

# ANA-MAINE JOURNAL

## Journal Highlights



Evidence-Based Practice and You:  
Igniting the Spirit of Nursing  
Page 6



Looking Beyond Telltale Signs  
of an Alcohol or Drug Problem  
Page 12

The Newsletter of the American Nurses Association-Maine SUMMER 2011

## President's Message

### The Nurse You Wish to Become: A Welcome to Maine's New Nurses

Congratulations to everyone who is graduating from nursing school! What an honor it is for me to welcome you to the nursing profession.

Your schooling has prepared you with a solid nursing education and clinical experience. Your preceptors and mentors will now take on the responsibility of guiding you in your practice development.

Through your experience of caring for multiple patients with the same illness, disease, or surgical procedure, you will develop your nursing practice. This refinement of your clinical knowledge and skills includes assessing the body, mind, and spirit; anticipating the long-term needs of your patients and their families; and foreseeing and planning for your patient's recovery or decline based on the diagnosis and underlying condition. This refinement of skill is a process that takes time. Orientation is typically eight to 12 weeks on a medical or surgical unit. Most nurses agree it takes a year for a beginning or novice nurse to develop the skill and confidence of what Patricia Benner termed a competent or perhaps even a proficient nurse. Many new nurses say they actually recall those moments where "a lightbulb came on" and they knew they could do this—



Susan McLeod

providing care for the patients assigned to them. It will happen for you too.

Once your orientation is completed, remember you are not alone. It is not a weakness to ask your colleagues for help. There is always a nurse there to help you. This nurse is your mentor. Mentors are easy to identify. This nurse is the person everyone goes to. The best mentor is usually a staff nurse who is always open to helping, guiding, and encouraging others. This nurse is the one who will help you call the physician when you know there is something wrong but cannot identify the exact problem. This is the nurse who is there for you when you experience your first patient death and you cannot stop crying. This is the nurse who will come get you about an unusual assessment or a new procedure you have not yet seen, which is about to occur with a patient on the unit. This is the nurse who will introduce you to the surgeon when she or he arrives on the unit. This is the nurse you wish to become someday.

You will find the most important person in your life will soon become your nurse preceptor and nurse mentor. They will be your best professional friends. Listen to their advice, emulate their good habits, utilize their systems of organization, and mimic their communication skills until you can mold these into your own style. These are your true friends for life.

You will have hard days, sad days, frustrating days, and great days, but every day can be a rewarding day. On behalf of ANA-MAINE and your Maine nurse colleagues, let me say to each of you: "Welcome to the profession of nursing!"

*ANA-ME President Susan McLeod, RN, BC, is the Nurse Clinical Education Specialist for Maine General Medical Center, Augusta, ME.*

## Index

Musings from the Editor on Hospice Care . . . . .	2
Confident Voices . . . . .	3
2011 Annual Awards Dinner . . . . .	4
First, Do No Harm . . . . .	7
Continuing Education Calendar . . . . .	8
Remembrances . . . . .	10
Nursing and Literature . . . . .	11
50 States United for Healthy Air . . . . .	13
The Worker's Compensation Act and the Nurse . . . . .	14
Political Advocacy . . . . .	15
Membership Application . . . . .	15

current resident or

Presort Standard  
US Postage  
**PAID**  
Permit #14  
Princeton, MN  
55371

**Join ANA-Maine Today!**  
**Application on page 15 or**  
**apply online at [anamaine.org](http://anamaine.org)**

# Musings from the Editor on Hospice Care

by Jenny Radsma, PhD, RN

Preparation of this issue of *ANA-Maine Journal* took place under unusual circumstances for me. On April 16 (amazing how some dates become indelibly imprinted on one's mind), my 87-year-old mother fell and fractured her right hip. A day or two after her hip replacement, she suffered a left-sided stroke. Until her fall and despite moderate dementia, Mom was healthy, but this cascade of events overwhelmed my mother and left her in the ether of full-blown confusion. Although surgically my mother's hip replacement would be considered a success, physically and mentally my mother never regained the ground she literally and figuratively lost as a result. When her acute-care physician delivered a grim prognosis, the decision was made to have Mom transferred to hospice care where she continues to rest comfortably some seven weeks later.

So, at the beginning of May, I turned my car westward, and for the past two months I have been on the other side of the bed, as it were, a recipient of the clinical nursing care I've given to others in the past or discussed in the classroom with the students I teach. Throughout this journey with my mother, something akin to a rollercoaster ride, I've experienced or been struck by several observations I'd like to share with you. Although my experiences are unlikely to be unique, I believe there is merit in reviewing what sometimes gets overlooked in the busyness of our daily nursing lives.

Despite the many losses my mother has endured—she is cachexic and her dentures no longer fit, her eyesight is gone, she is incontinent, her speech is all but incoherent, and she can no longer feel me or my sisters stroking her arm—nonetheless, my mother's essence, although diminished, is still apparent. She responds when my sisters or I bid her hello, warming our hearts each time we hear her say, "Hi *Schat*," her Dutch endearment for us. Last week she added her thready attempts as my aunt, who sat by her bedside, sang familiar Dutch hymns with which my mother grew up. Pictures of my mother in the bloom of health help the staff to see the person behind the patient who is now unrecognizable from her former self.

Hearing is one of the last senses to be relinquished, a lesson I was taught as a nursing student and one I relearned from my mother. No matter that her eyes are closed or unfocused, or that she appears to be sleeping, she can hear. When, in the middle of a conversation some weeks ago with family members about a conflicted issue, my mother interrupted us with, "Can we talk about something else now?"

With a few exceptions, my mother has received remarkable care from nursing staff, social workers, pastoral care personnel, physicians, cleaning staff—the entire healthcare team. The nursing aides provide all of the personal care for my mother—bathing her, feeding her, talking to her, combing her hair, repositioning her, offering her their hugs and kisses, and sometimes, when time permits, just sitting with her or her family members. The RNs, occupied as they are with administration of

medications, treatments, and other procedures to hospice residents, have far less patient contact than do the nursing aides. Surprisingly, some nurses neglect to greet my mother by name or even to say hello as part of their care. Having observed this oversight on more than one occasion, a reminder of some fundamental communication skills is warranted: At the very least, introduce yourself to your patient, tell the patient what you're going to do before doing it, and let the patient know when you're finished doing what you came to do. And don't talk about your problems with patients or their families; hearing the concerns about your own aging mother, for example, is not a comfort to them.

When visiting Mom and straightening her bed linen, I've been surprised at what I've found under the covers at different times: the catheter bag, a comb, used alcohol swabs, plastic needle covers, and so forth. So a note of caution: Check the bed before pulling the covers up to ensure nothing is in the bed that doesn't belong there. Also check to make sure the patient is positioned comfortably and in such a way that nothing can harm her or his skin integrity.

