Hello Colleagues!

When this year was named the “Year of the Nurse” it was to honor the 200th birth anniversary of Florence Nightingale. It was also to recognize the contributions that nurses make, the risks associated with nursing shortages, the powerful global stage for nurses to be visibly supported and recognized for their innovative contributions to improving patient outcomes, and to identify how nurses are transforming healthcare. No one expected to be in a situation that would drain nursing resources and put nurses lives at risk.

The Coronavirus Pandemic is impacting our nation, state, and local community, much like the dramatic changes experienced by Florence Nightingale. Nurses, doctors, and other healthcare workers today are seeing pain and despair like they have never seen in their lifetimes.

What can we as individual nurses and the Maryland Nurses Association (MNA) do? These changes have disrupted our personal and professional lives. However, during this quickly evolving situation, by staying informed, we can keep our communities safer. MNA is committed to sharing the latest updates for nurses. Each nurse is a trusted healthcare leader in his or her family and community in this time of fear and rumors. For this reason, I urge you to check frequently for updates from reliable sources. The American Nurses Association (ANA) and the Center for Disease Control (CDC) provide pandemic updates with a focus on nursing at www.Nursingworld.org/coronavirus. The US Center for Disease Control updates their site daily at www.cdc.gov/Coronavirus/2019-ncov. These are authoritative, evidence-based sites, appropriate for nurses.

The MNA and I have been sharing nursing expertise and consulting directly about the pandemic with state and national leaders, including U.S. Senators Cardin and Van Hollen.

MNA has also accomplished some extremely positive changes for nursing in Maryland law during our abbreviated 2020 legislative session. On Monday, February 17, 2020 we celebrated “Nurses Night in Annapolis” and the 200th birth anniversary of Florence Nightingale. The Maryland Senate honored our colleague with a special resolution. You can read about these positive changes in this issue of the Maryland Nurse Journal. Each nurse is a trusted healthcare leader in his or her family and community in this time of fear and rumors. For this reason, I urge you to check frequently for updates from reliable sources. The American Nurses Association (ANA) and the Center for Disease Control (CDC) provide pandemic updates with a focus on nursing at www.Nursingworld.org/coronavirus. The US Center for Disease Control updates their site daily at www.cdc.gov/Coronavirus/2019-ncov. These are authoritative, evidence-based sites, appropriate for nurses.

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Nurses, advocates for excellence in nursing and the published quarterly with an annual subscription of publication of the Maryland Nurses Association, is

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Issue
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June 15, 2020
November 15, 2020

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The Maryland Nurse Journal is published quarterly every February, May, August and November for the Maryland Nurses Association, a constituent member of the American Nurses Association, 6 Park Center Court, Suite 212, Owings Mills, MD 21117.
The MNA Convention Committee has planned the 117th Annual MNA Convention to be like no other. With the theme “Year of the Maryland Nurse: 2020 Vision,” it will be held on October 1st and 2nd, 2020, at the beautiful Clarion Resort and Fountainebleu Hotel-Oceanfront, 10100 Coastal Hwy, Ocean City, MD 21842. Keeping the convention affordable is a major goal and the registration rates are the same as last year!

The goals of this learning experience are to:

- Provide information on nursing innovations from all areas of nursing practice.
- Position Maryland nurses to be on the leading edge of healthcare changes.

The 2020 Convention will foster collaboration and provide a forum for peer to peer interactions among RNs in Maryland. This Convention offers an intimate learning environment to facilitate interactions among attendees and faculty.

To support this year’s convention theme “Year of the Maryland Nurse: 2020 Vision” the Maryland Nurses Association is seeking submissions that reflect the multifaceted ideas and practices inherent in professional nursing. We will again feature the targeted 20-minute Spotlight Sessions as well as the traditional hour-long sessions along with posters.

Educational objectives for the convention are to:
1. Analyze current nursing education and professional development updates.
2. Describe leadership applications for various nursing practice areas.
3. Compare innovative quality and research-based initiatives throughout the nursing spectrum.

Spotlight Session topics are:
- Excel: education and professional development updates across the nursing practice spectrum
- Lead: administrative, policy and leadership updates across nursing practice areas
- Innovate: improvement and research science applications to nursing processes, problems and possibilities

Registration is now open at the MNA website www.marylandrn.org. Abstracts for hour long presentations, targeted 20 minutes sessions, and posters are encouraged. Important information and the abstract application can be found at the MNA website www.marylandrn.org. Abstracts will be accepted April 15 through June 30.

Keynote Speaker
Dr. Loressa Cole, DNP, MBA, RN, FACHE, NEA-BC
Chief Executive Officer of the American Nurses Association (ANA) Enterprise

Top health experts from across the state of Maryland attended Maryland Senator Ben Cardin’s COVID-19 roundtable in March. President Dr. Charlotte Wood and Legislative Committee Co-Chair Dr. Melani Bell represented MNA. Other participants included key players from the University of Maryland Baltimore (UMB) community: Bruce E. Jarrell, MD, FACS, UMB’s Interim President; E. Albert Reece, MD, PhD, MBA, Dean of the University of Maryland School of Medicine (UMSOM) and Executive Vice President for Medical Affairs, UMB; Kathleen Neuzil, MD, MPH, Director of the Center for Vaccine Development and Global Health; and David Marcozzi, MD, MHS-CL, FACEP, Assistant Chief Medical Officer for Acute Care Services at UMMC and Associate Professor at UMSOM.

Senator Cardin provided a briefing on a variety of topics surrounding COVID-19, including prevention, supplies, federal/local funding, travel guidelines, and the steps being taken to create a vaccine. After the briefing, he opened up the floor to questions and comments from the health experts gathered in the room. This roundtable discussion came on the heels of an announcement from Maryland Gov. Larry Hogan that several cases of COVID-19 had been confirmed in the state of Maryland.

