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Who is This Nurse?

Nursing and Race

Barbara Belanger, MSN, RN, CNOR, Co-editor

The COVID-19 pandemic has changed the way many of us view and interact with others in our home and work communities. Listening to the stories on the evening news of a person relating the pain from losing someone or joy in recovering from the coronavirus connected us as a nation. These stories cut through the waves of political tension that complicated an already difficult need to protect ourselves through prevention. Stories of the limited resources for healthcare providers to protect themselves provided a small window into the lives of nurses at the frontline of care in medical institutions, clinics, rehab, addiction centers, prisons, and other community facilities, all for whom working remotely was not possible. Working alongside my colleagues, I observed and listened to the fears, anxiety, uncertainty, pain, frustration, and joy experienced in their encounters. I listened to stories of nurse practitioners setting up their practice to work remotely and ensure continuity of care for the most vulnerable populations. These nurses experienced a different set of problems that were equally as challenging. Nurse administrators maintained an essential presence at the leadership level advocating for access to resources and supporting efforts that promoted protection, personal health, and safety for their nursing teams. Nurses in legislation and health care policy practice areas advocated for nurses and patients alike. Nurse educators in healthcare facilities and universities met the need to ensure medical student entering the profession or a new area of practice. We need to share stories from all nurses and connect as a profession. Easy and difficult times, as well as good and bad events, define the path of life that is well-known to us. We are united by compassion to create a caring, trusting, and safe society.

The spirit of caring that Dr. Jean Watson, Nurse Theorist of Caring Science and a renowned nurse leader and Living Legend, and Dr. A. Lynne Wagner, Nurse Educator and Caring Science scholar who founded the Massachusetts Regional Caring Science Consortium, speak about is a guiding light for each role nurses have filled during this pandemic to promote health and prevent harm. This light has not dimmed. Florence Nightingale faced overwhelming obstacles as she persistently and patiently advocated for principles that were proven to promote health and prevent illness.

We have faced obstacles during the COVID-19 pandemic with the same persistence and patience to make the seemingly impossible work. During this extraordinary time, support given from and to each other as we cared, not just for patients, but others around us, was essential from a human perspective. On a final note, I would like to comment on the positive influence of nurses to minimize the health impact from a resurgence of the COVID-19 pandemic. Research demonstrates the value of masks in preventing transmission of infectious diseases, including the coronavirus. The public listens and pays attention when nurses speak up. When nurses wear masks, it influences those around them to wear masks. Omoiyari is a Japanese concept that – to me – describes the best of nurses united by compassion to create a caring, trusting, and safe society.

I hope that you are inspired by the stories in this issue of the ANAMASS Newsletter. I am interested to hear about your stories, experience, thoughts or ideas that you are willing to share in the ANAMASS newsletter. Please feel free to reach out.

All the best,
Barbara Belanger, MSN, RN, CNOR

Editorial

Barbara Belanger, MSN, RN, CNOR, Co-editor

Save the Date

ANA Massachusetts 20th Anniversary Awards Gala
Friday, April 9, 2021 Royal Sonesta Hotel * Cambridge, MA

Healthcare Reform Efforts Webinar: Applying a Health Equity and Social Justice Lens

(Provided by the American Nurses Association Massachusetts and jointly provided by the College of Nursing, University of Massachusetts/Amherst) Thursday, September 24, 2020, 9:30 a.m. – 11:30 a.m.

Featured Speakers:
Christine Schrauf, PhD, RN, MBA
Raeann LeBlanc, PhD, DNP, AGPCNP-BC, CHPN

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impacts both mental and physical health. The COVID-19 and discrimination. Even I have not been exempt from senseless acts of violence, injustice, and systemic racism change are lacking.

The past few months have brought to light a great many distressing matters in our world. A global pandemic underscored and exacerbated the stark racial disparities that exist in healthcare. The senseless murder of George Floyd and many other people of color that came before him made the world finally take pause and reflect: after hundreds of years of racial inequality and injustice, how can it be that this is the world we live in? It’s not supposed to be this way.

I, like many others, have taken these past months for introspection; to examine my own thoughts and actions. I’ve had meaningful conversations with friends and colleagues on a deeper level than ever before. I realize my understanding and perceptions only scratch the surface of what is true and real. I have learned that the conversations I will have with my daughter about what she should do or say if she is ever pulled over in a car by the police or the precautions she should take when going out for a jog — these are different than the conversations my friends of color are having with their children. I have learned that when comments are made, although I may think are benign, they may “land” differently to people of color who have been dealing with microaggressions their entire lives. I have learned that to be silent is to be complicit. As I take more time to fully understand the thoughts, feelings and actions of others, I hope to think more. To do better. To be better.

Nursing is a profession that transcends color, race, gender and religion. It is the most beautiful, dignifying way to connect on a human to human basis. As nurses I believe we model what is good and right in the world. We should be advocates and leaders in this time, paving the way for others to see what human connection should look like, regardless of the color of one’s skin. Although this time is uncomfortable and incredibly challenging, I believe we are making progress. When I think back to the sign “Dear Children of the World, It’s Not Supposed to Be This Way” - I am comforted to think that it won’t be for long.

Looking ahead towards the future — of our world, of nursing, and of our organization, there are many positive things in store. One of the longstanding goals of ANAMASS has been the creation of a SoCoI charitable Foundation to advance the nursing profession, promote scholarship, and support research and innovation. Upon entering the role of President of ANAMASS, I vowed to devote the resources to the creation of such a Foundation. With the time and true dedication of our inaugural Board Members: Gino Chisari, Barbara Gallo and Brenonna Gwynn, Tara Taheri, assisted by Cammie Townsend and Lisa Presutti, we are thrilled to announce the Foundation for Nursing Advancement in Massachusetts, Inc. (FNAMA, Inc.), is fully operational. More information will be sent to members and please visit anamass.org to learn more about the Foundation.

ANA President Condemns Racism, Brutality and Senseless Violence Against Black Communities

Silver Spring, MD - The following statement is attributable to American Nurses Association (ANA) President Ernest J. Grant, PhD, RN, FAAN.

“As a nation, we have witnessed yet again an act of incomprehensible racism and police brutality, leading to the death of an unarmed black man, George Floyd. This follows other recent unjustified killings of black men and women, such as Ahmad Arbery and Brenonna Taylor to name a few.

Protests have erupted in cities across the country and the world in response to a persistent pattern of racism in our society that creates an environment where such killings occur. Justice is slow and actions to ensure real change are lacking.

As a black man and registered nurse, I am appalled by senseless acts of violence, injustice, and systemic racism and discrimination. Even I have not been exempt from negative experiences with racism and discrimination. The Code of Ethics obligates nurses to be allies and to advocate and speak up against racism, discrimination and injustice. This is non-negotiable.

Racism is a longstanding public health crisis that impacts both mental and physical health. The COVID-19 pandemic has exacerbated this crisis and added to the stress in the black community, which is experiencing higher rates of infection and deaths.

At this critical time in our nation, nurses have a responsibility to use our voices to call for change. To name and shame is to be complicit. I call on you to educate yourself and then use your trusted voice and influence to educate others about the systemic injustices that have caused the riots and protests being covered in the news. The pursuit of justice requires us all to listen and engage in dialogue with others. Leaders must come together at the local, state, and national level and commit to sustain efforts to address racism and discrimination, police brutality, and basic human rights. We must hold ourselves and our leaders accountable to committing to reforms and action.

I have a deeper moral vision for society, one in which we have a true awareness about the inequities in our country which remain the most important moral challenge of the 21st century. This pivotal moment calls for each of us to ask ourselves which side of history we want to be on and the legacy we will pass on to future generations.”
Advanced Care Planning: Understanding the Barriers

Saby St. Pierre, MSN, CRN

“What is this patient’s code status?” This is one of the first questions asked by any one of us from the STAT team. A rapid response. Our STAT team responds to emergent situations at a time when health conditions worsen and COVID-19 has taken its vicious course. On one particular night, we were called to a unit for an 86-year-old woman with dementia who had been intubated. Her general goals were to avoid hospitalization, less responsive, requiring high levels of oxygen. She was a full code; meaning we would pursue any and every life sustaining measure to keep her alive. The next step would be intubation.

My colleague quickly donned her PPE, ready to enter the room and provide immediate medical attention to this elderly patient. We cracked open the code cart. The anesthesiologist gloved up, and through the hooded shield he wore for protection, I could see fear in his eyes. He was getting ready for immediate extubation of the aerolized virus particles, placing himself at risk. The respiratory therapist ran for the ventilator. The much controversial ventilator whose limited supply would now be used on a patient whose prognosis had already shown signs of being poor.

I asked, “Does the family really want everything done? Do they understand the risks involved in intubating this elderly patient whose aging physiology places her at increased risk of harm? Have we discussed that being a full code means pounding on their loved one’s chest with the possibility of fracturing her ribs? Did anyone inform the family that frail, older adults may have comorbid conditions, making them more vulnerable to adverse health outcomes?” The truth is, older Americans are less likely to engage in end-of-life (EOL) discussions. This is especially true in the older Black population where they are less likely to have Advance Directives (24.0%) compared to White Americans (44.0%) and are more likely to have invasive treatments and die in the hospital (Huang, 2016).

In speaking with the medical team, I learned that they did have a discussion with the family regarding Advanced Directives and code status, but the family insisted on doing “everything.” This conversation was all too familiar for me as my thoughts drifted to my 87-year-old, non-English speaking, Haitian grandmother. My grandmother has a history of gastric cancer, diabetes, hypertension, and dementia. With difficulty in facing an inevitable reality, her children avoided serious end-of-life planning. For many reasons, these sorts of discussions are rare amongst the older Black population. As healthcare providers, we must consider the barriers that contribute to these disparities.