My mother is elderly and her progression towards her end of life is an expected transition. Nonetheless, it is an emotional time for her family. Because we've been given the gift of time in terms of getting used to Mom no longer being with us, my sisters and I have kept a journal, which has served us in a number of ways. Certainly, it has helped as a communication tool as we each take our turn at Mom's bedside. In it we share in writing with one another the events of the day: how much Mom ate or drank, physician visits, effectiveness of pain medication, friends and family who came to visit, that sort of thing. But it's also allowed us to reflect on our feelings, our relationship with Mom, a way to express the emotion we feel as we bid good-bye to Mom, and to convey our thoughts and feelings to one another.

My mother's greatest dread was to end her life as she is: totally dependent on others to care for her as they do and completely unaware of her reliance on the love and care of others to provide for her physically and emotionally. Under ordinary circumstances, my mother would have considered herself to have lost all her dignity to be the way she is now. But, in truth, what Mom has taught me through this experience is how dignity is maintained in the face of profound disability, how Mom's spirit is still so apparent despite her frailties. She is mindful of and lets us know when food or fluids run down her chin, she rests her elegant hands on her chest in the familiar prayer position, and until she lost her ability to speak, she said thank you to everyone for whatever care had been rendered, whether by family, physicians, or nursing staff. I continue to be moved by her graceful mannerisms.

My experience with hospice reaffirms my belief in the importance of promoting quality of life for those who are at the end of their life and for the important role nurses play in supporting patients and family members through this process. I have gained immense respect and regard for the work of hospice caregivers. I, in turn, utter a humble "thank you" to all who have cared for Mom and made this journey the rich experience it has been for me. And blessings to all of you who assist those at the end of their days to walk with grace to their final transition from this life.

*In addition to serving as editor of ANA-Maine Journal since 2008, Jenny Radsma is professor of nursing at University of Maine at Fort Kent.*

## Lincoln County Healthcare

Maine Health

[www.lchcareers.org](http://www.lchcareers.org)

*Our employees make the difference!*

Lincoln County Healthcare...

system has various openings for Registered Nurses. Come join our team of dedicated professionals who take pride in the care they give. See our openings and apply on-line at [www.lchcareers.org](http://www.lchcareers.org)

Lincoln County Healthcare is located in Midcoast Maine, serving Miles Memorial Hospital in Damariscotta and St. Andrews Hospital in Boothbay Harbor and their subsidiaries.

An Equal Opportunity Employer



[www.anamaine.org](http://www.anamaine.org)



Published by:  
**Arthur L. Davis  
Publishing Agency, Inc.**



Volume 7 • Number 3

Published by the  
**AMERICAN NURSES ASSOCIATION-MAINE**  
a constituent member association of the  
**American Nurses Association**  
E-mail: [info@anamaine.org](mailto:info@anamaine.org)  
Web Site: [www.anamaine.org](http://www.anamaine.org)

647 US Route 1 - Suite 14  
York, ME 03909  
PMB #280

### ANA-MAINE BOARD OF DIRECTORS

**Susan McLeod, BSN, RN, BC**  
President, Smithfield  
[susan.mcleod@anamaine.org](mailto:susan.mcleod@anamaine.org)

**Irene Eaton-Bancroft, MSN, RN, CS**  
First Vice President, Kennebunk

**Paula Theriault**  
Second Vice President, Holden

**Rebecca Quirk**  
Treasurer

**Juliana L'Heureux**  
Secretary

**Anita Hakala, MSN, RN**  
Director, Norway

**Rosemary Johnson, PhD, APRN-BC**  
Director

**Angela Voisine, BSN, RN**  
Director

**Rebecca Quirk, RN IV, CNL, CPON, CPSTI**  
Director

**Karen Rea, RN-BC, MSN**  
Director, Portland

**Noreen Byrne Vincent, MS, RN**  
Director, South Portland

**Erin McLeod**  
Student Member

Contents of this newsletter are the opinion of the author alone and do not reflect the official position of ANA-MAINE unless specifically indicated. We always invite leaders of specialty organizations to contribute.

### ANA-MAINE EDITORIAL COMMITTEE

Jenny Radsma, PhD, RN (Editor)  
Rosemary Henry, MS, RN  
Millicent G. Higgins, EdD, RN  
Sue McLeod, BSN, RN, BC  
Terri Matthew, RN, BSN  
Paul Parker, BSN, RN  
Nancy Tarr, MSN, ANP, FNP

We welcome submissions, but we reserve the right to reject submission of any article. Send to [publications@anamaine.org](mailto:publications@anamaine.org). CE calendar listings are without charge.

Attribution: We do not knowingly plagiarize. We encourage our authors to fact check their material but we do not assume responsibility for factual content of ads or articles.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, [sales@aldpub.com](mailto:sales@aldpub.com). ANA-Maine and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement. Published quarterly every February, May, August and November.

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

**Postal Address corrections:** This list of addressees is obtained from the Maine State Board of Nursing (MSBON) each issue. To keep your address current for these mailings, simply notify the MSBON of any needed changes in your postal mailing address.

# Confident Voices

by Beth Boynton, RN, MS

## The Q & A for nurses facing difficult issues with communication, conflict, and workplace dynamics

Welcome back to the column addressing the communication and conflict issues confronting nurses. In each issue, nurse trainer and consultant Beth Boynton, RN, MS, offers insights for nurses dealing with complex workplace dynamics. If you are a staff nurse, nurse leader, or if you work closely with nurses and have a challenging situation to share, please contact Beth at: [bbbboynton@earthlink.net](mailto:bbbboynton@earthlink.net). Confidentiality and anonymity will be honored.



Beth Boynton

Dear Beth,

I am a staff RN and work on the skilled unit of a long-term care facility. Lately I've been noticing how frequently nurses and other staff talk about each other behind their backs. I worked last weekend and some of the comments I heard were:

*She has a bad attitude.*

*His uniform smells.*

*She is a piece of work.*

*She's always late.*

*She should have called the family before she left.*

It seems like an endless parade of negative comments. Honestly, I can often see grains of truth in them, but I find it sad that we are so critical of each other. I've tried ignoring, defending, and even stating I don't want to talk about others, but by the end of last weekend, I found myself doing the same thing. Sometimes, it just feels easier to go with the flow even though I don't agree with it. What thoughts do you have about this behavior and how much can one person do?

Shoveling Against the Tide

Dear Shoveling,

Thanks for your letter that sheds more light on this common and pervasive form of horizontal violence and the frustrations you have in trying to stay clear of it. Although I don't have a secret light switch I can point to that will enable you to turn it off, I do have some insights to share, which you may find helpful.

### The Comments

Any time we talk about someone behind her or his back, we are being disrespectful to that person as well as not being accountable for our own perspectives. Sweeping generalizations, such as *She's always late*, or vague criticisms such as *She has a bad attitude* are indeed examples of horizontal violence we know impacts safety, quality and job satisfaction. One of the reasons your letter is so helpful is that you are giving specific examples. Many of us are guilty of this kind of communication, myself included. Building awareness and self-reflection are key to changing behavior, and this will come as we talk and reflect about it more. We are like the frogs in the hot water experiment: We are so used to this kind of behavior we no longer recognize it as unhealthy or harmful.