U.S. Sen. Ben Cardin of Maryland gathers health experts from across the state for a roundtable discussion at the University of Maryland Medical Center about novel coronavirus (COVID-19).
Dr. Nancy Goldstein, the President of MNA District 2, representing the nurses of Baltimore City, Baltimore County, Howard County and Carroll County, has announced that all District events scheduled for 2020 have been postponed to 2021 because of Pandemic-related concern for the health of members and patients. These events include the statewide Nursing Education Summit originally scheduled for April at the Maritime Institute in Linthicum. The Summit will be held when public health officials confirm that it is safe to do so.

The District’s annual meeting at Martin’s West in Baltimore County has also been postponed. Details and updates are available at www.district2mna.org and on the MNA website.

President’s Message continued from page 1

Annapolis” and many of you were there. Nurses from across the state met with their legislative representatives and discussed the impact of certain bills on the profession of nursing and nursing practice. During this year’s General Assembly, we successfully supported legislation on Telehealth, Identification Tags and Badges, Criminal Procedure-Victims and Witnesses-and the Restrictions on Release of Personal Information, just to name a few. Although MNA did not meet one of our priority goals, passage of the Peace Order bill (HB126, SB146) to enhance Workplace Safety, we will continue to educate our legislators about the importance and urgency of this issue. MNA, our Legislative Committee, and our lobbyist work diligently to promote, support, and submit legislation necessary to improve nursing practice and patient healthcare outcomes.

On a personal note, I urge you and your families to join me and my family in working to prevent the spread of COVID-19. Educate when you can. Support social distancing. Be aware of your health and the health of those around you. If you or a loved one has a fever, cough, or shortness of breath, call your primary caregiver right away. We must stay as safe as possible, and keep our community safe. Please follow best practices from MNA, ANA, the CDC, and the Governor’s mandate. As we look forward to our future, we must take the opportunity to preserve our memories, establish new goals, and create a lasting legacy.

Happy Nurses Month!!

Charlotte M. Wood, PhD, RN
MNA President
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Congratulations and Happy Nurses Month
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COVID-19
Advice for the Public
from the World Health Organization

Wash your hands frequently
Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.

Maintain social distancing
Maintain at least 6 feet distance between yourself and anyone who is coughing or sneezing.

Wear a mask
Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water.

Avoid touching eyes, nose and mouth
Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.

If you have fever, cough and difficulty breathing, seek medical care early
Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance.

Practice respiratory hygiene
Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.

Thank you for all you are doing to fight this health care crisis. Your unwavering dedication to the nursing profession is appreciated.
MNA's annual Nurses Night in Annapolis on February 17 again presented nurses with the opportunity to meet with their colleagues and their Maryland Senators and Delegates to discuss issues important to nursing practice and patient health.

The response in 2020 was overwhelming. Participants filled the Conference Room at the Calvert House in Annapolis to hear updates from MNA's lobbyists, Public Policy Partners. A special event this year was witnessing the award to MNA member and newly retired Maryland Senator Shirley Nathan-Pulliam.

Many nurses took the opportunity to speak with Senator Nathan-Pulliam after the official presentations. Networking and guidance to the offices of elected officials and reception followed.

It was a packed room for MNA Nurses Night in Annapolis on February 17. Dr. Melani Bell presented Senator Shirley Nathan-Pulliam, RN with an award recognizing her years of service supporting a healthier Maryland.
The Maryland Senate honored Senator Shirley Nathan-Pulliam, RN on February 17 for her years of outstanding service to Marylanders. Many colleagues, including Senator Addie Eckardt, RN (at right) were present for the ceremony.

Advocacy and Legislation

The Honorable Delegate Vanessa Atterbeary, an American politician (Democrat) who represents District 13 in the Maryland House of Delegates and Dr. Charlotte M. Wood, President of the MNA, testified in support of House Bill 126 (HB126) introduced on February 13, 2020. This bill was the Maryland Nurses Association’s (MNA) top priority bill. HB 126 PEACE ORDER-WORKPLACE VIOLENCE BILL passed unanimously by the House (130-0) on February 13. Christine Walters, Greta Engle and Cheryl Brown testified before the House Judiciary committee with the sponsor Del. Vanessa Atterbeary in support of the bill. The Maryland Hospital Association and MNA President, Dr. Charlotte Wood, were also present and testified in support of the bill. When the bill moved to the Senate, SB 846 PEACE ORDER-WORKPLACE VIOLENCE BILL was introduced by the Honorable Senator Charles Sydnor. The Senate Judicial Proceedings committee heard testimonies on the cross-filed bill on March 11 at 12:00 pm. This was where Greta and Cheryl, joined by Christine Miller and Joseph Pettiford testified in support of the bill. Unfortunately, the SB 846 did not pass in the Senate.
Advocacy and Legislation

Health in All Policies

Senator Shirley Nathan-Pulliam, RN, and supporters of a bill sponsored this year by Senator Augustine to establish a council that will assess Health in All Policies testified in Annapolis on February 18. Other nurses pictured are Dr. Carlessia Hussein and Dr. Nayna Philipsen.