Many Black Americans “give me everything to stay alive” response can be traced back to the days of Jim Crow and lessened economic opportunities where Black Americans didn’t “get anything to begin with. Many Black patients have inherent mistrust in healthcare providers. This may not be unreasonable, considering historical mistrust that has provided inequitable access to care and, consequently, lack of knowledge in advanced care planning and completion of living wills.

Advanced care planning provides patients with the opportunity to maintain their beliefs and personal values at EOL. It preserves dignity and autonomy in decision-making. It gives patients the ability to think about quality of life, rather than prolonging life. As providers, it is imperative for us to have these culturally sensitive conversations with both patients and family members. Collective decision-making with family plays a major role in advanced care planning. As COVID-19 continues to impact older adults, we need to ensure that these discussions are occurring. It is critical that we discuss the possibility of DNR/DNI, do not resuscitate (DNR/DNI), and understand the decision making process.

The physician spoke with the family, I overheard him explain the situation in the best way he could. It was decided to change the patient’s code status to a DNR/DNI with plans for further discussions. “comfort care only” was accepted. My hopes were high in thinking that she would return home to be in the comfort of her own home, surrounded by family. But in that moment, we all knew and her family understood, if it was her time to die, she would do so peacefully.

Reference:

Meet the New Board of Directors

Donna M. Begin, DNP, RN, NE-BC

Donna is an accomplished professional with extensive experience in leadership and academic arena. She has over five years teaching in new graduate RN programs and over thirty years of success as a nurse leader dedicated to furthering nursing as a profession. Donna has a proven ability to translate clinical experience into course curriculum and active learning while serving as a motivational force for students pursuing nursing as a career and furthering their ongoing education. Donna is a positive presence in the classroom establishing a culture based on accountability, incisive instruction, and open inquiry. She fosters critical thinking skills that are a key element in nursing education. Donna maintains an excellent collaborative relationship with faculty and administration.

Donna currently serves as the Director of Masters in Nursing Programs at Endicott College.

Donna feels that the biggest challenge to the American Nurses Association Massachusetts is to maintain the cohesiveness of the nursing profession amidst our changing and chaotic healthcare environment. Most of her career has been spent in nursing leadership and most recently in education. The varied experiences in her career provide her with a perspective that serves to bridge the gap between practice and academia. Donna’s career goals, doctoral work and long-time passion has been that of ensuring a healthy work environment and a culture of safety. This work promotes respect; inter-professional collaboration, and communication while optimizing nursing practice and ultimately patient outcomes. Her personal goals align with ANA’s mission and function in Massachusetts.

Nirva B. Lafontant, PhD, RN

Nirva is a highly skilled and experienced Nurse Practitioner and a Certified Nurse with solid education and experience teaching and coaching nursing students. She has expertise in direct-care as well as charge nurse experience within Emergency Department, PACU, Medical Surgical practice, Psychiatry, Ventilation/Respiratory practice, Oncology/Bone Marrow Transplant practice areas.

Nirva currently serves as CEO and Administrator, Home Health Care Agency, Creations Health Care Inc.

As a scholar, Nirva firmly believes in continuing education and advancement in Nursing. She is a highly skilled and experienced Registered Nurse with solid education and experience teaching and coaching nursing students. She is highly organized, and has developed strong ability to collaborate with colleagues to achieve program goals. She has strong interpersonal talents, and is an engaging presenter, as well. Nirva is a proactive nurse in her role of administrator and starting her own Home Care company. She is dedicated to continually streamlining and improving work processes. She is an effective communicator and team player, able to collaborate and work well with colleagues. She is self-aware and reflects at the end of each day on her feelings and experiences in order to make adjustments, as needed. She uses ethical considerations to help guide her decisions and actions. Nirva is results focused and able to achieve maximum impact with minimal cost.

Nirva is proud to be a member of the American Nurses Association Massachusetts and an organization that has been inspiring her as a Nurse in the state of Massachusetts. As we continue to face the biggest challenges in the Nursing profession, ANA’s continuous hard work and strong ability to collaborate with colleagues to achieve program goals. She has strong interpersonal talents, and is an engaging presenter, as well. Nirva is a proactive nurse in her role of administrator and starting her own Home Care company. She is dedicated to continually streamlining and improving work processes. She is an effective communicator and team player, able to collaborate and work well with colleagues. She is self-aware and reflects at the end of each day on her feelings and experiences in order to make adjustments, as needed. She uses ethical considerations to help guide her decisions and actions. Nirva is results focused and able to achieve maximum impact with minimal cost.

Catholic Corner

Saby Jean-Pierre

Saby is a critical care nurse at Brigham and Women’s Hospital in Boston. She works in the intensive care units and serves as a STAT nurse for the hospital. Saby received her undergraduate degree from Simmons University and recently completed her Master of Science in Nursing at Northeastern University, now a board-certified Adult-Gerontology Acute Care Nurse Practitioner. Saby works for the Dotsen Brain and Mentoring Program at Simmons University where she mentors minority nursing students and has been a clinical instructor for several years. She is also an active member of the New England Regional Black Nurses Association. Saby enjoys travelling and spending time with her family. She is newly engaged and is looking forward to planning her wedding next year.

Would you like to contribute content to the MA Report on Nursing?

Submissions from nurses and colleagues, including essays, blog reflections, poetry, photos, and illustrations relating to nursing practice, education, and research in Massachusetts are welcome.

Deadline for the December 2020 issue is October 1. All submissions are subject to editorial review for content and clarity and limited to 750 words.

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Understanding this perspective was important and made me a better RN and person. It made a difference when patients could find the diversity in their nurse.

Our nursing colleagues, of the overt and covert racism they encountered from fellow students, from inadvertent. But it was hearing the living stories of the participants, now my nursing colleagues, of the Black participants, I learned just how hard it is to become a Black RN in Massachusetts.

The divorced family of Massachusetts Boston School of Nursing. This unique scholarship and mentoring program provides not only financial but academic and mentoring and social supports to diverse ethnicity were all parts of my daily faculty and academic leadership workload. Nursing education and pathways into baccalaureate and higher education for the Associate Degree in Nursing (ADN) program. The program’s mission is to prepare nurses with the knowledge and skills to effectively provide holistic and culturally competent care.

Finally, as a doctoral student, I had the privilege of being mentored by Dr. Gaurdia Banister, RN PhD NEA-BC FAAN Executive Director, The Institute for Patient Care Director, Yvonne L. Murn Center for Nursing Research and Connell - Jones Endowed Chair for Nursing and Patient Care Research. I have become deeply entrenched in looking at the outcomes of the Clinical Leadership Collaborative for Diversity in Nursing (CLCDN) program. The CLCDN is an academic-service partnership established in 2007 by Mass General Brigham (MGB) with the University of Massachusetts Boston School of Nursing. This unique scholarship and mentoring program provides not only financial but academic and mentoring and social supports to diverse undergraduate students during their junior and senior years as well as clinical placements within the MGB system and assistance to obtain a MGB position as their first job as a new graduate. Through analysis of the CLCDN program, including qualitative focus group interviews with the Black participants, I learned just how hard it is to become a Black RN in Massachusetts. It was uncomfortable being the only white person in the room; not because I was scared or worried, or that I felt guilty for having acted or committed some act of racism, however inadvertent. But it was hearing the living stories of the participants, now my nursing colleagues, of the overt and covert racism they encountered from fellow students, from faculty, and from inputs from RN’s, from physicians and other providers. Participants believed that their presence and experiences improved patient care through the provision of culturally competent care to diverse patients and increased awareness among their nursing colleagues. It made a difference when patients could find the diversity in their nurse. Understanding this perspective was important and made me a better RN and person.

How did you meet your current position? It all started when I agreed to meet Mary Manning, former Executive Director, for a cup of coffee and the rest is history.

Tell us about life in the office and the rewards and challenges of the office. Life at ANA Massachusetts is ever-changing. Every day the job calls for a different role and different responsibilities, so you need to be flexible and maintain the day to day, but be prepared as needed to work on issues/topics of need. The rewards are easy, I get to meet, work with and interact with so many dedicated and passionate nurses throughout the Commonwealth, we’re always learning. The challenges are not as clear, but I guess I would say that working remotely is a positive, sometimes it is hard to walk away from the job since it is always there.

In summary, what are you doing to be reflective of the national population.

One of the lessons learned from the CLCDN is that addressing the challenges faced by diverse nurses is important: the personal (financial & educational support and role models are critical) as well as professional (changing the institutional environment, addressing acceptance and respect, cultural awareness and patient advocacy). Recently, the American Nurses Association Membership Assembly adopted a Resolution on Racial Justice for Communities of Color. In part, it states, “Collectively, we must emerge from silence and speak with one strong voice as leaders and role models of compassion and empathy for our patients, families, communities and most importantly, towards one another. Our voice is our commitment to making a difference in all that we do for those we serve.”

One way I am actively contributing to this effort is by serving as a Board Director for the Massachusetts Nurses Foundation, where I serve as a fundraiser, mentor and advocate for our Foundation’s work to address the financial and educational needs of nurses in the Commonwealth. It is an honor to be able to support the achievements of other nurses and to hear their stories of success.

One person who has inspired me is the late Dr. John F. Kennedy. His leadership and passion for education and service continue to inspire me today. He once said, “Those who dare to care must choose who will benefit and how: those who are more vulnerable and more deserving of care as well as those who are less fortunate. And those who are less fortunate may be the ones who are most in need.”

Conclusion

In conclusion, I am proud to be a part of the Massachusetts Nurses Association and its mission to advance the rights and welfare of our nurses and the health of the public. I am committed to continuing this work and advocating for the well-being of all nurses and the communities they serve.