### Can an Individual Change a Culture?

Organizational culture, whether formal or informal, is a very powerful influence over one's behavior. In some ways, individuals are always influencing the culture and yet there are some very real limitations on what one person can do to change a toxic work environment. Not engaging in the behavior or even switching jobs would have some influence on the culture, but may be tough to identify, impossible to measure, and take years to see any meaningful change. You may alienate people you have to work with and it is a very personal decision about when and how to intervene.

On the other hand, every time you do give or receive constructive feedback in a positive way you are role-modeling new behaviors and sending out a message that may have rippling effects you won't know about. I encourage you to continue to interrupt with a constructive remark when you can and to honor your own limitations. Deep breathing, finding a kindred spirit at work, and forgiving yourself when you participate in inappropriate behaviors may help you to restore a little bit of faith in trusting that the tide is changing. Slow but sure.

However, healthcare leaders play a critical role in building healthy workplace cultures. Without the long-term commitment of leaders and resources, we will continue to limp along. Getting at these underlying dynamics will require:

- Training and practice in giving and receiving constructive feedback
- Clear expectations of conduct
- Building trust
- Room for learning, forgiveness and differences in approaches
- Enforcement

These dynamics involve human behavior, and we know how difficult such change can be. We also know how destructive the *status quo* can be; more and more research shows the costs of disruptive behavior.

You might enjoy my new six-minute YouTube video on my website ([www.bethboynton.com](http://www.bethboynton.com)), in which I talk about these three questions:

- Why is respectful communication and collaboration in health care so important?
- Why is it so hard?
- What role do leaders play?

In closing, please keep up your work and don't underestimate the value of your efforts as you meet the challenge of taking care of yourself in this toxic environment.

Beth

*Beth Boynton is an organizational development consultant specializing in issues that impact nurses and other healthcare professionals. She is a coach, facilitator, and trainer for topics related to communication, conflict management, teambuilding and leadership development and author of the book, **Confident Voices: The Nurses' Guide to Improving Communication and Creating Positive Workplaces**. She is an adjunct faculty member with New England College's graduate program in Healthcare Administration and a contributing University of Florida faculty for the Forensic Science for Nurses certificate program. She has also taught for Antioch University and McIntosh College. Beth has published several professional articles and her newsletter, **Confident Voices**, has drawn audiences from across the nation for addressing communication, conflict and workplace dynamics. Her website, [www.bethboynton.com](http://www.bethboynton.com), offers more information.*

**THE STRENGTH TO HEAL**  
and focus on what matters the most.

When you become a nurse and Officer on the U.S. Army Reserve Health Care Team, you'll be able to continue to work in your community and serve when needed. You'll be surrounded by health care professionals who share your passion for providing quality patient care. You may also be eligible for financial benefits, including pay incentives and up to \$50,000 for nursing school loans.

To learn more, call 1-866-940-9346 or visit [www.healthcare.goarmy.com/nurse/j290](http://www.healthcare.goarmy.com/nurse/j290).

© 2010. Paid for by the United States Army. All rights reserved.

Home, Hope and Healing, Inc.  
...your Maine nursing connection

Home, Hope and Healing is hiring  
**RN Nurse Managers and RNs/LPNs**  
for in home care.

To apply call  
**(207) 362-5252**  
or visit us at  
[www.homehopeandhealing.com](http://www.homehopeandhealing.com)

**NURSES**  
TRUSTED to  
**CARE**



## ANA-MAINE 10th Annual Business Meeting & Educational Conference

Friday October 14, 2011

Dana Center, Maine Medical Center, Portland ME  
7:30-5:00

### TOPICS:

- Lawful Medical Marijuana implementation and implications
- Living the life of recovery and all of the consequences
- What hospice really is and how and when to access it
- Multi-cultural panel for cultural sensitivity around death and dying
- Five representatives from Maine's diverse population

Maine facilities and healthcare professionals are challenged to implement the new requirements of the medical marijuana laws. Come talk with the expert about problems, pitfalls and successful medical marijuana implementation plans.

Cultural sensitivity and end of life care continue to be a nationwide topic of concern. Maine's population is growing and with that so is our diversity. Sensitivity to the many important cultural rituals at the end of life can ease unnecessary stress for families, patients and staff. Our panel consists of five experts and people from across Maine's varied cultures to share their sacred and important needs during this time of a person's life. Learn how to anticipate and encourage cultural requests into the end of life experience for your patients and their families.

A welcome to attend is extended to: nurses, healthcare caregivers, nursing students, and interested persons.

Nursing contact hours are available. Group registration of five people and the sixth registration is free.

Lunch is provided with registration.

**More information and registration details  
are available at**

[www.anamaine.org](http://www.anamaine.org)

Or contact:

Rebecca Quirk, Committee Chair  
at [Rebecca.quirk@anamaine.org](mailto:Rebecca.quirk@anamaine.org)

# ANA-Maine Annual Awards Dinner 2011

by Susan Henderson, RN, BS, MA

On April 27, 2011, ANA-Maine members added another heartwarming Annual Awards Dinner to its list of such ceremonies. Welcoming remarks were issued by President Susan McLeod, and Catherine Lorello Snow, winner of the 2010 Sister Consuela White Spirit of Nursing Award, read the invocation given by Sister Consuela at the very first Annual Meeting of ANA-Maine. Opening remarks were extended by Commissioner Mary Mayhew from Health and Human Services Commissioner. The keynote address, delivered by Margaret Hourigan RN EdD, identified national and state wide initiatives, which are having a dynamic influence on our nursing practice.

Maine nurses who have been nominated for either the Agnes E. Flaherty Nursing Leadership Award as well as the Sister Consuela White Spirit of Nursing Award are recognized and honored at this annual event. Each award, both the Agnes E. Flaherty Nursing Leadership Award and the Sister Consuela White Spirit of Nursing Award, provides a staff nurse award as well as an award for administrators, educators, and advance practice nurses. The Agnes E. Flaherty Leadership Award is given annually to a registered nurse leader who demonstrates leadership, courage, and dedication in her or his interactions with patients and families, staff and coworkers, the profession, and the community. The Sister Consuela White Spirit of Nursing Award is given to a registered nurse in clinical practice, nursing education, or administration who demonstrates the spirit of nursing by the care, concern, respect, and knowledge she or he demonstrates in interactions with patients and families, coworkers, students, the profession, and the community.

Nominees for each of the awards were introduced to the assembly with information about each candidate shared by the person who made the nomination. All candidates introduced to the assembly clearly represented nursing excellence in their own practice arena and deserved the esteem and recognition of their professional colleagues. Each nominee was presented with a bouquet of flowers and a certificate honoring their professional contribution.