National Black Nurses Association on Capitol Hill

The National Black Nurses Association (NBNA) hosted its 32nd Annual National Black Nurses Day on Capitol Hill, Thursday, February 6, 2020, at the Washington Court Hotel, Washington, DC. The theme of National Black Nurses Day was “Addressing the Social Determinants of Health: NBNA’s Call to Action.” Dr. Charlotte M. Wood, President of the Maryland Nurses Association, pictured to the extreme left on the photo, received a special invitation to participate in this event. “Over 300 nurses and nursing students from across the nation attended the event to educate their Members of Congress about “The Epidemic of HIV/AIDS”, “Climate Change and Environment Justice”, “Smoking and Vaping,” “Gun Violence and Related Consequences,” and “Mental Health, Depression and Suicide in Adolescents and Young Adults,” stated NBNA President Dr. Martha A. Dawson. “NBNA Day on Capitol Hill provides tools and offers experiences on how to best advocate for the profession of nursing and the communities where our members live and work,” stated Dr. Sheldon Fields, Chair, NBNA Health Policy Committee. “Nurses are on the front lines of health care. Nurses are change agents, advocating for the profession and for their patients. We can help with practical public policy decisions to improve the health status in our communities.”

The featured speakers were:
Mia Masten, Director, National Advocacy and Professional Relations, Pfizer; Robert Blancato, President, Matz, Blancato and Associates and National Coordinator, Defeat Malnutrition Today Coalition; The Honorable Allyson Schwartz, President and CEO, Better Medicare Alliance; Laurie Rubiner, Executive Vice President for Domestic Programs, Campaign for Tobacco Free Kids; Dr. Gregg Margolis, Director of Health Policy Fellowships and Leadership Programs, National Academy of Medicine (NAM) highlighted the need for nurses to consider applying for fellowship and leadership programs offered by NAM.

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Beverly Lang MScN, RN, ANP-BC, FAANP
Executive Director,
Nurse Practitioner Association of Maryland
NPAMExDir@npedu.com

On Monday, February 10, 2020, 48 (forty-eight) nurse practitioners and nurse practitioner students from around the state convened for the 5th Annual NPAM (Nurse Practitioner Association of Maryland) Lobby Night in Annapolis. Bill Pitcher, NPAM’s Legislative Consultant and Lobbyist, started the evening off by explaining how a bill gets passed and participated in a role-playing exercise which demonstrated to the group how to speak with a legislator and how to deliver a succinct “elevator speech.” In addition, NPAM leaders and Legislative Chairs, Clare Bode and Dale Jafari, along with Kamala Via reviewed the two bills that are of utmost importance to NPAM this 2020 legislative session. Talking points and other informational flyers were provided to each attendee to share with legislators.

The bills that we focused on for Lobby Night were: HB 317/SB 541 Mental Health - Involuntary Admission – Procedures which would allow PMHNPs (psychiatric mental health nurse practitioners) to perform psychiatric evaluations on involuntarily committed patients and to testify to the treatment they have provided to a patient during administrative law hearings; and, HB 936 Health Occupations – Nurses – Delegation of Nursing Tasks, which would clarify that APRNs can delegate nursing tasks to unlicensed personnel, such as Medical Assistants.

We believe that both of these pieces of legislation are necessary to improve patient care and to increase access to care. If you wish to read more about these bills, you can access information on the NPAM home pages.

Both Senators and Delegates were visited to garner support for both of these bills and to educate all on the role of the nurse practitioner and the vital part nurse practitioners play in the healthcare system. Despite the cold drizzle outside, all were warmly received by the legislators in Annapolis.
Janet Selway, NPAM member and Past-President

The new venue of the Grand Hyatt provided an ideal location and very comfortable space for the annual American Association of Nurse Practitioners (AANP) Health Policy Conference which took place on March 8-10, 2020, in Washington, DC, and was chaired by Nurse Practitioner Association of Maryland (NPAM) member and Past President Janet Selway.

Highlights of AANP 2020 Health Policy Conference included a surprise visit by Secretary Alex Azar on March 10th. His remarks to the group can be accessed at: https://www.hhs.gov/about/leadership/secretary/speeches/2020-speeches/remarks-to-american-association-of-nurse-practitioners.html. As the top health official in the U.S., while in the midst of one of the worst pandemics in U.S. history, Secretary Azar made time to speak to our group. Thank you to Secretary Azar and to AANP VP of Government Affairs, MaryAnne Sapio, for working to make this happen.

The keynote speaker was Donna Brazile who is both hilarious and brilliant. She brought all of us to our feet with her appreciation and keen understanding of what Nurse Practitioners do. Her presentation was interspersed with irreverent humor, no-holds-barred political commentary, and wonderful stories.

On day two there was a Point-Counterpoint by two former Congressmen – the Honorable Alan Wheat (D. Missouri) and the Honorable John Shadegg (R. Arizona) as they shared different political perspectives in an entertaining and informative banter.

Additionally, there were updates from AANP government affairs staff on both federal and state issues (NPAM bills were mentioned); CMS presented an update on value-based purchasing; Harvard economist David Cutler outlined the impact of current health economics on NPs; past AANP president Penny Jensen summarized her six-year Herculean effort to implement full practice authority for APRNs within the VA system (earned a well-deserved standing ovation); two NP panels presented – four NP leaders outlined full practice authority victories in their states, and three “real” NPs discussed their own health policy achievements, one of whom became mayor of her town.

While lobbying we advocated for:
1. The President’s Executive Order (EO) 13890, Section 5. “Protecting and Improving Medicare for our Nation’s Seniors”

NPAM members lobbied on the hill and visited the offices of Senators Cardin and Van Hollen, and Representatives Brown, Ruppersberger, Hoyer, Trone, Raskin, and Sarbanes. We had an especially promising visit with Senator Van Hollen’s staff – his legislative assistant (L.A.) noted that our arguments were very compelling. Said she would definitely speak to the senator about diabetic shoes and our other initiatives. Rep. Trone’s L.A. asked Cathy Chapman if the congressman could contact her about rural health issues as this is a big interest of his. Way to go, Cathy!