References

Kimberly Daly, DNP, APRN, FNP-C, is a Regional Medical Director with Merck Vaccines. Her research focuses engaging scientific conversations around vaccines and vaccine preventable disease, as well as implementation strategies to increase vaccinations and improve population health. I was not alone in being asked, at least once in my career, “What kind of nurse are you”? Usually the origins come from meaning an LPN, RN, or NP, or maybe based on the educational path you took to get there, an associate degree, bachelors, masters or even doctorate. I have a cousin who was working as a nurse in a pediatric ICU and I asked if I could shadow her for the day. I had no way of knowing that my dreams of entering the healthcare was in my future. I had a cousin who was associate degree, bachelors, masters or even doctorate. I have always found this question amusing, because when you get right down to it, nursing to me feels more than a degree or certification, it is who we are. When high performing individuals judge themselves to be good, it is not support their dying patients as they are accustomed to care for COVID-19 patients without proper equipment. The COVID-19 crisis heightens the need for primary prevention strategies, such as vaccines. Restoring confidence in healthcare will keep me and others very busy in the years to come and I look forward to this challenge. My time at Hope reminds me that regardless of the “type of nurse” you may be, once a nurse, always a nurse. Nursing, the most trusted profession for more than a decade, is a calling and becomes a part of you that never really leaves. When duty calls, you answer. It is impossible to separate the person from the profession and I am honored and proud to be part of this fellowship.

John Twomey, PhD, APRN

John Twomey, PhD, APRN is a dual certified nurse practitioner in pediatrics and family health. A Retired Naval Nurse Corps Officer, he earned a master’s degree in advanced practice, a concentration in Bioethics from the University of Virginia and is a former professor of nursing. Heroes? Victims? Frontline warriors in the struggle against the COVID-19 virus? All these metaphorical terms and others have been used to label the efforts of nurses in the past few months as Massachusetts has seen some of the highest concentrations of positive diagnoses, deaths, and critically ill patients in the world. Alongside these themes arise narratives of nurses’ extreme efforts to care for afflicted patients. They have been pushed to their limits physically and psychologically. During the COVID-19 catastrophe nurses have faced challenges unseen in the United States since the Spanish Influenza pandemic of 1919-1920. Anecdotal accounts abound that nurses are increasingly seeing severe strain from the continued demand on their services. Being separated from their families, working long shifts without proper protection and seeing many of their patients suffer and die are unsustainable demands. Many nurses describe feelings of futility and despair. Moral despair and moral exhaustion are real outcomes when high performing individuals judge themselves to be failing in their efforts. Moral despair occurs when past experiences lead nurses to believe that they can effectively provide care but find their perceptions false for reasons outside their authority. Moral exhaustion occurs as nurses are continually required to devote ebbing energies in services that fail to stem the ongoing flow of new cases. Moral exhaustion linked to the COVID-19 virus has been caused by multiple scenarios: • The federal government’s response to the pandemic’s approach was hindered by failure to adhere to established U.S Centers for Disease Control ethical guidelines. • Nurses were among many caretakers assigned to care for COVID-19 patients without proper protective equipment. • Reports that nurses’ complaints about the lack of protective equipment were met with minimizing risks and orders back to the bedside with threats of termination for refusal. • Pressure on nurses, despite being lauded as heroes, to work despite pay reductions. Recognizing the concepts of moral distress and exhaustion is important because nurses need to be validated for their perceptions of their performance. The physical and mental toll on caretakers can be exacerbated by beliefs that the care given to their patients was undermined by doubts that they were able to do their best. Did they inadvertently cause harm when they provided interventions later found to be futile? Did they not support their dying patients as they are accustomed to doing? Did they possibly expose patients to the virus because of their inability to use proper protective equipment? As the pandemic continues, caring for the caretakers should be a mandatory action wherever nurses provide care for persons infected with COVID-19. References available on request.

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Karen D. is a mental health nurse practitioner (NP) in Massachusetts. Her patient population represents some of the most vulnerable in our communities. Patient anxiety is a frequent component to their treatment plan that includes prescribing medications. The approach to care delivery was familiar and effective. The impact of the COVID-19 pandemic changed that approach. The building where Karen practices was considered non-essential and closed in response to the March 2020 mandate that all non-essential businesses must close. Working remotely became the new reality. Changes needed to be put in place quickly to ensure continuity of care for mental health patients and their caregivers. Telehealth processes were implemented for patient care delivery to continue remotely. This was a priority for mental health patients receiving weight-based antidepressant medications.

Barriers that impacted Karen's connection with her patients came from the most unexpected corners. An immediate gap was the lack of email addresses in patient profiles. Zoom meetings have become a norm as a communication tool. Email addresses are needed to initiate a zoom meeting. The time needed to set up patients for remote healthcare delivery increased significantly.

Telephone calls through video or telephone sessions were an option for patients who were unable to communicate via a zoom meeting. Contact for these visits was via cell phone. A text sent to a patient notified that individual about the meeting for the patient to open the video conference. Patients needed to be reminded that because these meetings were confidential, they needed to be in their home or private space. Meetings would have to be rescheduled for patients initiating the meeting in a public space, such as a grocery or pharmacy store.

The biggest barrier to providing patients remotely was the limitations in physical assessment. This included vital signs, weight, height and symptom/behavior assessment that impacted accuracy with medication prescription or redosing. Reliable caregivers assumed the responsibility of physical measurements previously taken by NPs in person. Extra steps needed to be put in place to determine that new symptoms of fatigue or depression were not related to a thyroid issue or a weight gain was not related to a metabolic disease.

The transition back to the office-based delivery of health care brings a new change. Cleanliness of patient areas in the office, access to personal protective equipment (i.e., masks) for patients, and routine patient temperature monitoring are the new standard of care for patients seen in person. Extra steps needed to be put in place to determine that new symptoms of fatigue or depression were not related to a thyroid issue or a weight gain was not related to a metabolic disease.

If you're getting weird, listen to your buddy

Alison Chase, MS, RN, MS

is a retired Urgent Care nurse practitioner

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Years ago, as a nursing supervisor at MGH, part of my job was to comfort the staff after a particularly traumatic event: multiple burn victims, severe motorcycle accidents, an intern’s first patient lost. I tried to tell them sometimes, when all else fails, it is part of your job to help people feel comfort and not alone and that is important too.

In 2013, as I was approaching Boston to view the Marathon, the bombs went off. My first thought was of the caregivers in the medical tent. Even if they had all been experienced in managing patients with traumatic injuries, they were unprepared. The trauma and emotional impact of providing care to patients injured during the bombings. Similarly, we have designed programs to respond to the needs of those providing care during the COVID-19 crisis.

Our organization’s signature program, Schwartz Rounds, was designed to offer healthcare providers and staff the opportunity to take a break from their work lives to openly and honestly discuss the social and emotional issues they face in caring for patients and families. Schwartz Rounds are now offered in more than 700 healthcare organizations in various countries. The premise is that caregivers are better able to make personal connections with patients and colleagues when they have greater insight into their own responses and feelings.

Schwartz Rounds, by design, is an in-person program. With the limitations around in-person gatherings in recent months, we have modified the program and guided the communities that offer Schwartz Rounds in how to do so safely through Virtual Schwartz Rounds, remote convenings that take place using online meeting platforms. As with in-person Schwartz Rounds, these sessions provide opportunities to connect with healthcare colleagues about difficult or uplifting experiences, to offer and receive support and to decrease their sense of isolation. We’ve launched a COVID-19 resource page and continually update it with tips, information and links to resources that offer ideas and strategies on coping with the frustration, fear, isolation and emotional exhaustion associated with providing care during a pandemic.

The Schwartz Center has convened its annual Compassion in Action Healthcare Conference virtually this year. It began with the first session in June and will run through November 17, 2020 with more than 40 virtual online presentations, facilitated discussions, and conversations on a wide variety of important programs on how to manage the challenges, experiences and impact of the COVID-19 pandemic. All conference sessions are available online to registrants for anytime viewing for professional credits.

We have introduced a Stress First Aid (SFA) program with several hospitals and community health centers to help those at risk recognize the danger signs of stress in themselves and in peers, to overcome the stigma of reaching out for help, and to provide access to support and resources.

We know that the fight against COVID-19 is far from over and that the strain on nurses and other caregivers continues. We have committed to supporting the well-being of caregivers and their patients, the Schwartz Center will continue to add programs and resources to support the critical efforts of all those on the frontlines who put themselves at risk to care for patients and their families. We are inspired by the hundreds of thousands of nurses around the country who courageously offer their care, not only throughout this pandemic, but all the time.

With them, we remain committed to putting compassion at the heart of healthcare.

Matt Herndon, Chief Executive Officer of the Schwartz Center for Compassionate Healthcare, has worked on access to healthcare for nearly two decades. Beth A. Lown, MD, Chief Medical Officer of the Schwartz Center and Associate Professor of Medicine at Harvard Medical School, is an expert on the topic of caregiver well-being, stress, burnout and the social/emotional experience of healthcare providers.

The Schwartz Center for Compassionate Healthcare is a national nonprofit dedicated to putting compassion at the heart of healthcare. It is built on the belief that in today’s fast-paced healthcare environment, crowded with competing priorities, the human connection is too easily overlooked, leaving patients left out and patients and families fearful and suffering. Through innovative programs, education and advocacy, the Schwartz Center is working to support caregivers, healthcare leaders and others and bring compassion to every healthcare experience.

The International Medical Corps (IMC) established an ETC in Bong County and institutional staff trainings. “…the decision to work in the ETC was not an easy decision to make….” a strange disease; we were all afraid, but I told my mother (who was pregnant) that we know so little about COVID, another ‘strange’ disease and that fear is a big problem. 