Nominees for the Agnes E Flaherty Award included Margaret Hourigan RN, EdD, nominated by Joyce Coburn RN, MSN, DNSc, for her leadership in nursing education and in professional organizations. Barbara Mispilkin RN BC was nominated by Cecilia Garrett, RN, for her leadership as a nurse manager at Togus Veterans' Hospital, Augusta, Maine. Lynn Cote, BSN, nominated by Pat Camire MSN, MHA, NEA-BC, was recognized for her leadership as a nurse manager at Southern Maine Medical Center. Linda Abernathy RN, MSN, CPHQ, was nominated by Ann Rogerson, RN, BC, for her leadership as a nurse administrator at Dorethea Dix Psychiatric

Center. Ann Sawyer, RN, nominated by Mary Hoffman, RN, was recognized for her leadership skills that grew and supported a nursing hospice team at Gosnell Memorial Hospice House of Hospice of Southern Maine.

The Agnes E. Flaherty Nursing Leadership Award was awarded to Margaret Hourigan. Ann Sawyer was the winner of the Agnes E. Flaherty Nursing Leadership Staff Nurse Award.

Nominees for the Sister Consuela White Spirit of Nursing Award included Nancy Nickerson, MSN, GNP, nominated by Patricia Holt, RNC, GNP, for her excellence as a nurse practitioner caring for older adults through Mature Care and for her volunteer work in humanitarian projects. Linda Lamberson, MS, RN, was nominated by Noreen Vincent, MS, RN, CMSRN, for her caring leadership and expert practice as an educator in the University of Southern Maine's nursing program. Carol Demarkis, RN, nominated by Amander Wooten, BSN, was recognized for her expert and compassionate practice in emergency care at Mercy Hospital. Cheryl Merrill, RN, nominated by Deborah Ann Hoch, DNP, ACNP-BC, was recognized for her nursing excellence on a transplant unit at Maine Medical Center. Dolores Sullivan, RN, nominated by Jan Bell, RN, was recognized for her excellent, caring practice in medical surgical nursing at Franklin Memorial Hospital. Julia Johnson, RN, was nominated by Mary Hoffman, RN, for her skilled care to patients and families as a nurse at Gosnell Memorial Hospice House of Hospice of Southern Maine. Ann Sossong, PhD, RN, was nominated by Nancy Fishwick, PhD, RN, FNP, for her work as a nurse educator but she was not eligible to be considered because of her role as a Board member of ANA-Maine.

Linda Lamberson was awarded the Sister Consuela White Spirit of Nursing Award. The Sister Consuela White Staff Nurse Spirit of Nursing Award was presented to Julia Johnson.

ANA-Maine President, Susan McLeod presented Susan Henderson, the ANA-Maine President's Award for her work as a former president and board member of ANA-Maine.

The evening concluded with students from the state student nurse association presenting a power point presentation about their trip to the National Student Nurse Association Convention. The students thanked ANA-Maine for its financial support in helping them attend the conference.

Warm congratulations are extended to each nominee and award winner, with heartfelt appreciation for going above and beyond to strengthen professional nursing in Maine and beyond.

*Susan Henderson is past-president of ANA-Maine and is currently associate professor of nursing at St. Joseph's College, Standish, ME.*



Machias, ME

Emergency Nurses • Inpatient Assistant Manager  
• Emergency Assistant Manager

For information about our hospital and  
online application, please visit:

[www.DECH.org](http://www.DECH.org)

Contact us at [elizabethh@dech.org](mailto:elizabethh@dech.org)  
207.255.0468

### REGISTERED NURSE

Concentra seeks Registered Nurses for Occupational Health opportunities. Requires current state license with strong computer skills, good customer service and communication skills. Occupational health experience is required.

Please visit the Concentra internet site,

[www.concentra.com/careers](http://www.concentra.com/careers), to apply on-line and  
attach your resume for review. EOE

**Concentra**  
treated right

**REFLEXIONS**  
— E T C. —

Do you feel a need to  
get back in touch with your patients?  
Learn the Healthful Benefits of Reflexology  
Connie Hubley, AAEd, NBCR, NCTMB  
10F Cross Rd.  
Winthrop, Maine 04364  
207-377-3338  
[www.reflexionsetschoolofreflexology.com](http://www.reflexionsetschoolofreflexology.com)



UNIVERSITY OF MAINE  
FORT KENT  
UNIVERSITE DU MAINE



## RN to BSN Online

Are you a Registered Nurse ready to earn your baccalaureate degree?

For additional information call us toll-free at 1-888-879-8635  
or visit us on the web: [www.umfk.maine.edu/admissions](http://www.umfk.maine.edu/admissions)

**Accessible... Affordable... Accredited**

UMFK is accredited by the Maine State Board of Nursing  
and the national Commission for Collegiate Nursing Education.



## DIRECTOR OF NURSING

◆ Diamond Healthcare, a National Behavioral Health company, is recruiting for a Director of Nursing for our Behavioral Health Pavilion in Bluefield, WV.

◆ Minimum of 5 years relevant experience in the care of the mentally ill and supervision of paraprofessional staff; assessment, planning, provision and evaluation of psychiatric nursing care to patients. Experience with medication teaching, management of the therapeutic milieu and providing mandatory and voluntary in-service training to staff.

◆ Please submit resume with salary requirements to  
Edith Smith [esmith@diamondhealth.com](mailto:esmith@diamondhealth.com)

**To view and apply for positions nationwide  
visit [www.diamondhealth.com](http://www.diamondhealth.com)**

# 2011 Annual Awards Dinner



# Evidence-Based Practice and You: Igniting the Spirit of Nursing

by Ann Sossong, PhD, RN

Nursing professionals have long been challenged to be leaders of change to develop and implement improved patient-centered care outcomes based on best evidence. AARP's Center to Champion Nursing in America, Institute of Medicine (IOM), Robert Wood Johnson (RWJ), and Quality and Safety Education in Nursing (QSEN) initiatives reference the importance of evidence-based practice (EBP) as central to excellence and quality improvements in health care. Maine nurses have committed to these national goals and have captured the power of a collective spirit. This spirit is generating incredible momentum to create evidence-based care. The Maine Magnet Collaborative has embraced the American Nurses Credentialing Center (ANCC) Magnet program's evidence-based practice model to ensure success in Maine. Additionally, the Maine Nursing Practice Consortium is promoting evidence-based practice as the foundation for excellence in nursing to achieve outcomes benefiting patients, families and the community.



Ann Sossong

The Maine Partners in Nursing Education and Practice has adopted the future competencies of nurses, which includes EBP.

I just returned from a QSEN conference focusing on the competencies adopted from the IOM report for future nurses: patient-centered care, teamwork and collaboration, quality improvement, safety, as well as informatics and evidence-based practice. The speakers emphasized EBP as the fuel needed to ensure success with implementation of all the other competencies.