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Congratulations to MNA President, Dr. Charlotte Wood, Associate Professor in the Helene Fuld School of Nursing at Coppin State University, on being awarded the 2020 University System of Maryland Board of Regents Faculty Excellence Award in Public Service.

To receive this award, a faculty member must demonstrate a remarkable contribution to valued work that benefits the citizens of Maryland, the nation, or humanity in general, and the Regents have deemed this to be the case for our own President, Dr. Wood. Congratulations, Madam President!

Seven University of Maryland School of Nursing Programs Top Ranked in the Nation

In the newly released 2021 edition of U.S. News & World Report’s “America’s Best Graduate Schools,” the University of Maryland School of Nursing (UMSON) has remained ranked among the best schools in the nation for its overall Doctor of Nursing Practice (DNP) and Master of Science in Nursing (MSN) programs, out of 603 accredited nursing schools surveyed.

The MSN Clinical Nurse Leader (CNL) option, the only such program in Maryland, remains ranked No. 2 in the nation for the second year in a row. The program has been ranked among the top five in the nation for more than five years. Launched in 2005, UMSON’s innovative CNL program has prepared more than 1,000 students with degrees in other fields to enter the nursing workforce.

The School’s Family Nurse Practitioner (FNP) DNP specialty rose in the nationwide rankings to No. 4 among all schools of nursing and No. 1 among public schools of nursing. The specialty is offered both in Baltimore and at the Universities at Shady Grove in Rockville, Maryland, an effort to expand FNP education to better meet the needs of nurses and to prepare them to practice in underserved areas in the western, more rural portion of the state. The program boasts a 100% pass rate on the American Academy of Nurse Practitioners Certification Board exam for its 2019 graduates.

Among public schools of nursing, UMSON also ranked No. 1 in the nation in the DNP Administrative/Management category (No. 7 among all public and private schools) and the DNP Adult-Gerontology Acute Care Nurse Practitioner/Adult-Gerontology Clinical Nurse Specialist (No. 8 among all schools). In the MSN Nursing Administration category, UMSON ranked No. 4 among public schools of nursing and No. 11 among all schools.

With the 2021 rankings, U.S. News is no longer ranking a number of specialty areas and has chosen to rank many nurse practitioner programs only at the master’s level. Such previously top-ranked UMSON programs include the Nursing Informatics master’s specialty, which was ranked No. 1 for the entire period the organization ranked such programs; the Nurse Anesthesia DNP specialty; the Pediatric Primary Care Nurse Practitioner DNP specialty; and the Psychiatric Mental Health Nurse Practitioner – Family DNP specialty.

Univ. of MD School of Nursing Delivering Sewn Face Masks

As hospital systems continue to be challenged to meet the needs of patients who may be COVID-19 positive, the Centers for Disease Control and Prevention (CDC) has issued guidance approving the use of cloth masks. In response, the University of Maryland School of Nursing put out a call to faculty, staff, students, alumni, and community members who can sew such masks with links to instructions. In just one week over 400 masks have been sewn and delivered to the University of Maryland Medical Center with many more masks arriving each day.

“The response from the community has been overwhelming,” says Susan Dorsey, PhD, MS ’98, RN, FAAN, professor and chair, Department of Pain and Translational Symptom Science, UMSON. “To see everyone come together to support front line clinicians and staff who care for patients during this difficult time has been incredibly inspiring to me. It’s truly an example of how communities come together during times of enormous challenge!”

Two from the Johns Hopkins School of Nursing Will Join Sigma’s Researcher Hall of Fame

Johns Hopkins School of Nursing (JHSON) faculty members Jason Farley, PhD, MSN, MPH, RN, and Mona Shattell, PhD, RN, FAAN, have been selected for induction in the Sigma International Nurse Researcher Hall of Fame. The honor signifies their lifetime achievements in nursing, contributions to research, and mentoring of future nurse researchers.

Farley, professor and director of JHSON’s PhD program, is well recognized for his expertise and contributions to global HIV prevention, treatment and care, as well as Tuberculosis co-infection. He has worked in South Africa to investigate treatment outcomes of patients with multi-drug resistant tuberculosis and HIV co-infection. In the U.S., he has developed an app called PrEPtime to increase patient access to services across Maryland that support HIV care and prevention. Farley is founder of JHSON’s REACH Initiative, which provides capacity building, technical assistance, and clinical services for prevention, care, and support for persons at-risk or living with HIV.

As past president of the Association of Nurses in AIDS Care, Farley is also a fellow of the American Academy of Nurse Practitioners and American Academy of Nursing, a JHSON Diversity Trailblazer, and has been named one of the 150 most influential people in HIV/AIDS care by the International Association of Providers in AIDS Care.

An internationally recognized expert in inpatient mental health nursing, Shattell studies the mental health of underserved populations, particularly among long-haul truckers. She focuses on therapeutic relationships, environments of care, nursing education, and psychosis. Her advocacy efforts include serving as a board member for community non-profit mental health promotion and service organizations.

At JHSON, Shattell is inaugural associate dean for faculty development where she promotes faculty advancement and retention and the environment of diversity, inclusion, and mentorship. She is an active social media user, a Huffington Post blogger and has had numerous opinion pieces published in the New York Times, The Atlantic, and Health Affairs blog. She is editor of the Journal of Psychosocial Nursing and Mental Health Services.