The ETC was inundated with nurses who needed support in developing new skills and knowledge and in adapting to new work settings. East African clinicians say that COVID-19 is an unwelcome visitor, and was the first to allow relatives to visit from a distance. “I was not afraid to die, but I was afraid to lose all the work I had done.” 

When Ebola ravaged West Africa, Liberia was hard hit with over 10,600 cases and nearly 5,000 deaths. Approximately 375 health workers were infected and nearly half died. Fear gripped the country including the healthcare workers. 

The following story was shared by Aaron Sonah, nurse anesthetist at Phebe Hospital in Bong County, Liberia, (the epicenter of the Ebola outbreak) as part of the Boston-Africa Anesthesia Collaborative (BAAC) COVID-19 Series. Aaron was the charge nurse at the Ebola Treatment Center (ETC).

When Ebola ravaged West Africa, Liberia was hit with over 10,600 cases and nearly 5,000 deaths. Approximately 375 health workers were infected and nearly half died. Fear gripped the country including the healthcare workers.

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Lupus in a Time of Uncertainty
Pamela Coombs Delis PhD, RN, CNE, Lupus Warrior, Lupus Ambassador, Lupus Foundation of America

Since mid-March in Massachusetts, we have faced many challenges due to COVID-19. Healthcare providers and the public have had to deal with ongoing uncertainty due to this pandemic. News regarding the number of cases spiraling up or heading down bombards us, daily. Treatment regimens fluctuate as providers and researchers learn more about what works and what does not. We hear differing opinions from experts about the steps to take in our COVID-19 battle. We face an uncertain future of impending second waves of COVID-19 and seasonal influenza starting to hit us in the Fall. For many, the feelings of fear, anxiety, sadness, and isolation can be overwhelming.

Individuals with Systemic Lupus Erythematous (SLE), commonly referred to as Lupus Warriors in the lupus community, battle a complex autoimmune disorder that has no cure, and have faced additional specific challenges throughout this pandemic. SLE is associated with serious cardiac conditions, among others are at risk of severe illness due to COVID-19. For those with SLE, concerns related to our current pandemic can cause added stress and anxiety to the burden related to SLE.

One of the most challenging issues faced by those with SLE (and other autoimmune disorders) due to COVID-19 has been access to hydroxychloroquine (HCQ). HCQ is a first-line treatment for SLE and can help prevent long-term organ damage such as cardiac and kidney disease. Headlines and elected officials’ suggestions that it was a wonder drug in the fight against COVID-19 caused hoarding of the drug, leading to shortages of HCQ for those taking it regularly for SLE. At the time of this writing (July 1, 2020), clinical research remains ongoing regarding the potential role of HCQ in COVID-19 treatment.

According to a survey (N=3000), conducted by the LFA (2020, Jun 23rd), 90% of individuals use HCQ or chloroquine for their lupus, of whom 55% reported problems accessing it between March and May of 2020. Of these, half received partial refills, 43% had a delay in getting a refill, 7% could not get any medication, and 12% were required to show added documentation supporting the SLE diagnosis. On social media, there were anecdotal reports of individuals having to call different pharmacies to get HCQ, and of paying full price through some online pharmacies. Comments were made regarding the need for those with SLE to “sacrifice” their HCQ for the greater good of helping those with COVID-19. An LFA blog from April 4, 2020 states that there is no evidence that taking HCQ protects individuals from getting COVID-19.

Individuals with lupus face delays in bloodwork, inability to access therapies, and telehealth visits with providers. While telehealth visits can have many positives, assessments of vital signs, heart and lung sounds, joints, vision and retinal changes, among others important for those with SLE get placed on hold. Accessing dialysis and intravenous infusions can cause high levels of anxiety as individuals, despite being at high risk for severe illness due COVID-19, must enter the healthcare environment for treatment. The American College of Rheumatology (ACR) (2020) recently posted guidelines for providers regarding COVID-19-related care of adults with rheumatic disease. The full article can be accessed through the Wiley online library (Mikuls et al., 2020).

The situation regarding COVID-19 in Massachusetts and throughout the US remains fluid at this time. We continue to learn more about the possible role HCQ plays in COVID-19 treatment or prevention. It is imperative that nurses understand the challenges that this pandemic has caused individuals with SLE. Also, as patient advocates, nurses can take the time to write to our elected officials, including Senators Warren and Markey, and your Congressional Representative, to request support for patient access to HCQ and funding for further research.

Resources

Bio:
Pamela Delis PhD, RN, CNE has been an RN in the Commonwealth since the 1980’s and a Lupus Warrior since the 1990’s. She most recently has been an Assistant Professor of Nursing at MGH Institute for Health Professions. She channels her passion for caring through engaging in educational and advocacy endeavors as a Lupus Ambassador for the Lupus Foundation of America.
September 2020 Interviewee:
Karen Moore, MS, RN, FACHE

In early March 2020, I sent an invitation to new ANAAMES members hoping to interest a nurse in being interviewed for the member “Introductions” column. Karen Moore, RN, MS, FACHE promptly responded and we set an interview date for mid-April. Moore is the Senior Vice President of Operations and Chief Nursing Officer at Lawrence General Hospital. She brings a wealth of management experience in community hospitals, has held leadership roles in the American College of Healthcare Executives and been the recipient of awards from the Massachusetts Hospital Association, the Massachusetts Organization of Nurse Executives, and the University of Massachusetts at Amherst.

Moore’s background in executive practice in community hospitals is extensive. She believes that this is the time for nursing to leverage its full value. One of her primary objectives is to focus on nursing’s role in managing, facilitating, and coordinating patient care. Moore’s contributions to this process include using lean improvement strategies to drive outcomes, redesigning care management, decreasing length of stay, improving workforce planning to reduce nursing vacancy rates, and building capacity in the ICU and emergency psychiatric services.

In Moore’s view, ANA represents the complete essence of nursing. She sees ANA membership as a portal for nurses to make connections and learn to speak with a voice that has influence. Nurses are doing amazing work and their work needs to be valued. Young nurses need to understand the power of their voices when used effectively.

Moore has had a crucial role to play chairing the incident command post during the COVID-19 pandemic. In Lawrence, a city with a large immigrant population, over 600 cases were reported by the end of June 2020.1 The role requires her to bring together the entire hospital organization in a way never before experienced and demands full utilization of nursing’s knowledge and background.

Moore’s motto: Whether a pandemic or routine transition, keep nursing patient and family centered.

Isabelle Shea
The Massachusetts Student Nurses’ Association would not be possible without the guidance and leadership of our Board of Directors. When the COVID-19 pandemic struck, these people were called to go beyond their normal duties and be a support system for all student nurses whose academic courses and clinical experiences would drastically change.

We would like to thank our BOD members who graduated this past semester: President Julia Thompson (Northeastern University), Vice President Michaila Kaufman (Boston College), Secretary Dong Liang Dzindolet (Worcester State University), Chair of Region Three Ayeh Tanteh (Worcester State University), Chair of Region Five Kaitlyn McCarthy (Boston College), Breakthrough to Nursing Chair Alyssa Chan (University of Massachusetts Dartmouth), and Population and Global Health Chair Lauren Ernst McCarthy (Boston College), Breakthrough to Nursing Chair Bethany Irish (Boston College), Secretary Dong Liang Dzindolet (Worcester State University), Chair of Region Three Hailey Baldwin (Worcester State University), and Chair of Region Two Erin Girouard (Worcester State University). We wish these graduates nothing but success in their pursuits of nursing and further education.

Moore’s motto: Whether a pandemic or routine transition, keep nursing patient and family centered.

COVID-19 and Climate Change
Lisa Barone, MPH
Patricia Lussier Duynsste, PhD, RN
Patrice K. Nicholas, DNSc, DHL (Hon), MPH, MS, RN, NP-C, FAAN

The connection between COVID-19 to climate change and the warming of the planet is unclear. Linkages exist among social determinants of health—economic stability, social and community context, neighborhood and environment, health care, and education. Climate change and its impact on health and wellness require professionals across disciplines to consider how climate change influences viral transmission and the spread of this pandemic.

Climate change may seem a distant health challenge when more emergent health problems like COVID-19 exist, however recognizing the potential that new viruses may emerge is critical to galvanize efforts to address both of these 21st century problems. Nurses and public health professionals have a responsibility to bear witness to what they see and to what people are experiencing and can play a crucial role in mitigating these health issues.

The MGH Institute of Health Professions developed the first (to our knowledge) school of nursing led Center for Climate Change, Climate Justice, and Health. We engage students and current health care providers to bring climate knowledge into their clinical practices with patients, families, communities, and populations. The Center also encourages scholarship and research to advance the role of all health professionals in our climate-changing world.

COVID Experiences at MetroWest Medical Center
Susan A. Mangini DNP, PMG, RN, NEA-BC, FACHE
Chief Nursing Officer

"Teamwork is essential to support the care needs of patients during the pandemic."

The COVID 19 Pandemic has been a major impetus for driving change in the way we live, work, and provide care to our patients. The pandemic has made an indelible imprint on the world and a significant impact on healthcare delivery by accelerating the need to work differently born out of the urgency to contain the novel virus, conserve personal protective equipment (PPE) and protect people (e.g., patients and healthcare staff). These needs included increased communication, teamwork and new processes to support the provision of high-quality care.

Patient care requirements to limit the spread of the virus included visitor restrictions, reducing the number of healthcare providers in the patient’s room and closed doors during the use of negative pressure rooms and led to social isolation of patients and families. To reduce isolation and enhance patient safety, the healthcare team expanded the use of technology. This resulted in the installation of video baby monitors on one medical/surgical unit to support patient communication and observation when patient room doors were closed. The camera was mounted in the patient’s room with the video monitor outside the room where nurses could visually and audibly interact with the patient. This had a positive impact on the care of our patients.