ANA and ANA-MAINE have also been at the forefront of developing tools to assist nurses with incorporating evidence in their daily nursing practice. These tools are posted on the ANA website. Dr. Jackie Fawcett leads the way in communicating regularly with Maine nurses in her quarterly column focused on EBP in the *ANA-Maine Journal*. She has done a superb job in educating Maine nurses and assisting them on how to change practice based on evidence. Since she is unable to continue at this time, I will continue her work of promoting EBP knowing full well that I could never replace her. It will be up to all of us to keep the spirit of inquiry alive as Maine moves toward accomplishing the goals of nursing care and leading the changes in health care.

I look forward to sharing mini-educational tips in future issues of the *ANA-Maine Journal* to assist each

of you in your evidence-based nursing initiatives. I do want each of you to also share your EBP projects and accomplishments. Please send a brief description and I will add it to my comments so others can make the most use of your expertise. The evidence-based initiative can include individual accomplishments, group work centered on transforming care at the bedside, changes in health systems or projects focused on patient safety. We want everyone to share in and learn from one another's successes. In the next newsletter, we will discuss the steps and barriers of implementing EBP initiatives.

*Ann Sossong, PhD, RN, is associate professor of nursing at University of Maine (Orono). In addition to her many contributions to nursing in Maine and beyond, she also serves ANA-Maine as a board director. To share your EBP projects and accomplishments with Ann, contact her at [ann.sossong@umit.maine.edu](mailto:ann.sossong@umit.maine.edu).*

## Report Drug Shortages to the FDA

Drug shortages have increased over the last few years, the federal Food and Drug Administration reports, causing health care professionals to consider identifying alternative medications to treat their patients, or delaying treatment.

The FDA encourages health care professionals to inform the agency when they become aware of a drug shortage. To report a drug shortage to FDA via e-mail, write to [drugshortages@fda.hhs.gov](mailto:drugshortages@fda.hhs.gov).

The main reason for drug shortages is unanticipated manufacturing problems that affect product quality, the FDA says. Pharmaceutical firms' decisions to discontinue marketing a product when newer drugs become available also contribute to shortages, among other reasons.

The FDA can take several actions to address drug shortages, including working with firms to increase production and identifying foreign versions of the product, with quality control mechanisms to ensure drug safety. Go to FDA web page dedicated to drug shortages: [www.fda.gov/Drugs/DrugSafety/DrugShortages/default.htm](http://www.fda.gov/Drugs/DrugSafety/DrugShortages/default.htm)

I believe I am defined by  
the care I give.

### Believe in touching lives.

Home healthcare allows you to see one patient at a time like you imagined when you started your career. When you become a part of home healthcare, you become a part of your patients' lives.

### Registered Nurses

- Work one-on-one with patients
- Treat a wide range of diagnoses
- Receive specialized training

Call us today at **1.866.GENTIVA**  
Visit us at [gentiva.com/careers](http://gentiva.com/careers)







**NEW Online Pharmacology Update Education Offerings**

1. Prescribing Controlled Substances
2. An Evidence-based Blitz
3. Exploring the Top 20 Drugs
4. What's Hot and What to Watch
5. PSYCHOPHarmacology
6. Top Pediatric Prescriptions
7. Top Drugs in Acute Care (coming soon)

*Also Available*

**Certification Review/  
Clinical Update  
Live Courses  
&  
Home Study Audio CD  
Continuing Education Packages**

[www.NPcourses.com](http://www.NPcourses.com)

# First, Do No Harm: What a Movie Tells Us About Nursing Ethics and Empowering Patients

by Emily Davis

The phrase, "first, do no harm," is derived from the Hippocratic Oath, which is recited by medical students upon their graduation. "First Do No Harm" (Abrahams, 1997) is also the title of a movie depicting a family in crisis at the hands of the healthcare system. In this film, the Reimuellers' youngest child, Robbie, starts having seizures and is diagnosed with a seizure disorder. The family tries many different prescription medications in many different combinations to help reduce or eliminate Robbie's seizures, but all to no avail. In the midst of their distress, the Reimuellers learn their medical insurance has lapsed, and when the insurance is reactivated, the cost of Robbie's care is no longer included: His epilepsy is now a pre-existing condition.

With no insurance, Robbie is transferred from a private hospital to a county hospital. The family almost loses their home while trying to keep up with the payments for Robbie's treatments. After unsuccessfully trying numerous medications and treatments, one of Robbie's doctors suggests brain surgery. Robbie's mother, Lori, is unwilling to consider such a drastic measure and she begins to research information on her own to find an alternative solution for Robbie's condition. As a result, she learns about the ketogenic diet with its demonstrated success in resolving some seizure disorders. Lori brings what she learned about this diet to the attention of Robbie's doctor. Her suggestion is met with resistance and she is told the diet lacks scientific evidence to demonstrate its effectiveness from double-blind studies.

Lori manages to get Robbie to Johns Hopkins Hospital where he begins the ketogenic diet. Over time, Robbie's seizures dissipate and he is cured. Throughout this struggle, Lori is angry the doctors failed to mention this diet as a possible treatment for epilepsy. In the end, it was Robbie's mother who advocated for her son and essentially saved Robbie's life, not the doctors.

Although there are many ethical issues in *First Do No Harm*, patient autonomy is an overriding ethical principle depicted in the film. Autonomy within the healthcare system refers to the right to make informed decisions for oneself (or one's children) about medical care and treatment. Even if the healthcare provider, such as a physician or nurse, does not agree with the patient's decision, the provider must respect it (Aiken, 2004). Autonomy allows patients to use the information, including the treatment options with which they are provided, to decide on the approach for their treatment. Conversely, they have the right to refuse treatment altogether. In the film, Robbie's mother is the primary person making decisions on his behalf. She consents to the recommended treatments and prescribed drugs, and she inquires about clinical trials in which Robbie could be entered. Even though Lori took on the role of the decision-maker in his care, she had, in nursing terminology, a knowledge deficit. Before Robbie fell ill, she knew little about epilepsy or the different treatments for it. She could only base her decisions on the information given her by the doctors and nurses who were treating Robbie. When information is withheld from the patient, as was the case in the film, the patient is unable to make a fully informed, autonomous decision.

The nurse depicted in the film supported Lori as best she could, but she was faced by several dilemmas. For example, what treatment information was the nurse obligated to provide? An ethical dilemma, which occurs regularly in healthcare, is a situation wherein an individual must make a choice between two options, each of which presents with unfavorable consequences. When confronted by an ethical dilemma, the nurse is encouraged to use an ethical decision-making framework.