Farley and Shattell will be inducted at Sigma’s 31st International Nursing Research Congress in July, where they will join the ranks of 15 other JHSON faculty who are members of the Researcher Hall of Fame.
BETH SCHENK, PHD, MHI, RN-BC, FAAN  
CARA COOK, MS, RN, AHN-BC  
SHANDA L. DEMOREST, DNP, RN-BC, PHN

There is increasing interest and engagement among the nursing community around environmental matters that influence human health, such as climate change. Nurses are trusted health professionals and make up nearly 40% of the healthcare workforce, serving as catalysts of change in their institutions and practice settings.

To activate nurses, the Alliance of Nurses for Healthy Environments (ANHE) and Health Care Without Harm (HCWH), launched the Nurses Climate Challenge (the Challenge) in May 2018. The Nurses Climate Challenge is a national campaign to educate health professionals on climate and health, with nurses leading the education. The Challenge started with the original goal to educate 5,000 health professionals and was quickly surpassed in less than a year due to the combined efforts of Nurse Climate Champions around the world.

The response to the Nurses Climate Challenge has been robust. There are over 1,000 nurse climate champions from nearly all 50 states, with over 13,000 health professionals educated since the launch. In addition, nurses from 19 countries outside the United States are registered as Nurse Climate Champions. However, there are nearly four million nurses and 18 million workers in the healthcare sector in the US alone; therefore, there is an opportunity to exponentially scale the impact of the Challenge. To do this, we are aiming to educate 50,000 health professionals by 2022.

The Nurses Climate Challenge offers a comprehensive toolkit with all the resources nurses need to educate colleagues on climate and health and engage in climate-smart practices in health settings and at home. Nurses using the Challenge resources are highlighted through profiles (https://nursesclimatechallenge.org/champion-profiles) published on the Challenge website, shared in newsletters, and posted on social media to showcase the work being done and to inspire others to join.

The Challenge also calls on nurses to be advocates for climate and health. Leading within a nursing organization, health institution, or academic center to spearhead initiatives to address climate change is an example of how nurses can move health professionals from education to action. The Challenge resources include a guide to taking action within workplace and home settings and provide other points to get started.

As a nurse, you can also educate policymakers and the public about the connection between climate and health and how to take action by writing a letter to the editor in a local newspaper, meeting with elected officials, or talking with patients, friends and family members, and/or your community about the health impacts of climate change. The Challenge website includes sample talking points and a template letter to the editors in the resources section.

Furthermore, the CHANT: Climate, Health, and Nursing Tool 2020 is now available. CHANT is a 10-minute voluntary survey asking respondents about awareness, motivation, and behaviors related to climate and health. Nurses and other health professions are encouraged to take the survey every year. Access CHANT here: http://bit.ly/30riTR9. Learn more and join the Nurses Climate Challenge by visiting nursesclimatechallenge.org.

### School Nursing Opportunities

**Prince George’s County Public Schools**

As one of the nations largest school systems, Prince George’s County Public Schools in Maryland has immediate openings for the following:

**School Registered Nurse**

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For years I would take pleasure in the self-imposed title of multi-tasking phenom. There were very few instances where I declined a nursing related opportunity (or any other purpose-fulfilling offer for that matter). Whether it was pursuing higher education, picking up extra clinical shifts, attending a professional development conference, or engaging in social events because of the networking opportunity it presented – the answer was always, “Yes, I can do that!” The act of saying “No” would physically pain me. Oftentimes colleagues, family and friends would say, “I don’t know how you do it all.” Generally, I would offer a spiritually-connected retort and simply continue with the “busyness” that was my life. But is “busyness” truly the new normal? No, it can’t be!

Recently, I began to reflect on the mental, physical, social and emotional impact “busyness” was taking on my life. The constant barrage of deadlines and expectations (both implicit and explicit) was becoming overwhelming. The relentless pressures to perform and the incessant need to manage multiple tasks simultaneously only caused me to become less productive. But how could nursing, a profession and art-form that I am so passionate about, have me feeling so disappointed in myself and unfulfilling to others? What I have come to realize is that because I am so passionate about what I do as a nurse, this passion has also resulted in a chronic state of “busyness.”

As a nurse educator, a frequent classroom discussion relates to the importance of self-care and that we “can’t pour from an empty cup,” but admittedly I have not been a good steward of my own teachings. On the rare occasion when I would allow myself to engage in self-care, the activity or outlet was shrouded with so much “busyness” that the self-care action often did not serve the intended purpose. Having to arrange childcare or drive far distances to connect with friends only added to my frustration. However, as I have tried to become more intentional and deliberate about my activities, I have learned quite a bit on my journey. Through my attempts to combat the chronic state of “busyness,” I realized that

Performance Orientation

For years, my busyness was driven by performance orientation. Performance orientation, or the notion that I must earn or work for my value, forced me to take on countless projects knowing I did not have the capacity to do so. The need to be rewarded was my motivation. Whether it was being recognized with an increase in pay, higher degree, promotion, title, or status, performance orientation had me delusional about what was truly important and meaningful in life. I would consistently get caught in cycles of work – reward – feelings of discontent – I better work harder. While for decades I thought the work-reward cycle was something to be marveled at, I am learning that my purpose is bigger than the self-serving nature of that vicious cycle. Now, instead of determining my worth by the number of items I can juggle, as if I was the ringmaster in the three-ring circus that was called life, I find joy in being and not just doing.