Due to visitor restrictions, staff identified the need to connect patients with their loved ones. Initially, staff used their personal phones and FaceTime.® We then transitioned to use of iPads® with the added benefit to provide patient consult and assessment capability with medical staff providers.

The necessity of the healthcare team to wear PPE diminished the patients’ ability to see faces leading to social isolation. In response, hospital staff attached laminated pictures of themselves and wrote their names on their face shields to promote caring connections with our patients.

Teamwork is essential to support the care needs of patients during the pandemic. A helper role was created and involved registered nurse (RN) staff who were cross trained and gained new knowledge and clinical skills. The helpers were a valuable resource willing to assist and provide support to the front-line healthcare team members caring for patients.

The healthcare team created a way to celebrate the successes. A “Code Strong” initiative was implemented to celebrate recovered COVID-19 discharged patients. Each patient selected a meaningful song which played after an overhead announcement of “a Code Strong is now being celebrated” with staff cheering and clapping as the patient left the unit.

One Code Strong involved two recovered COVID-19 elderly patients who were discharged within one hour, staff came together to celebrate and recognize these patients. Staff were emotional verbalizing a sense of accomplishment as they witnessed their patients leaving after many days in the hospital.

During the pandemic, frequent informational updates and changes in patient care requirements resulted in our need to accelerate and implement changes. Effective Teamwork, increased communication and new processes supported our ability to successfully adapt and maintain high-quality patient care.
Massachusetts WWII Cadet Nurses Make History

Passing of Massachusetts S2178 Cadet Nurse Day and Plaque

On the eve of the 77th anniversary of the founding of the USCNC, Massachusetts Governor Charlie Baker signed into law the 1st significant recognition of WWII Cadet Nurses in the country. To commemorate the 9,000 Massachusetts Cadet Nurses who served our country in wartime, “Cadet Nurse Day” will be celebrated every July 1st and a plaque will be installed in Nurses Hall of the State House.

Cadet Nurse Betty Damon Beecher of S. Weymouth was elated when she heard the news. She trained at Mass Memorial Hospital and served as Senior Cadet Nurse at the U.S. Marine Hospital at Staten Island, NY, where she cared for our wounded soldiers. “My first thought,” she said, “just think years from now, my grandchildren’s children can point to the plaque and say, ‘My great grandmother was a Cadet Nurse!’ I feel like Neil Armstrong when he took his first step on the moon. This is also a huge step for the Cadet Nurses towards our final goal: national recognition.”

Cadet Nurse Mary Schofield Maione of South Hamilton who trained at Lynn Hospital was equally excited. “I am just thrilled to finally see this recognition,” she said. “We served our country in WWII. As a Senior Cadet Nurse, I was sent to Virginia to work at the McGuire VA Hospital. We have been trying so long to get recognition. I hope they will pass the bill soon for honorary veteran status.”

Both Cadet Nurses testified last May for the bill to honor the Cadet Nurses in Massachusetts. Getting any recognition for the Cadet Nurses has been years in the making.

The mission of the Corps was to serve as nurses on the Home Front while preparing nurses for service in the military as needed to support the war effort. In the rank of Senior Cadet Nurse, they were provided service comparable to registered nurses, living on military bases, and working six days a week with a half day every other Sunday. When the war ended, 124,000 young women had completed the three-year program of service and training. Of these about 3,000 were African American, 100 Native American and 350 Japanese Americans held in US Internment Camps.

The American Hospital Association has credited the Corps with preventing the total collapse of the health care system due to the loss of skilled nurses recruited for the war abroad. The USCNC provided 80% of the nursing care in military, government, and civilian hospitals.

NURSES HALL MEMORIAL TO MASSACHUSETTS WWII CADET NURSES

Nurses Hall was dedicated in 1985 to memorialize the “Unsung Heroines who served the Union Forces.” Likewise, the 124,000 WWII Cadet Nurses are the “Unsung Heroines” of World War II. Highly revered during the war much like our frontline nurses in the COVID-19 pandemic, they have since been forgotten “hidden figures.” They are not even a footnote in Tom Brokaw’s iconic WWII book, “The Greatest Generation.”

When women are omitted from the pages of history and the walls of honor, the message it sends is that they were not involved.

Nurses Hall is a perfect place to commemorate our Cadet Nurses for their patriotism in World War II and for being the pioneers of modern American nursing. The center point of the hall is the magnificent statue of the “Angels of Mercy and Life.” There are two nursing plaques nearby; Clara Barton, Massachusetts civil war nurse and founder of the American Red Cross and Elizabeth Warren who is the lead sponsor of the Women in Military Service for America Memorial and Registry at Arlington Cemetery.

The Cadet Nurse plaque will honor the 9,000 Cadet Nurses who served from Massachusetts. It was from the State House on May 14, 1944 that 900 Cadet Nurses representing 26 Massachusetts Cadet Nurse training schools assembled in uniform and marched to the Parkman Bandstand on the Boston Common. They participated in a national radio program where they raised their right hand and pledged to serve their country in essential nursing for “the duration of the war” not knowing when it would end.

We hope that this plaque will bring attention to this historic event that occurred on the Boston Common. A statue of a Cadet Nurse at this site would educate all about these forgotten heroes and serve as a visual role model for which our youth may aspire.

It is time to put some women on pedestals too.

Honor WWII Veteran Status

Although not yet recognized as veterans by our government, they are included in the Women in Military Service for America Memorial and Registry at Arlington Cemetery. Since 1995, bills in Washington to honor Cadet Nurses with WWII Veteran Status have been filed by one or more Senators. None has ever made it out of committee.

Currently, there is the NEW bill for limited Honorary Veteran Status. Massachusetts is an outstanding supporter of the WWII Cadet Nurses on both the state and national level.

The passing of the Massachusetts legislation making it the first state to honor the USCNC with “Cadet Nurse Day” and a plaque in the State House is a major recognition that we hope will be a springboard for other forms of recognition. The unanimous support of all nine of our federal representatives in the US House of Representatives and both Senators is very impressive. Our champion in the Senate is Elizabeth Warren who is the lead sponsor of S997 the United States Cadet Nurse Corps Service Recognition Act. It is for LIMITED Honorary Veteran Status for the WWII Cadet Nurses.

The Cadet Nurse Corps was not given any financial benefits, NO Veterans medical benefits and NO burial at Arlington Cemetery. They only ask to be remembered for their service to our country in wartime with a gravestone plaque and an American flag. The bill has the 100% support of the Veterans of Foreign Wars, the ANA and the 62 members of the Nursing Community Coalition. Last year, it passed in the House as an amendment to the National Defense Authorization Act NDAA. However, it failed in the Senate. Luckily, we have another chance this year as it is added again as an amendment to this year’s NDAA.

If we can get a few more good Senators to sign on as COPSPONSORS, it will pass. If you have friends, family, or nursing colleagues in states where we need cosponsors, now is the time to call upon them to help our Cadet Nurses achieve their goal to be remembered as Honorary WWII Veterans.

It is time for these “hidden figures” in nursing to take their rightful place in WWII history and herstory.

In 2020, the “Year of the Nurse and Midwife,” let us get this done for these nurses of the Greatest Generation and in that way, honor all nurses.

Join us! region4ab.org/mrc
Cadet Nurses Chart

Beth Israel Hospital  
Faye Clark Berzon, Canton

Boston City Hospital  
Alice Zalfa Norman, Quincy

Boston Children's Hospital  
Mary Stuart Milhaupt*

Carney Hospital  
Jean Begley Greeley, Foxboro

Lawrence Memorial Hospital  
Priscilla Pratt Phillips, Charleston, SC*

Lynn Hospital  
Evelyn Drinkwine Cahill, Lynnfield

Maine General Hospital  
Caroline Wilcox Dingley Winch, Gorham, ME

Massachusetts General Hospital  
Dottie Harrington Hall, Westford

Morton School of Nursing  
Louise Costa Yapp, Vineyard Haven

New England Baptist Hospital  
Marice Foss Brazal, Eliot, ME

New England Hospital for Women and Children  
Elinor G. Hoyt Harvey, Monticello, ME

Newton Wellesley Hospital  
Jennie Kleczek Burns

Peter Bent Brigham  
Lillian Goodman, Shrewsbury*

Quincy City Hospital  
Anna Bandini, Quincy

St. Ann's Hospital  
Jeanne Cyr

St. John's Hospital  
Priscilla DePari Shaheen

Salem Hospital  
Barbara MacFarland Ripley, Rye NH

Whidden Memorial Hospital  
Pauline Egan Delany Timmons, Everett*

*deceased  
+army/navy

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In accordance with the 2019 Reauthorization of the Higher Education Act, URI hereby discloses only that the curriculum for this program meets the educational requirements for licensure as an Advanced Practice Registered Nurse in the State of Rhode Island. The applicable licensing board in Rhode Island may impose additional requirements on candidates prior to granting a license, and we encourage you to investigate those requirements. URI has not determined whether the curriculum for this program meets the educational requirements for licensure in any other states or territories and we encourage you to investigate the requirements in your state or territory prior to accepting an offer of admission at URI.
Teddy Bears get invited to picnics and teas, but how often do they get health care? At Mount Saint Mary College in Newburgh NY, the Student Nurses’ Association saw the opportunity to provide basic health education to children while improving the care of Teddy Bears. Considering the importance of diversity, equity and inclusion, we decided that our clinics should be open to all Fuzzy Friends.