Aiken (2004) provides a five-step framework to help nurses resolve the ethical dilemmas they encounter. First, the nurse collects as much information about the problem as possible. In the movie, the healthcare providers could have considered alternative methods of treatment in addition to standard treatments, including surgery. Furthermore, the mother needed to be informed of optional treatments, which she was not. Second, the nurse needs to state the dilemma and understand the choice needing to be made. To understand the dilemma in the movie, the healthcare providers should have discussed with the parents whether the ketogenic diet was a worthwhile alternative for Robbie's treatment. Third, from a nursing perspective, the nurse would consider all choices as possible ways to overcome the dilemma. These options include: (1) being truthful with the family and giving Robbie's parents a choice in treatment options between medication, the surgery, and the diet, or (2) not giving the parents a choice and thereby taking away their autonomy in making decisions for their son. Fourth, the nurse would need to compare the positive and negative aspects of all options. The positive aspect of Option 1 would be telling the truth to the mother; the converse side of Option 1 might include Lori opting for the diet and not the surgery. The positive result of Option 2 is that Lori would choose the surgery because she did not know any other treatment was available; the negative component of Option 2 was taking away the autonomy of Robbie's parents. Based on compiling the information from Steps 1 to 4, the nurse, lastly, needs to make a decision. With respect to Robbie's care, either the healthcare providers tell Robbie's parents about all possible treatments or some information, for example, information about the ketogenic diet, is withheld (Alex 2009).

Based on the readings I have done about nursing ethics, I have come to realize the autonomy of Robbie's parents was violated in the movie, *First Do No Harm*. How could Lori and her husband make a fully informed decision for their son without possession of all the information needed? In the film, the doctors and nurses were seemingly unaware of the ethical dilemma present in this situation. The healthcare providers believed

they were doing what was right for the patient and did not take into account how their decisions affected Robbie or his family.

In addition to the ethical infractions illustrated in the film were problems of access to affordable healthcare. In the U.S., the healthcare system is currently being reformed with a significant change introduced by the Affordable Care Act passed in March 2010. This act does many things for Americans such as making it easier and more affordable to obtain healthcare. Two of the problems this act addresses is reducing insurance premium costs and not allowing insurance companies to deny coverage to people with pre-existing conditions (U.S. Department of Health and Human Services, 2010). These two points alone will help families in situations similar to the Reimuller family.

Autonomy is an over-riding ethical principle to which healthcare providers, and nurses in particular, must uphold when making day-to-day decisions about their patients' care. We nurses must always be truthful with our patients and provide them with as much information as we have. In addition, we also have to respect our patients' decisions even when we do not agree with them. We must remember how we would want to be treated if we were a patient, because some day that is what we will be.

*Emily Davis was a junior nursing student at University of Maine at Fort Kent when she wrote this paper. Written as an assignment for one of her courses, she also delivered it as a podium presentation at the 2011 UMFK Scholars Symposium.*

## References

- Abrahams, J. (Producer/Director). (1997). *First do no harm* [Motion Picture]. United States: Walt Disney Video.
- Aiken, T. D. (2004). *Legal, ethical, and political issues in nursing*. Philadelphia: F.A. Davis Company.
- Alex, M., Austin, W., Gallant, D. P., MacDonald, C., and Whitty-Rogers, J. (2009). Working with children in end-of-life decision making. *Nursing Ethics*, 16(6), 743-758.
- U.S. Department of Health and Human Services, Healthcare. (2010). *Understand the affordable care act: about the law*. Retrieved from <http://www.healthcare.gov/law/about/index.html>

## GRADUATE PROGRAMS IN HEALTHCARE AT HUSSON

*Doctoral/Professional and Master's programs in:*

- DOCTOR OF PHYSICAL THERAPY
- DOCTOR OF PHARMACY  
Husson's School of Pharmacy has received candidate status through ACPE.
- MASTER OF SCIENCE IN CLINICAL MENTAL HEALTH COUNSELING
- MASTER OF SCIENCE IN HUMAN RELATIONS
- MASTER OF SCIENCE IN NURSING  
Advanced Practice Psychiatric Nursing  
Family and Community Nurse Practitioner  
Nursing Education
- MASTER OF SCIENCE IN OCCUPATIONAL THERAPY
- MASTER OF SCIENCE IN PASTORAL COUNSELING
- MASTER OF SCIENCE IN SCHOOL COUNSELING
- POST MASTER'S CERTIFICATES  
Adult Psychiatric Mental Health Nurse Practitioner  
Advanced Practice Psychiatric Nursing  
Family and Community Nurse Practitioner

*Visit us on the web at [husson.edu/graduate](http://husson.edu/graduate)*

**HUSSON**  
UNIVERSITY

**SCHOOL OF GRADUATE STUDIES**

1 College Circle • Bangor, ME 04401 • [husson.edu](http://husson.edu) • (207) 992-4994

Accredited by the New England Association of Schools and Colleges, Inc., the Commission on Collegiate Nursing Education, the Commission on Accreditation in Physical Therapy Education, and the Accreditation Council for Occupational Therapy Education.



# Continuing Education Calendar for Maine Nurses



- Although we attempt to be as accurate as possible, information concerning events is published as submitted. We do not assume responsibility for errors. If you have questions about any event, please call the event planner directly.
- If you wish to post an event on this calendar, **the next submission deadline is Sept. 20 for the Fall issue.** Send items to [publications@anamaine.org](mailto:publications@anamaine.org). Please use the format you see below: date, city, title, sponsor, fee, and contact information. There is no charge to post an educational offering.
- Advertising: To place an ad or for information, contact [sales@aldpub.com](mailto:sales@aldpub.com).
- ANA-Maine is the ANCC-COA accredited Approver Unit for Maine. Not all courses listed here provide ANCC-COA credit, but they are printed for your interest and convenience. For more CE information, please go to [www.anamaine.org](http://www.anamaine.org).
- To obtain information on becoming an ANCC-COA CE provider, please contact [cne@anamaine.org](mailto:cne@anamaine.org).
- USM/CCE indicates the class is offered through University of Southern Maine/Center for Continuing Education. For course descriptions, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468 for a catalog. Most classes are held at the new Abromson Community Education Center in Portland, conveniently located just off I-295. Free parking nearby.
- CCSME indicates class is held by the Co-Occurring Collaborative Serving Maine.
- For PESI HealthCare seminars in Maine, visit <http://www.pesihealthcare.com>.

**24** Portland, PESI. **Patient Crisis: What To Do Before You Call a Code!** Advance Registration prices available until Aug. 28. Call for additional discount information or visit <http://www.pesihealthcare.com>

**26** Portland, USM/CCE. **Introduction to Holistic Health Care Practice.** 4 Mondays, Sept. 26-Dec. 12, 9 a.m.-4 p.m. \$525. Part of Certificate Program in Holistic Health Care Practice. For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**26** Portland, USM/CCE. **Supervising/Coaching Staff Using Motivational Interviewing.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**30** Portland, USM/CCE. **I.V. Therapy for Registered Nurses.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**30** Portland, PESI. **OB Emergencies.** Advance Registration prices available until Sept. 3. Call for additional discount information or visit <http://www.pesihealthcare.com>

## October 2011

**3** Portland, USM/CCE. **Certificate Program: Advanced Assessment of the Older Adult.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**3** Portland, USM/CCE. **Certificate Program: Grant Writing.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**5** Portland, USM/CCE. **Certificate Program: Co-Occurring Conditions of Mental Health and Substance Abuse.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**5** Portland, PESI. **Palliative Care: Comfort, Communication, Choices, Control.** Advance Registration prices available until Sept. 8. Call for additional discount information or visit <http://www.pesihealthcare.com>