Doing versus Being

As you may expect, “busyness” is associated with doing. For me, “busyness” was knowing that I had a list of tasks to complete for the day, and I made it my mission to check the box next to as many tasks as possible, because it gave me a sense of accomplishment. Work, “check;” Kids’ activities, “check;” Dinner made, “check;” Went to the gym, “check;” Finished my homework, “check;” and the list continues, “check, check, check.” However, as I am on this journey to self-discovery and the aim to act with purpose, even as I am writing now, I recall accomplishing those tasks in a mindless, completely disengaged way. I was oftentimes too distracted or preoccupied to actually find joy in any of my daily activities. Constantly being distracted, at times, also made me not the nicest person to be around. Because I was continually focused on the next thing I needed to do, any interruption to my plans was a considerable inconvenience, and often resulted in overreaction or miscommunication on my part. Sadly, “busyness” was stealing my joy. “Busyness” was not only stealing my joy in nursing, but also in my personal life. But how would I get off of the path of “busyness,” and onto the road to joy? For me, I had to consciously make the decision to no longer focus on doing, but rather emphasize being.

There is no shortage of literature on mindfulness, mindful behaviors and being present in nursing practice. Doing, in my experience, is inwardly focused; whereas being is outwardly facing. For me, it was hard to put down my cellphone and avoid checking emails at the dinner table. It was equally challenging to take five minutes away from documenting in the medical record and truly engage with my patient. But now, as I focus more on being fully present, I realize how much I have missed out on around me, while I was consumed in my own little world. The simple act of giving another human being my full, undivided attention does wonders for my soul, but it also shows the other how much I care about, and value them. Being is not a novel idea, but it can be powerful.

While there are times when I am tempted to revisit old behaviors (because bad habits are hard to break), I find joy in knowing that my current way of being is far more valuable to myself and others. Throughout my journey to combat busyness, my perspective has drastically changed, and so too has my outlook. I embrace my weaknesses; I look to others for help when I feel overwhelmed, and as Richards (2015) describes, I strive for “the disciplined pursuit of less, but better” (p. 119). Before I considered myself a multi-tasker, but now I’d like to think I am more of an essentialist – clinging only to what is important, and decluttering everything else. No longer does uttering the word, “No” bring me pain; instead now I truly understand what I am saying. “Yes!” to

Have you ever felt caught up in cycles of busyness? Know that nothing changes, “nothing changes. In a society that reinforces doing over being, will you join me in engaging in what brings joy to the heart and let go of the busyness?”

References

Colonel Andrew “Andy” Wolkstein, MA, RN, NEA-BC, United States Air Force, Nurse Corps (Retired) is a former military nurse who has extensive background and experience in global health. During this interview, Colonel Wolkstein, a retired Air National Guard, shares his experience, perspective, challenges, and opportunities in global health nursing within the military environment. Military nursing provides tremendous career opportunities to blend a passion for the profession, while being of service to humanity in the immediate community and abroad. Excerpts of the interview are provided below.

**Question: Please share with us your background in the military.**

I joined late in life, at 32 years old. I have a Bachelor's in Psychology and a Diploma in Nursing with a Master's in Health Services Administration. My military education includes Aeromedical Evacuation (Flight Nurse) School (1983); Squadron Officer School (1987); Battlefield Nursing, C-9 Program, Air War College in Residence with a Master of Arts in Strategic Studies (2007). My expertise includes Emergency Nursing, Flight Nursing, Nursing Administration with a Certification in Nurse Executive-Advanced, Materials Management, and Hospital Administration. I also retired from Federal Services with over 17 years with the US Department of Veterans Affairs (VA), Veterans Health Administration (VHA) as a Health Systems Specialist.

During my military service, I was a member of the 167th Aeromedical Evacuation Squadron (AES), one of nine Air National Guard AESs in the Air Force's inventory. I held multiple positions to include Security Officer, Medical Readiness Officer, Assistant Chief Nurse, Chief Nurse, Nurse Commander, and Commander. My deployments as Medical Crew Director/Flight Nurse and Officer in Charge of Mobile Aeromedical Staging Facilities (MASF) include Operation Desert Shield (Dhahran and Riyadh, Saudi Arabia; Thumrait, Oman) August 1990; Operation Desert Storm (Frankfurt, Germany) January 1991; Operation Joint Endeavor (Taszar, Hungary) April 1996; Operation Iraqi Freedom (Manama, Bahrain; Prince Sultan Air Base and Tabuk, Saudi Arabia; Baghdad, Iraq) January 2003; Hurricane Katrina (Belle Prince Sultan Air Base and Tabuk, Saudi Arabia; Operation Joint Endeavor (Taszar, Hungary) April 1996; Operation Iraqi Freedom (Manama, Bahrain; prince Sultan Air Base and Tabuk, Saudi Arabia; Baghdad, Iraq); September 2005.

**Question: What have you enjoyed the most and the least?**

The most enjoyable aspect of my military service was the mission which was noble as we were privileged to take care of our wounded and ill military members around the world. My National Guard Unit deployed to Saudi Arabia, Kuwait, Somalia, Cuba, Bosnia, Hungary, Afghanistan, Iraq, and many other hot spots, as well as supported humanitarian efforts. What I liked the least was leaving my family during all my deployments.

**Question: What are some of the Challenges that Nurses in the military face?**

When deployed, living and working in austere conditions while under attack was a challenge. Also, while deployed, in some instances not having all the equipment, medicine, and supplies that you would normally have in an American hospital made the delivery of healthcare more challenging.

**Question: What are some of the military nursing opportunities?**

There are unlimited opportunities in all branches of the military, to include U.S. Air Force, Army, Navy, as well as Public Health Service. This includes Active Duty, Reserve, and of course, National Guard. Each have their incentives and skill codes.

**Question: What do you see as some future trends of military nursing?**

Cutting edge technology, experiences, and world travel are future trends. Education is part of the military experience, whether military or civilian education to include Certified Registered Nurse Anesthetist (CRNA), Bachelor’s in Nursing (BSN) or Master’s in Nursing (MSN) or Master’s in Business (MBA). Tuition assistance is available depending on the branch and component of service, as well as the state in the case of the National Guard.