Education and community outreach are key components of nursing. In our constantly evolving world, it’s imperative that we, as nurses, find innovative ways to educate the community on various healthcare topics. Mount Saint Mary College is unique in that we have a private K-8 school located on our campus. Bishop Dunn’s location provides us with the opportunity to easily provide community outreach programs. We contacted the principal and arranged our first on campus Fuzzy Friends Clinic. Kindergarten and first grade students walked over bringing their sick and injured Fuzzy Friends for a check-up. Nursing faculty, Dr. Linda Kelly, Dr. Ann Corcoran, and Lab Coordinator Stacia Donaldson ran triage and directed the children and their Fuzzy Friends to the stations where nursing students provided the necessary care. The stations included an operating room, exam room, treatment room, and nutrition education. Each station was color coded and the children and their Fuzzy Friend received a colored band indicating where they should begin their journey for care. They were also given a paper with space to check off each station as they visited it. The Fuzzy Friends were transported from station to station in an ‘ambulance’ made from a cardboard box.

At every station, the nursing students talked with the children about the importance of going to the doctor or nurse, taking medications, proper nutrition and much more. Of course they also gave the Fuzzy Friend a thorough examination and provided the necessary treatment with compassionate nursing care. The goal of this program was to provide education, while also showing the children that they don’t need to be scared when they go to the doctor or nurse. The nursing students benefited from the opportunity to talk with healthy children and observe developmental levels.

All in all, the event was a huge success. I am happy to report that all the Fuzzy Friends were healed! Some left with bandages that would later be removed to reveal the children’s healing. Of course they also gave the Fuzzy Friend a thorough examination and provided the necessary treatment with compassionate nursing care.

The Fuzzy Friends Clinics

Shannon Christiano (Class of 2020) President, Student Nurses’ Association Mount Saint Mary College Newburgh, NY

Call for Nominations

ANA Massachusetts 2021 Scholarships

Please Note NEW Deadline November 3rd.

The process of nomination is easy:

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Have questions, need help? Call ANA Massachusetts at 617-990-2856 or email: info@ANAMass.org

To access electronic copies of the Massachusetts Report on Nursing, please visit http://www.nursingald.com/publications
2020 AWARD RECIPIENTS

Living Legends in Massachusetts Nursing
Sheila Davis, DNP, ANP-BC, FAAN
Karen Devereaux Melillo PhD, A-GNP-C, FAANP, FGSA
To be honored in a future edition

Excellence in Nursing Education
Michelle A. Beauchesne, DNSc, RN, CPNP, FAAN, FNAP, FAANP

Excellence in Nursing Research
Kim Francis, Ph.D., RN, PHCNS-BC
Lisa Heelan-Fancher, PhD, FNP-BC, ANP-BC, CNE

Excellence in Nursing Practice
Catherine Mullen,MSN, RN, AOCNS

Mary A. Manning Nurse Mentoring Award
Sheryl Belizaire, DNP, PMHNP-BC, FNP-BC

Excellence in Nursing Education
Michelle A. Beauchesne, DNSc, RN, CPNP, FAAN, FNAP, FAANP

This year’s recipient of the American Nurses Association Massachusetts Excellence in Nursing Education Award is Dr. Michelle Beauchesne. Dr. Beauchesne has been an influential figure in the field of Pediatrics and has presented her work in national and international forums. She is recognized as a Fellow of the American Academy of Nursing (FAAN). Dr. Beauchesne has trailblazed the post graduate training landscape. She mentors and consults nationally on nurse residency programs. She has been an essential resource for other program directors and is recognized as one of the most successful (if not the best) NP residency programs in the country. Dr. Beauchesne has personally mentored countless students throughout her career. Her impact as an educator is lasting and profound. Those that know her personally can attest to her true devotion to the success of her students and their futures. Her gift is in human connection. Her commitment and dedication to her students and the nursing profession is unparalleled. Dr. Beauchesne is an educator, mentor, coach, confidant and friend. She has touched the lives of so many and is so deserving of the 2020 ANAMASS Excellence in Nursing Education Award.

Mary A. Manning Nurse Mentoring Award
Sheryl Belizaire, DNP, PMHNP-BC, FNP-BC

As the founder of one of the most successful (if not the best) NP residency programs in the country, Dr. Belizaire has trained thousands of nurse practitioners. This year’s recipient of the Mary A. Manning Nurse Mentoring Award is Sheryl Belizaire. Dr. Belizaire has mentored and continues to mentor many through the VA Boston Healthcare System’s Nurse Practitioner Residency Program. Dr. Belizaire’s commitment has enabled the program to offer residencies to NP candidates in all areas of practice. Dr. Belizaire is a leader in the field of graduate education and has made significant contributions to the field of psychiatric nursing. She has been an essential resource for other program directors and is recognized as one of the most successful (if not the best) NP residency programs in the country. Dr. Belizaire has personally mentored countless students throughout her career. Her impact as an educator is lasting and profound. Those that know her personally can attest to her true devotion to the success of her students and their futures. Her gift is in human connection. Her commitment and dedication to her students and the nursing profession is unparalleled. Dr. Belizaire is an educator, mentor, coach, confidant and friend. She has touched the lives of so many and is so deserving of the 2020 ANAMASS Excellence in Nursing Education Award.

Excellence in Nursing Practice
Cate Mullen, MSN, RN, AOCNS

For the past 29 years, Cate Mullen RN, MSN, AOCNS has served as the clinical leader at the Tufts Medical Center Breast Health Center. In this role, Cate has provided newly diagnosed patients and their families with education, support, symptom management and care coordination throughout their Breast Cancer journey. She personally facilitates support groups and survival workshops for those impacted by this life altering illness and has also served as a co-investigator in two research projects at Tufts. She has been the recipient of the Susan G. Komen Foundation Local Hero Award and the American Cancer Society New England Division Recognition Award for Contributions in the fight against breast cancer. Most importantly, her patients and their families have nominated Cate, on three occasions, to be honored in the Boston Globe’s Annual Salute to Nurses. One noted: “I was initially scared when I was diagnosed with Breast Cancer, but Cate’s calm demeanor promptly put me at ease. The gauntlet of doctor’s appointments, chemotherapy and surgery was challenging but less so with Cate by my side. My road to recovery is nearly complete. Because of Cate’s invaluable assistance, I’m well past health outcomes and on my way to the finish line.” The stories shared by these patients depict the very real impact Cate has had in her career and how important she is to this vulnerable patient population.

The story truly exemplifies excellence in nursing practice.

Excellence in Nursing Research Award
Kim Francis, PhD, RN, PHCNS-BC

It is a privilege to nominate Kim Francis, PhD, RN, for the 2020 ANAMASS Excellence in Nursing Research Award. Kim’s leadership and passion to improve patient and family-centered care has been the focus of her nursing practice. Kim inspires new thinking and fosters a culture of inquiry and professional development in advancing nursing practice. Kim has authored or co-authored several IRB-approved clinical research studies focusing on newborn health. Embracing research, translating data, and sharing new knowledge with clinical staff are where Kim excels. She has published several research manuscripts in peer-reviewed journals. Kim is a lifelong learner. She is willing to mentor others in conducting research, in collecting and analyzing data, and translating research to clinical practice. When a nurse approaches her with an idea, Kim is the first to encourage and support research, however novice, in their research journey. Kim is generous with her time and knowledge. Nurses and patients have benefited from her knowledge and commitment to research and will benefit from her future contributions.

Excellence in Nursing Research
Lisa Heelan-Fancher, PhD, FNP-BC, ANP-BC, CNE

Dr. Lisa Heelan-Fancher is a teacher, scholar and clinician who is a certified family nurse practitioner with extensive experience in primary care. Her clinical experience is broad and diverse and includes addressing health disparities among individuals on the Navajo reservation, in small villages in Tanzania, in rural areas of Pennsylvania, and urban areas in New York City and Boston. Dr. Heelan-Fancher has utilized her vast knowledge and background in maternal health outcomes to focus clinical and policy research on vulnerable patient populations. In 2016, she was funded through Sigma Theta Tau Alpha Chapter at UMB to examine the association between continuous electronic fetal monitoring and birth outcomes in low risk healthy women. In addition, she has examined barriers to research utilization of labor and delivery nurses. She is passionate in the area of patient advocacy and dignity during the childbirth experience and has presented this work in both national and international venues. She has received numerous awards related to her research and scholarship. Among these recognitions include the Robert Wood Johnson Nurse Scholar Award (2011-2015) and the Jane Kibski Research Award in 2016. She is currently studying health disparities in maternal health outcomes among pregnant women living with HIV in South Africa.
The Search for Mary Eliza Mahoney

Mary Ellen Doona, EdD, RN

A simple act of justice led to Mary Eliza Mahoney (1845-1926) becoming a trained nurse. The New England Hospital for Women and Children (NEHWC) was shocked into insight when it realized it had rejected an applicant to the intern program on the basis of race. Established to correct the exclusion of women doctors by the medical profession, the NEHWC confronted its own racial-based exclusion. Renewing its commitment to its founding principles, the NEHWC accepted Dr. Caroline Stillman, a Black physician, as an intern, and shortly thereafter, chose Mary Eliza Mahoney as the first Black pupil in its nurses training program. Mahoney began her program on 23 March 1878 completing it in sixteen months on 1 August 1879. NEHWC was confident that she was an efficient nurse who "would be sure not to disappoint those who may employ her." 1 Mahoney became the first Black nurse to graduate from the Training School that was then nine years old.

Mahoney did not disappoint. Thanks to the careful records of the Boston Medical Library’s Nurses Directory preserved at Francis A. Countway Medical Library in the Longwood Medical Area, nurses of 2020 can do. "people are out of touch and things out easy task for "people are out of touch and things out of order but come on up and lets [sic] see what we can do." Every researcher should experience such a generous offer. With the Saunders family, Miller walked where Mahoney once walked. She photographed People’s Baptist Church where Mahoney once prayed and Mahoney’s apartment at Warren and Westminster Streets in Boston’s South End. Miller’s photo has preserved this historic site for shortly thereafter Boston’s urban renewal razed the building. Then in August 1969, sixty years after the NACGN convention in Boston, Miller and the Saunders family visited the cemetery. They were told that Mahoney’s grave on Sable Path would be difficult if not impossible to find. Not to be deterred, Miller and the Saunders family spent hours on the “awesome task of un-earthing sections of the ground...just as [they] were about to give up” Miller and the Saunders family found the white grave marker, “Mahoney 2674.” and the graves of her brother and sister.