**5** Portland, PESI. **Care of the Perianesthesia Patient.** Advance Registration prices available until Sept. 8. Call for additional discount information or visit <http://www.pesihealthcare.com>

**7** Portland, PESI. **The Ultimate One-Day Diabetes Course.** Advance Registration prices available until Sept. 10. Call for additional discount information or visit <http://www.pesihealthcare.com>

**11** Portland, USM/CCE. **Psychological Type and Your Shadow.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**13** Portland, USM/CCE. **Certificate Program: Fundraising.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

## Opening for CE Program Reviewers

Are you passionate about nursing education? Do you have experience in adult learning and nursing education, as well as a baccalaureate or graduate degree in nursing? If so, ANA-Maine has a spot just for you on its Continuing Education Committee! ANA-Maine is an Accredited Approver of Nursing Continuing Education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA). Make use of this wonderful opportunity to facilitate the ongoing education of your peers, and to become involved in your nursing organization. For more information, contact Dawn Wiers at 207-938-3826, or [anamainece@gwi.net](mailto:anamainece@gwi.net).

**RN to Bachelor of Science Degree.** Blended online and classroom program, University of Southern Maine, College of Nursing and Health Professions. Contact Amy Gieseke, Program Coordinator for USM's Online/Blended Programs, 207-780-5921 or [agieseke@usm.maine.edu](mailto:agieseke@usm.maine.edu).

## September 2011

**1** Portland, PESI. **Physical Assessment and Interviewing Skills in the Adult: Neurologic, Cardiovascular, and Pulmonary Assessment and Conditions.** Call for additional discount information or visit <http://www.pesihealthcare.com>

**14** Portland, PESI. **Orthopaedic Care: It's Not Just Broken Bones.** Call for additional discount information or visit <http://www.pesihealthcare.com>

**15** Bangor, PESI. **Orthopaedic Care: It's Not Just Broken Bones.** Call for additional discount information or visit <http://www.pesihealthcare.com>

**16** Portland, USM/CCE. **Certificate Program in Case Management.** 4 sessions: Sept. 16, Oct. 14, Nov. 18, Dec. 2. For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**19** Bangor, PESI. **Cognitive-Communication Deficits: What Happens Now?** Advance Registration prices available until Aug. 23. Call for additional discount information or visit <http://www.pesihealthcare.com>

**20** Portland, PESI. **Cognitive-Communication Deficits: What Happens Now?** Advance Registration prices available until Aug. 24. Call for additional discount information or visit <http://www.pesihealthcare.com>

**Katahdin Valley Health Center is seeking Family Nurse Practitioners to join our team.**



KVHC is one of New England's highest performing FQHCs with sites in Penobscot and Aroostook County. Enjoy a Mon-Fri schedule with no nights, holidays or weekends and a generous benefits package. Experience the beauty and tranquility of Northern Maine, while providing quality primary care to the people of this region. KVHC is a National Health Service Corp Loan Repayment Site.

For information and to apply visit:  
[www.kvhc.org](http://www.kvhc.org) or email: [mlefay@kvhc.org](mailto:mlefay@kvhc.org)

CE Calendar continued on page 9



# Continuing Education Calendar for Maine Nurses

CE Calendar continued from page 8

**19-20** Portland, USM/CCE. **Mindfulness-Based Stress Reduction: A Two-Day Intensive.** 9 a.m.-3:30 p.m. \$295. For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**21** Portland, USM/CCE. **Addiction Biology: Like It, Want It, Need It.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**28** Portland, USM/CCE. **Ethical Decision Making.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

## November 2011

**2** Portland, USM/CCE. **Traditional Chinese Medicine: Acupuncture, Acupressure and Herbal Medicine.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**2** Bangor, PESI. **Cardiac Medications: An In-Depth Look at Pharmacologic Intervention.** Advance Registration prices available until Oct. 6. Call for additional discount information or visit <http://www.pesihealthcare.com>

**3** Portland, USM/CCE. **Beginning Nursing Leadership: Tools and Practical Strategies.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**3** Portland, PESI. **Cardiac Medications: An In-Depth Look at Pharmacologic Intervention.** Advance Registration prices available until Oct. 7. Call for additional discount information or visit <http://www.pesihealthcare.com>

**4** Portland, USM/CCE. **Natural Therapies: Clinical Diet and Nutrition.** \$135. 9 a.m.-4 p.m. Part of Certificate Program in Holistic Health Care Practice. For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**9** Portland, PESI. **Skin and Wound Care.** Advance Registration prices available until Oct. 13. Call for additional discount information or visit <http://www.pesihealthcare.com>

**14** Bangor, PESI. **Effective Rapid Response Teams: Setting Goals, Saving Lives & Measuring Success.** Advance Registration prices available until Oct. 18. Call for additional discount information or visit <http://www.pesihealthcare.com>

**15** Portland, PESI. **Effective Rapid Response Teams: Setting Goals, Saving Lives & Measuring Success.** Advance Registration prices available until Oct. 19. Call for additional discount information or visit <http://www.pesihealthcare.com>

**18** Portland, USM/CCE. **Grief and Loss.** For more information, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468.

**18** South Portland, PESI. **Creative Teaching Strategies for the Nurse Educator.** Advance Registration prices available until Oct. 22. Call for additional discount information or visit <http://www.pesihealthcare.com>

**19** Freeport. **8th Annual Vascular Access Education Conference.** Theme is "Challenging Your Paradigm: Standards and Innovations in Vascular Access" at the Harraseeket Inn, Freeport, Maine. Sponsored by the Maine Vascular Access Network and the New Hampshire Association for Vascular Access. For more information: <http://www.anamaine.org/associations/11104/files/8th%20Annual%20Fall%20Vascular.pdf>

## December 2011

**2** Bangor, PESI. **Managing Acute and Chronic Pain: A Multimodal Approach.** Advance Registration prices available until Nov. 5. Call for additional discount information or visit <http://www.pesihealthcare.com>

**3** Portland, PESI. **Managing Acute and Chronic Pain: A Multimodal Approach.** Advance Registration prices available until Nov. 6. Call for additional discount information or visit <http://www.pesihealthcare.com>

## January 2012

**25-27** ANA's **6th Annual Nursing Quality Conference, Las Vegas, NV.** To receive an electronic version of the conference registration brochure as soon as it's available, please e-mail: [meetings@ana.org](mailto:meetings@ana.org) or visit [www.nursingworld.org](http://www.nursingworld.org) for more information about the conference.

### NORTH ADAMS REGIONAL HOSPITAL

#### Join our Nursing Team!

North Adams Regional Hospital is seeking a full time:

**Infection Control/Emergency Preparedness RN**

We are looking for:

- ✓ Excellent Clinical Nurses with broad based clinical skills

Qualifications:

- RN Licensure in Massachusetts, BSN Preferred or CIC
- Knowledge of Infection Prevention practices and policies.
- 3-5 years' Medical/Surgical experience required.
- Broad-based clinical experience.
- Excellent assessment skills.
- Independent decision-making ability.