**Question: What educational requirements are there for someone thinking about getting into a military nursing career?**

Serving in the military usually requires a BSN for Officers, however, some branches, such as Air National Guard. Aeromedical Evacuation Technicians (AETs) can join as Enlisted and have their BSN paid for while working as a Technician. After graduation and passing their state boards, they may receive a commission as a 2nd Lieutenant.
Federally Qualified Healthcare Centers (FQHC) – How Nurses Can Benefit and Contribute

Kathleen Brewer, PhD, RN

Federally Qualified Healthcare Centers (FQHC) are federally-funded healthcare facilities established in regions with populations underserved with respect to healthcare. FQHCs should be of interest to nurses as a resource for patient referrals, opportunities for employment and career development, and volunteer community service on the Board of Directors (BOD). The latter is a surprisingly good opportunity for career development.

Brief Regulatory Details Relevant to FQHCs

A FQHC is a non-profit community health center (CHC) operating as a 501(c)3 tax-exempt entity. The FQHC is regulated by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC). The principal resource is the HRSA Compliance Manual. The mission of a FQHC is to increase access to comprehensive primary and preventive health care and to improve the health care status of underserved, underserved, and non-insured members of the community. Services are provided regardless of ability to pay on a sliding scale. FQHCs may be Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing. Clinical services provided at a FQHC typically include comprehensive family primary care, women's health, behavioral health, dental, and sometimes vision.

FQHCs in Maryland

An estimated 6% of Maryland residents are believed to lack health insurance. The state poverty rate is approximately 10%. FQHCs are not always located in rural areas. According to the Rural Health Information Hub, as of April 2019, Maryland had no Rural Health Clinics, with 24 FQHCs located outside of urbanized areas.

How Nurses Can Contribute to the Challenges of Healthcare Delivery in a FQHC Setting

There are several challenges in the delivery of healthcare in a FQHC setting. Patient-specific issues include those associated with lower-income populations, eg., underemployment, limited education, and less preventive health care. Operational issues include the large burden of the applicable federal regulatory requirements, staffing recruitment and retention, and sometimes limited transportation for patients.

A FQHC is governed by the BOD and management is performed by the Chief Executive Officer (CEO) and staff; an important distinction. The majority of the BOD is comprised of consumers of services offered by the FQHC who demographically represent the individuals served by the organization. The BOD typically also includes members of the community selected for their expertise in pertinent areas, eg., legal, finance, marketing, strategic planning, local government or social agencies, and healthcare. The BOD has the responsibility for selecting the CEO, establishing policies, evaluation of FQHC activities, and strategic planning. BOD membership is an opportunity for nurses to contribute and learn. BOD membership responsibilities include monthly attendance at a general meeting and one or more subcommittee meetings. The quality assurance and risk management committee(s) which typically involve review of policies, incident reports, and plans for risk mitigation are a good fit for persons with clinical backgrounds. In addition, the FQHC reports performance yearly using the Uniform Data System (UDS) measures (eg, diabetic control as measured by A1c, hypertension control, vaccinations, and weight control counseling for adults and children). BOD membership responsibilities may require a commitment of up to approximately eight hours per month. The BOD membership of nine to 25 rotates every few years. Challenges include the difficulty in attracting motivated volunteers who are truly representative of the FQHC consumer population, balanced with the need for expertise in the board functions referred to above. BOD members have a learning curve with respect to the HRSA regulatory framework and the working relationship between the BOD and the FQHC leadership. It's not easy to recruit qualified volunteer BOD members.

With respect to staffing a FQHC, no one ever goes into public-service oriented work to get rich. Salaries and benefits in FQHCs tend to not be among the most competitive. There are recruitment and retention challenges at several levels. However, there are various loan tuition forgiveness programs applicable in Maryland for healthcare workers in nonprofit agencies such as FQHCs (see reference list). On the downside, once the public service requirement for loan forgiveness is completed usually in two years, there may be little incentive for the clinician to remain on staff. Also relevant, medical assistants (MAs) play an important role in performing administrative tasks for the clinicians in FQHCs. The learning curve for MAs is considerable, taking several months. However, MAs may be high among MAs. Nurses have the opportunity to contribute to the MA retention issue in a positive manner with training and support for the MA role.

In conclusion, FQHCs should be of interest to nurses as a resource for patient referrals as well as opportunities for professional development and volunteer service.

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Rural Health Information Hub: Scholarships, Loans, and Loan Repayment for Rural Health Professionals. Accessed at: https://www.ruralhealthinfo.org/topics/scholarships-loans-loanrepayment

Uniform Data System (UDS) Resources. Accesssed at: https://bphc.hrsa.gov/datareporting/reporting/index.html

What is a Health Center. Accessed at: https://bphc.hrsa.gov/about/what-is-a-health-center/index.html

In conclusion, FQHCs should be of interest to nurses as a resource for patient referrals as well as opportunities for professional development and volunteer service.