On another August day four years later in 1973, Miller’s sorority Chi Eta Phi, in association with ANA, unveiled an elegant monument over the grave featuring a replica of the Mahoney medal on one side and Mahoney’s image on the other. During Labor Day weekend in 1984, Miller led nurses in a pilgrimage to Mahoney’s grave, Miller, the Mahoney medalist, revitalized the history of America’s First Black Nurse. Supported by Chi Eta Phi, Miller found Mahoney’s family, collected family photographs, searched the documents at the History of Nursing Archives at Boston University, led the restoration of Mahoney’s grave and made it a site of pilgrimage. Determined that this nursing history should not fade into oblivion, Miller collected her biographical and archival findings in Mary Eliza Mahoney 1845-1926: America’s First Black Professional Nurse: A Historical Perspective (1986). Thus, Miller created the launching pad for the continuing search for Mary Eliza Mahoney.

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- Post-Masters
- Adult-Gerontology
- Primary Care NP

1 New England Hospital for Women and Children year ending 1879, 13.
5 Frederick C. Saunders to Helen S. Miller March 18, 1969 in Miller, op. cit, 157-58.
6 ibid., 102.
After Marcia Wells, MS, RN had completed her presidency of the New England Black Nurses Association in 1984, she added the story of Frances W. Harris and Letitia Campfield to the profession's narrative. The two women had applied to the Boston City Hospital School of Nursing in April 1929. Only after five months of persistent political pressure did the tax-supported hospital activate the applications that lay dormant. The young women began their program September 16, 1929. Not until the nursing shortage during World War II and the federally funded Cadet Nurse Program of the 1940s did other Boston training schools follow Boston City Hospital School of Nursing's example. See Nursing Revisited The Massachusetts Nurse, October 1984.

See related article on Cadet Nurse by Dr. Poremba in this edition. (eds.)

Novice on the Night Shift

As a recent retiree I have been reflecting on my 45 years in nursing. This poem was inspired by an experience early in my career, a time when building confidence, learning new skills, and balancing competing clinical demands were critical. For me, poetry lends a voice for documenting some of the patients and professional experiences that are indelible in my memory.

Death is not my friend yet, though I keep a faithful watch. With flashlight in hand and trepidation of heart, I stealthily round room to room, listening for the rise and fall of breath, while feeling for a steady radial beat in patients unaware. Behind a closed curtain at the end of the ward lies an 80 something, pencil thin man with sagging yellow skin and a mountain of abdomen tenting the sheet. He does not respond to my beckoning voice or gentle stimulation. His respirations are rapid, then for too many seconds there are none at all, before they begin again with a gasp. On cool, mottled skin I feel an irregular skip of a thready pulse. With hours to go before sunrise, I continue my nightly care while frequently assessing my comatose patient who lingers between worlds, his soul yet undecided whether to take leave of his body. I am grateful to have more time to make friends with death before the absence of breath.

Save the New Date: Tuesday, October 27, 2020

Due to COVID-19 and safety considerations, the 8th Massachusetts Regional Caring Science Consortium (MRCSC) conference scheduled for September 29, 2020 at Endicott College has been postponed. However, MRCSC remains committed to provide nurses and other health providers opportunities to explore the philosophy, ethic, and caring-healing practices for self, colleagues and patients.

The current pandemic has elevated the need for cultivating resiliency and self care to new heights, particularly for nurses. Join MRCSC for a free, one-hour, online CEU program, Caring for Nurses Amid Covid-19: Mindfulness and Cultivating Resiliency, on Tuesday, October 27, 2020 at 11 A.M to 12 Noon. As a Caring Science Scholar with expertise in mindfulness practice and support of clinical teams, Christine McNulty Buckley, DNP, MBA, RN, CPHQ, NEA BC, Caritas Coach®, Assistant Dean and Associate Professor, School of Nursing, Massachusetts College of Pharmacy and Health Sciences University, will lead us in reviewing practical strategies to care for ourselves and our community as nurses. By attending to our wellbeing using mindfulness practices and appreciative inquiry, participants will have the opportunity to explore tools to help develop a personal resiliency plan through the lens of Caring Science.

Updated program details will be posted on the MRCSC website (www.mrcsc.org). The MRCSC Virtual Zoom offering is co-sponsored by Endicott College and the Massachusetts College of Pharmacy and Health Sciences University. It is free to attend, but registration at the MRCSC website (www.mrcsc.org) is required. The Zoom link to join the presentation will be sent out to all registrants before the meeting. One (1) contact hour will be offered to all participants who attend the whole meeting and complete a program evaluation. Please contact Lynne Wagner directly at alynnewagner@outlook.com for any questions.
The Well-Being Initiative Promotion Toolkit for Collaborative Organizations

Have you heard about the Well-Being Initiative?

Every day, across the nation, millions of nurses are experiencing extraordinary stress and other impacts to their mental health and well-being as the coronavirus pandemic progresses. The American Nurses Foundation’s new Well-Being Initiative offers free tools and resources designed to help care for nurses like you as you tirelessly care for others.

Available resources:
- Nurses Together: a virtual, judgment-free space to connect with your nursing peers via voice and video calls [https://www.signupgenius.com/organization/nurses-together/]
- Happy: a platform providing 24/7, one-on-one access to support team members [https://gethappy.app.link/ANA]
- Moodfit: an app for setting and tracking personal health and wellness goals [https://www.getmoodfit.com/art]
- Narrative Expressive Writing: a five-week guided narrative writing program to help process your experiences during the pandemic [https://redcap.ucdenver.edu/surveys/index.php?z=7TNWPENM3EI]
- Nurses’ Guide to Mental Health Support Services: an informative guide to help you understand when and how to access social and peer support, as well as mental health services and treatment [https://www.nursingworld.org/67c49f11/globalassets/covid19/nurses-guide-pdf-003.pdf]

We hope you’ll visit the Well-Being Initiative page and make use of the resources. We appreciate all you do every day to keep our communities safe during this time. Thank you.

The Well-Being Initiative resources are available to all nurses—membership in ANA MASS is not required.

THE WELL-BEING INITIATIVE PROMOTION TOOLKIT FOR COLLABORATIVE ORGANIZATIONS

These assets were developed by the American Nurses Foundation in partnership with the American Nurses Association. For questions or comments, please contact wellbeing@ana.org.
Nurse Self Care Amidst COVID-19—Framed by Caring Science: Heart-centered Loving Kindness and Compassion toward Self

A. Lynne Wagner, EdD, MSN, RN, FACCE, CHMT, Caritas Coach®, Professor Emerita of Nursing, Bethany Lutheran College, Associate Director, Watson Caring Science Institute, Nurse Educator Consultant for Caring Science, Founder of the Massachusetts Regional Caring Science Consortium

In the many and often unanticipated streams of challenges the COVID-19 pandemic presents to nurses caring for so many acutely ill and dying patients, nurses remain committed to their covenant to humanity to make a difference in people’s healing and dying. Nurses have amazed the public in their creativity and resilience to care amid exhaustion, emotional trauma, lack of PPE and equipment, beds, and even for some, protective self-isolation from their own families. However, nurses are at high-risk for neglecting their own self care and needed healing from emotional and physical trauma. (Watson, 2005, 2008, 2018)

Theory of Human Caring and Caring Science provides a humanistic, relational, ethical-moral foundation, based on compassionate caring-love for humanity, to guide and support nurses’ daily self-care practices, and well as their care for others.

Watson’s 10 Caritas Processes® (CP) (Table 1) address caring-practice of compassionate loving-kindness; connected presence; healing relationships and environments; honoring the wholeness and uniqueness of each patient and their families; being fully present to provide solace-seeking through multiple scientific, experimental, and aesthetic ways of knowing; and being open to the mysterious unknowns in life and death. These processes are not linear nor exclusive of each other, but rather expand each other’s meaning. The pandemic has heightened the essential need for nurses to attend to their own basic body-mind-spirit healing and wellbeing. This short article on self-care focuses on Caritas Process #9, the very root of caring relationships.

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Table 1. Watson’s (2008) Ten Caritas Processes

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

To attend to self-caring and practices that assist in their own evolution of consciousness for more fulfillment in their life work” (2008, p. 47). It is a good time for nurses to renew your affirmation for nursing and your values of caring for others and self, which helps strengthen your moral courage and resiliency to stay in these turbulent times.

Second, caring for others with intentional holistic approaches starts with attending to your own well-being and self care modalities. Understanding our own suffering, connects us with other’s suffering that embodies a shared human connectedness. In Watson’s words: “As a beginning, we have to learn how to offer caring love, forgiveness, compassion, and mercy to ourselves before we can offer authentic caring and love to others” (2008, p. 41). Self-compassion and self-love (CP1) are important allies in caring for your mind-body-spirit wellbeing. What stories do you tell yourself? Whom do you see in the mirror in the morning? How critical are you of yourself? Can you look and say to yourself, “I love you”? If you do not feel worthy, you will not take the time to eat, sleep, exercise well. You will not honor your needed balance of wholeness that requires you to take time to renew your spirit, your mind, address and heal your emotions. Practice releasing your feelings and stories (CP5) each day through mindful meditations, journaling, shared stories with colleagues, meetings with chaplains and mentors. Engage in fun, fulfilling activities in your time off. Believe your mantra, “I am enough to be a caring practitioner.”

