prevent cases of violence, I believe that it is too small and exclusive of an effort for such a large issue. After all, not all aggressors present with a behavioral health issue. The reality remains that without specific guidelines in place for the workplace, we remain vulnerable.

As a practicing registered nurse in Maryland, I have been a victim of and witness to multiple instances of workplace violence. We are told that dealing with unhappy and difficult patients is part of the job, but the lines are often blurred between difficult and abusive. Discussing workplace safety with my colleagues, I hear a constant theme over and over, "we deserve better." I often think about other professions and believe that the abuse, both emotional and physical, that we often endure would absolutely not be accepted. I fear that my colleagues, the nurses who truly care about and work tirelessly to protect and serve our patients will leave the profession, their calling, without support and protection. I urge Maryland nurses to write emails, letters, or make phone calls, and encourage our legislators to support us nurses and H.R. 1309. We deserve better.

Gabriella Fortunato BSN, RN, ONC





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## **Specialty Spotlight: Forensic Nursing**

#### Diane Lehmann, DNP, RN, CNE, FNE-A

Forensic Nurses are specially trained and educated individuals who care for victims of violent crimes. The Bureau of Labor Statistics does not isolate nursing demands specific to forensic nursing. However, the Bureau does anticipate a 16 percent increase in the nursing job market between now and 2024, based upon baby boomers both retiring, and becoming diagnosed with illness. Maryland is among the sixteen states with the greatest anticipated nurse needs. Between the rise and fall of local and national violent and non-violent crime, and the current vacancy of nurses in practice, there is sure to be a need for forensic nurses (BLS, 2019). The demand for forensic nurses, those nurses trained to apply criminal and social sciences to victims of trauma, rape, domestic violence, interpersonal violence, elder and child abuse (International Association of Forensic Nurses, 2019; Fitchburg State University, 2019) and disaster relief, is based upon violent crime incidence (Governor's Office of Crime Control & Prevention, 2018), desire for professional opportunity, and income. This article provides the reader insightful information briefly highlighting the roles, responsibilities, and career options for the forensic nurse, answering common questions about this career focus.

#### Q: What exactly is a forensic nurse?

A: Using the nursing process and a multi system approach to administer forensic healthcare, collect evidence, and connect the victim to community

resources, the forensic nurse improves health and wellness for those persons.

The most recognized type of forensic nurse is the Registered Nurse who has completed 40 hours of didactic training and 40 hours of clinical training geared towards caring for, and treating, patients suffering a sexual assault (Maryland Board of Nursing, 2018). While the training forensic nurse participates in conducting evidentiary examinations for victims of sexual assault with the licensed FNE-A (Forensic Nurse Examiner-Adult), additional education beyond the classroom didactic sessions include meeting with victim advocacy groups, sexual assault recovery teams, law enforcement, the crime lab, and the State's Attorney's Office (MBON, 2018). Forensic Nurse Examiners are qualified to provide medical care and conduct evidentiary examinations on victims and perpetrators of crimes involving sexual, physical, or domestic abuse (MBON, 2018). Within hospital-based programs, such presenting victims would be recognized as enduring acute or chronic domestic or sexual abuse, rape, interpersonal violence, human or sexual trafficking, elder abuse, and or strangulation. The FNE is either licensed to care for adults (those 13 ages or older) or children, or both. The distinction of either A or P after the credential FNE, displays this licensure.

#### Q: What is the career outlook for forensic nurses?

A: As the rates of disaster occurrences, violent crimes, perpetrator incarcerations, and community awareness of reporting criminal offenses increase, so does the need for professionally educated nurses to care for this population caught between nursing and the law.

In Maryland, there were 167,093 total crime incidents reported in 2017 compared to 168,538 in 2016. The crime index total decreased one percent in 2017 when compared to 2016. Violent crime increased six percent. The violent crime group consists of murder, rape, robbery, and aggravated assault. (Central Records Division, 2017 Uniform Crime Reporting, 2019, p. 5).

#### Q: What is the monetary compensation for forensic nurses?

A: Forensic nursing job salaries' in Maryland range from \$42,000- 74,000 with an average earning point of \$55,930.00 (Glassdoor, 2019). A job search using Indeed and Glassdoor hiring websites for Forensic Nurse Examiners (FNE) and SAFE Nurses (Sexual Assault Nurse Examiners) elicited 11 posted positions in Maryland. Institutions seeking forensic nurses do not always advertise on such job search sites, so this is not an inclusive finding for open forensic nursing positions. Four job postings were listed on the International Association of Forensic Nurses Career Center site (IAFN, 2019) as of November, 2019. Often, FNE positions are filled on a per diem or on-call basis.

#### Q: Do forensic nurses only care for sexual assault victims?

A: Forensic Nurses interface with victims of violent criminal activity. However, this role is not inclusive of the other positions Forensic Nurses can

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fill. The roles and positions Forensic Nurses may be prepared to fulfill, through higher education, training, and or certification include Forensic Nurse Examiner, Death Investigator, Legal Nurse Consultant, Correctional Nurse, Public Health Nurse, Forensic Mental Health Nurse, and those involved in mass disaster management and emergency or trauma services (IAFN, 2019; FSU, 2019).

Q: What does a forensic nurse do for victims of *intimate crime?* 

A: According to The International Association of Forensic Nurses, core competencies include that advance practice forensic nurses

- 1. ... develop, promote, and implement protocols and systems responding to victims and perpetrators of trauma, injury, accidents, neglect, abuse, exploitation, and all forms of violence.
- 2. ... impact research and policy affecting human responses to violence, injury, trauma, accidents, neglect, abuse, exploitation, and all forms of victimization.
- 3. ...develop and supervise systems of care for complex health problems related to accidents, trauma, crime, victimization, abuse, neglect, exploitation and all forms of violence.
- 4. ...educate others in the concepts and practice of forensic nursing and forensic health. (2004, pp. 1-5)

In carrying out these competencies, the Forensic Nurse conducts an evidentiary examination collecting evidence from the patient via verbal interview, photography, and DNA swabbing. Additionally, the FNE-A provides HIV and STI prophylactic treatment.

In conclusion, this article has sought to answer

the most frequently asked questions about forensic nursing. The author's hope is that readers will now be educated to encourage patients' experiencing criminal victimization to seek professional nursing care, collaborating with or without the law enforcement team.

Dr. Lehmann is an Assistant Professor at Stevenson University Online and is a Certified Nurse Educator. She practices as an FNE-A in Baltimore City. Dr. Lehmann's research interests include program assessment, Complementary Alternative *Medicine, and human victimization.* 

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