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The Nature Tincture

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Jackie Levin, MS, RN, AHN-BC, NC-BC

Jackie Levin earned her BSN from the University of Vermont and MS in Holistic Nursing from the College of New Rochelle, and a BA in Women Studies from the University of Massachusetts in Amherst. She is a Nationally Board Certified Advance Practice Health and Wellness Nurse Coach and certified in Healing Circles, Ericksonian Hypnosis and Healing Touch. Jackie is the Executive Director of Leading Edge Nursing, a published author, public speaker, and patient advocate with more than 30 years of experience in healthcare. Through Leading Edge Nursing, Jackie's work is transforming healthcare organizations and cultures of stress into workplaces that generate health and wellbeing from the inside out. Jackie is a trained mindfulness instructor, a Nationally Board Certified Advanced Practice Holistic Nurse and Wellness/Leadership Coach, co-authored chapters in four editions of the textbook Holistic Nursing: A Handbook for Practice. Jackie authored two virtual and in-person programs, Room to Breathe: Rewiring for Ease the 7-lesson online mindfulness program for health professionals and Medicine Walks and the Art of Transformative Inquiry day-long retreat to reconnect with the heart and soul of our healthcare practice. Jackie can be reached by email at Jackie@LeadingEdgeNursing.com or at her office at (206) 304-7703.

“Those who contemplate the beauty of the earth find reserves of strength that will endure as long as life lasts” (Carson, 1956).

There are reasons people seek out nature when the stress of the world weighs heavy on their hearts. There are reasons people pick up stones and shells from a beach and set them on their desks or shelves or nurture potted plants to grow. Many people have pets and others walk to a local park or travel further into the wilderness, for joy and solace. Perhaps it is the vastness of nature and the recognition of an individual smallness that calls them to be befriended by the natural world. Or perhaps people find some sense of belonging—an essential component of life—from the way nature enfolds and enfolds without judgment or discrimination, all: the healthy, the sick and the dying.

Wilson (1984) called this magnetic pull for a close connection with other forms of life “biophilia.” Neuroaesthetics scientist Nancy L. Etcoff (as cited in Pak & Reichsman, 2017) believed the draw and benefits of affiliating with nature’s beauty is part of our evolutionary design. But does time in nature or natural environments actually have healing effects? Can time in nature or natural environments actually have healing effects? Can time in nature have a beneficial impact on the practice of nursing and on how nurses show up as leaders and administrators? And how does someone gain this benefit amidst their busy lives and work schedules?

When the resource of time is limited

“…[Work] and life are not separate things and therefore cannot be balanced against each other except to create further trouble” (Whyte, 2009, p. 12).

Whyte (2009) proposed the pathway to wellbeing is the recognition there is an ongoing relationship and need for continuous dialogue among three major life commitments, also known as the three marriages:

The Nature Tincture continued on page 18
The Nature Tincture continued from page 17

in response to the increased time spent inside and in front of electronic screens. Bratman, Hamilton, and Daily (2012) defined nature as areas that include a range of plants and nonhuman animals, landscapes such as gardens and parks to wildernesses and includes non-living elements like sunsets and large horizons as those found at the ocean or in the mountains.

Research

The good news is the benefits of time in nature and time with nature doesn’t have to take someone far from home or days in the wilderness. In the Bratman, Daily, Levy, and Gross (2012) study, sixty participants were randomly assigned to either a 50-minute walk in a natural or an urban environment in and around Stanford, California. The nature walk group resulted in the following benefits: “decreased anxiety, rumination, and negative affect, and preservation of positive affect as well as cognitive benefits (increased working memory performance)” (Bratman et al., 2015, p. 48) when compared to the urban group. Hunter, Gillespie, and Chen (2019) conducted an eight-week study on stress reduction as measured by salivary cortisol. The researchers found an NE of twenty and thirty minutes offered the most benefit to the study participants.

References:

Hunter, M. R., Gillespie, B. W., Yu-Pu Chen, S., (2019). Urban nature experiences reduce stress in young college students to the elderly with chronic illness on multiple systems: cardiac and pulmonary function, immune function, inflammation, oxidative stress, stress, anxiety, depression, and emotional response.

Indoor Nature Exposure

Because people spend so much time indoors, spaces that include naturescapes are growing in popularity and in recognition of their health benefits. DuBose et al. (2018) explained that according to the Samuelian Institute, qualities that enhance an indoor nature experience include: Spacess that evoke a sense of cohesion...and [have a] homelike environment, access to views and nature, light, noise control, barrier-free environments... [These] environments can induce physical and emotional responses such as happiness, joy, and relaxation...all of which are antecedents to healing. (p. 43)

How to bring nature into your three commitments

In developing a dialogue among your three commitments, think about the ways you already incorporate nature into your personal time, your relationships and at work, and identify ways you can amplify these. If you take walks by yourself, can you sometimes include your partner or a friend, or make a phone call to your family when you are taking a walk. If you tend to stay indoors during your work break, can you now include one or two times a week, a walk outside? Even in urban environments, many cities have created indoor and outdoor green spaces for public use. If you have a neighborhood park, make a relationship with just one tree. Visit it as if it were a relative and become familiar with the changes it makes throughout the seasons.

As in any wellness strategy, people have personal preferences and different access to nature environment. If you don’t have much green space in your neighborhood or near your work, bringing in clippings of rosemary or peppermint, for color and refreshing scent, or even grow rosemary in a potted plant for your home or office space, can improve mood and a sense of wellbeing. No matter what your role is in healthcare, there is stress, overwhelm, and frustration that impact your health and wellbeing, mood and digestive system, how well you fight off colds or how well you attend to the needs of staff, colleagues and administrators. Taking a tincture of nature can be one avenue to bring more vibrancy to your personal life, work life and relationship life.

References:

Hunter, M. R., Gillespie, B. W., Yu-Pu Chen, S., (2019). Urban nature experiences reduce stress in young college students to the elderly with chronic illness on multiple systems: cardiac and pulmonary function, immune function, inflammation, oxidative stress, stress, anxiety, depression, and emotional response.

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Feel free to contact me, Donna Downing-Corddry, NFM President via email at donnacdowningcorddry@gmail.com or contact the MNA office number (443) 334-5110.

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