Thirdly, your negative or positive feelings about yourself are reflected in your perspective or positive energy surrounding your body, that you, in turn, carry into every room, every relationship. Negative energy depletes you and relationships, positive energy energizes you, allowing you to be the healing environment of presence (CP8). The practice of intentional renewing centering pauses being: events, hours, and work, between patients, before entering rooms and meetings makes a positive shift in your energy, emotions, creativity, relationships and effective caring, as well as your safe practice of reducing errors (CP4). A centering pause can be as simple as several deep breaths with a focus on letting go of your last encounter and opening your heart to the needs of yourself. Can you say to yourself, “I need a fresh space, breathe in all the love you know and exhale out burdens, all the busy chatter. Deeper felt experiences need deeper pauses to re-gather, perhaps time in a healing room, garden, or a walk to meditate. Time at the sink for handwashing is an opportunity for deep breaths, cleansing of past events, and re-centering. “What we hold in our hearts matters” (Watson, 2008, p. 189).

Lastly, each of the Caritas Processes further guide you in implementing CP9 for self care. It takes practice to be intentionally present (CP2) to your own needs. It requires an open heart and vulnerability to deeply listen to your own positive and negative story and feelings and to honestly face your healing needs (CP5). The healing modality of reflective practice through journaling helps you explore the facts, stories, and meaning of your experiences (CP6) to unveil your unique care needs and those you share with others. A healing space at home and/or work or a renewing nature space to retreat for a re-centering pause provides a healing environment to renew your spirit and human flourishing. Creating a meditative opportunity gives you space to ponder on any witnessed mystery and miracle around life and death (CP10). “In Caritas Consciousness...the authenticity of self reveals the integrity of the profession” (Watson, 2008, p. 72). Keep on journaling and reflecting for growth. You are witness to your own self-care.

Please take time to reflect/ponder on these questions to enrich your own self care practices:

1. Why is self care important to being and becoming a caring practitioner?
2. In what ways do I honor my feelings or deny compassion to myself?
3. What self care practices do I practice at present?
4. What are my opportunities and barriers for expanding my self care?
5. In what ways do I practice loving-kindness and compassion to myself?
6. What self care activities can I incorporate into my schedule?
7. What aspects of myself do I fully honor and celebrate?
8. In what ways do I honor my feelings or deny them?

References:
OPPORTUNITY TO HONOR YOUR COLLEAGUES: American Nurses Association Massachusetts (ANAMASS) 2021 Awards
open to ALL Nurses
NEW DEADLINE DATE: November 3, 2020

You work with or know nurse colleagues whose commitment to nursing and to patient care is exemplary. Yet in the rush of today’s world, there is often little time to acknowledge them and their professional contributions. ANAMASS Awards provide you the opportunity to honor their remarkable, but often unrecognized practice.

ANAMASS Awards are not restricted to ANAMASS members. Nominees can be a member of ANAMASS or a non-ANAMASS member who is nominated by a member of ANAMASS. These awards can be peer or self-nominated.

For more information on and applications for the various scholarships and awards offered by ANAMASS please visit www.anamass.org

Living Legends in Massachusetts Nursing Award
The prestigious Living Legend in Massachusetts Nursing Award recognizes nurses who have made a significant contribution to the profession of nursing on a state (Massachusetts), national or international level. Living legends in Massachusetts Nursing Awards are presented each year at the ANA MA Awards dinner ceremony. Candidates for this award should be a current or past member of the American Nurses Association Massachusetts (ANAMASS) or a member of the Massachusetts Nurses Association (MNA) when it served as the state affiliate for the American Nurses Association (ANA) and be nominated by a colleague.

Mary A. Manning Nurse Mentoring Award
This award was established by Karen Daley to support and encourage mentoring activities. This monetary award in the amount of $500 is given annually to a nurse who exemplifies the ideal image of a mentor and has established a record of consistent outreach to nurses in practice or in the pursuit of advanced education. (ANAMASS membership not required).

Excellence in Nursing Practice Award
The ANAMASS Excellence in Nursing Practice is presented yearly to a registered nurse who demonstrates excellence in clinical practice. (ANAMASS membership not required)

Excellence in Nursing Education Award
The ANAMASS Excellence in Nursing Education Award is presented yearly to a nurse who demonstrates excellence in nursing education in an academic or clinical setting. (ANAMASS membership not required)

Excellence in Nursing Research Award
The ANAMASS Excellence in Nursing Research Award is presented yearly to a nurse who has demonstrated excellence in nursing research that has had (or has the potential to have) a positive impact on patient care. (ANAMASS membership not required)

Loyal Service Award
This award is presented annually to a member of ANAMASS who has demonstrated loyal and dedicated service to the association. (ANAMASS membership required)

Community Service Award
This award is presented annually to a nurse who’s community service has a positive impact on the citizens of Massachusetts. (ANAMASS membership not required)

Friend of Nursing Award
This award is presented annually to a person or persons who have demonstrated strong support for the profession of nursing in Massachusetts. (ANAMASS membership not required)

Future Nurse Leader Award
This award is presented yearly to a recent (within two years of graduation) nursing school (AD, BSN, Diploma) graduate who demonstrates great potential for leadership in the profession. (ANAMASS membership not required)

The nomination process is easy
Access the applications at the ANAMASS website: www.anamass.org
Complete the application and submit electronically or by mail by the deadline of November 3, 2020.
If you have any questions, need help? Call ANAMASS at 617-990-2856 or email info@anamass.org
As a nurse and joint ANA and ANAMASS member, you are committed to providing superior care to your patients. It is your passion, and you invest all of your energy in your work. But who is taking care of you while you take care of others? Through ANA and ANAMASS Personal Benefits, we are here to help with seven important programs that every nurse must consider. We carefully screened partners committed to helping ANAMASS member nurses with great value, and we make it easy to cover yourself in these critical areas.

Travel discounts are the #1 requested benefit program from ANAMASS members. ANA has partnered with BookingCommunity to offer members hotel room rates that are discounted up to 70% -- lower rates than you will find at any online travel or hotel website. ANA and ANAMASS members get access to amazing deals that are not available to the public, at over 800,000 participating Hotels and Resorts Worldwide. Plan a trip and watch the savings grow -- it pays to be an ANAMASS member!

To access these great, member-exclusive rates and book travel today - https://www.bookingworld.org/membership/member-benefits/personal-benefits/

The ANA has partnered with CommonBond, a leading student lender, to help you save money through student loan refinancing. Refinancing your federal or private student loans to a lower interest rate can save you thousands. CommonBond offers up to 24 months of forbearance, just in case you need to put payments on pause, plus the process is free and ANA members get $300 cash back from CommonBond when they refinace!

Visit CommonBond for an instant quote and to start an application.

To listen to a webinar on Student Loan Refinancing 101, go to https://www.nursingworld.org/membership/member-benefits/personal-benefits/student-loan-refinancing-101/ Webinar: How to Pay Down Student Loans

Many nurses mistakenly believe they are covered by their employer’s liability insurance — until a licensing board complaint or lawsuit is filed and they find that no one is advocating for their interests. Protect yourself and your career with professional liability insurance. ANA has partnered with ProLiability® powered by Mercer, a global leader in insurance, to offer liability coverage specifically geared to nurses. Remember, a complaint or suit can be filed even if you did nothing wrong, and an investment in liability insurance will protect your future and the future of your family. Get the protection you need without paying more than is necessary by taking advantage of the competitive rates for ANA members.

Mercer – Omniture Webinar 3/25/19
RiskFree
For an instant quote and to fill out an application for ANA liability insurance offered by ProLiability, go to https://www.medicalmalpracticeinsurance.com/liaisons.html

Long Term Care Insurance is increasingly the choice of ANA Members seeking to protect their hard-earned assets from the high cost of long-term services along with the resulting financial spending-down and potential loss of self-reliance.

Final Expense Insurance, also known as Burial or Funeral Insurance, is a type of whole life insurance designed for those over 40 years of age, to cover funeral expenses and existing bills when you pass.

Through ANA’s partnership with Anchor Health Administrators (AHA), members receive specialized advocate services for these much-needed protections. AHA is a company that, for almost 40 years of age, to cover funeral expenses and existing bills you pass.

To access these great, member-exclusive rates and book travel today - https://www.commonbond.com

Agism is real and hurts all of us. If you are between 18 and 80+ and open to bridging the gap, engage with those whose expert knowledge and innovative experiences are helping to re-frame the conversation. Register now!

This activity has been submitted to American Nurses Association Massachusetts for approval to award contact hours. American Nurses Association Massachusetts is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation. For more information regarding contact hours, please email: presidents.lectureseries@regiscollege.edu

Save the date: Tuesday, November 10, 2020 for our next Fall Topic!
Title: Addictions: Challenges and Opportunities in the Era of COVID-19
Registration Information: You MUST preregister by 5:00 pm on September 21, 2020.
Time: 6:15 – 8:30 pm
Fee: None
Contact Hours: 2
Location: Virtual Webinar via Zoom

ANAMASS Educational Needs Assessment Survey 2020

Deadline to respond: October 1, 2020

The ANA Massachusetts Conference Planning Committee is looking for your feedback as we explore the development of future educational offerings that are relevant to your practice, assist in providing the knowledge and skills you need to support you in your practice across all roles and settings, and enhance your professional development. We want to offer you educational opportunities that are cost effective, accessible, and time-efficient.

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

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

Go to www.ANAMass.org for more information
If you’re ready for a change, we’re ready for you!

The world has gone through a lot of changes this year. And if you’re ready for an evolution of your own, UMass Memorial Health Care is looking for caregivers who’d like to be part of our team – and part of a supportive culture that respects everyone, every day and encourages you to contribute ideas ... and your voice. We offer a healthy work/life balance, excellent benefits and growth opportunities across our health care system.

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