Great pay, Flexible Schedule.  
Generous Benefits package.

For more information : Cheryl Garvie,  
Human Resources Generalist, NARH,  
71 Hospital Ave North Adams, MA 01247.  
Call (413) 664-5283, Fax (413) 664-5393,  
e-mail [jobs@nbhealth.org](mailto:jobs@nbhealth.org)  
EOE



#### BACCALAUREATE PROGRAMS IN NURSING

A leadership curriculum that prepares professional nurses for the 21st century.

##### Traditional Bachelor of Science in Nursing

- From a foundation in the liberal arts, basic science, and nursing science, the University curriculum prepares students for entry into the profession of nursing. Graduates consistently succeed on national licensure examinations, moving on to successful careers as leaders in health care.
- In classroom, laboratory, and clinical settings, students are mentored by expert nurses.

#### MASTER OF SCIENCE IN NURSING

A theoretical and clinical-based curriculum enables graduates to engage in advanced professional practice through the role of family nurse practitioner, nurse educator, nurse administrator, or other advanced roles. Two MSN tracks are available:

##### Family Nurse Practitioner (MSN-FNP)

Prepares nurses as primary health care providers who promote health, prevent illness, and manage common health problems across the lifespan. Health care issues affecting rural and other underserved communities are integrated throughout the curriculum.

##### Individualized-MSN (I-MSN)

Allows the student to develop a program of study that builds upon their professional interests and career goals. Through core courses, specialized courses, and experiential components, I-MSN students may prepare for leadership roles as nurse educators, nurse administrators and other professional roles.



### RN Studies Program

- Expands career options for RNs who possess the Associate Degree or Diploma in Nursing and who wish to complete the BSN or MSN.
- Individualized advisement and program of study builds upon prior education, clinical experience and career goals
- Flexible scheduling through use of distance education methods, such as ITV and online courses, is available for the majority of required nursing courses.
- RN Studies courses are now available at the U. Maine Hutchinson Center in Belfast.

The University of Maine School of Nursing  
5724 Dunn Hall, Orono, ME 04469-5724  
Phone: (207) 581-2592 Fax: (207) 581-2585

Visit our website for more information:  
[www.umaine.edu/nursing](http://www.umaine.edu/nursing)  
A Member of the University of Maine System

# Remembrances

## Carol Doane: Beloved Teacher, Nurse, Scholar, Friend

by Sue Sepples

With much sadness and incredible gratitude, the nursing community pays its respects to devoted teacher, nurse, scholar and friend, Carol Doane. Carol forged a nursing career remarkable for its tireless commitment to children and to the underserved. Carol retired in May of last year from full-time teaching at the University of Southern Maine, where she taught for over two decades. Her passion for teaching and her commitment to her students is legendary. Many former students describe her as the role model for the kind of nurse they aspire to be. Indeed, she has touched so many lives and the hearts of so many young nurses that her work will live on and on.

The range of her practice competence was considerable, teaching community health in inner city Portland and in the poorest villages in the Dominican Republic. As capable with pediatric nursing practice as with high acuity adult health, she taught pediatric students at camps on Maine's lakes in the summers and in the highest acuity units at Maine Medical Center in other seasons. Carol often carried a teaching load that was literally double that of her peers. The thread that bound her practice and her teaching across settings and populations was her deep respect for the patient and the student.

As a colleague and a friend, Carol Doane was just as generous in her support and encouragement. Friends, colleagues, students, and patients all have a story of something Carol gave them—little or big—that let them know she truly cared. Everyone who knew Carol has a story of her thoughtfulness and generosity.

A remarkable leader, Carol often led from behind and beside her students and colleagues. In this way, she quietly stepped into a leadership role in the School of Nursing when needed and coordinated USM's international nursing mission to the Dominican Republic for many years. Carol had a bit of 'Huck Finn' in her as well, and many of us found ourselves up to our elbows in one of Carol's pet projects before we knew what was happening. How many of us carved pumpkins for Camp Sunshine, hoarded shampoo and conditioner samples, worked on a wheelchair-accessible tree house at Pine Tree Camp, wrote cards to a kid we didn't know? Many were transformed by the experience of working alongside Carol—and Carol always let you think it was your idea.

Carol lived a life fraught with many challenges and much difficulty. Her ability to go on teaching (rarely missing a step) in the face of challenges that would have sidelined even the most lion-hearted among us remains testament to her courage. She was one of the bravest, strongest women I have ever known. We are saddened, so saddened, by the loss of this incredible woman, but her legacy lives on in the many fine women and men who have been touched by her caring, by her teaching, by her friendship, and by her courage.

Carol is survived by her mother, Thelma H. Pike of Newbury, Mass.; her husband of 43 years, Roger A. Doane, Sr. of Topsham; two daughters, Rachel Doane Demers and her husband Shawn of Bath, and Sarah Doane Hamilton and her companion Norman Pelletier of Biddeford; a son, Roger A. Doane, Jr. and his wife Teri of Saco; two sisters, Deborah Pike Cashman and her husband John of Dalton, N.H., and Lisa Pike Hayes and her husband Walter of Merrimac; a brother, Harry E. Pike and his wife Heather of Pittsfield, N.H.; nine grandchildren; one beautiful, brand-new great-grandchild; and many nieces, nephews and cousins.

Her nursing colleagues wish to gather to remember Carol. We are organizing a memorial for Aug. 28 at 2 p.m. in the Wishcamper Center at the University of Southern Maine. We are gathering stories, pictures, and memories. There will be tears and laughter and, of course, music and food. For more details and to get involved, please contact Susan Sepples at [sepples@usm.maine.edu](mailto:sepples@usm.maine.edu).

Sue Sepples, PhD, RN, is associate professor of nursing at University of Southern Maine.



## Sister Consuela White: A Life of Service and Love

by Susan Henderson, RN, BS, MA

Sister Mary Consuela White, RSM, aged 91, died a peaceful death on May 26, 2011. A beloved nursing leader in Maine, she touched friends, family, patients, students and colleagues with her love, compassion and a belief in each individual's ability to move toward a "call to perfection." Sister Consuela was present to all those she encountered, she listened with all of her being, and communicated love in her gentle manner.

Born Florence Mary White, Sister Consuela grew up in New Brunswick, Canada, and she often shared many memories of her happy childhood years. She spoke of horse-drawn sleigh rides, the farm animals, the beauty of the land, and her beloved parents. After graduating from high school, in New Brunswick, she attended the Madigan Memorial School of Nursing in Houlton, Maine. Sister recalled being excited about becoming a nurse; she could "hardly wait," she said, to join her professional nursing organization, the American Nurses Association. In 1944, Sister entered the Sisters of Mercy in Portland; she went on to continue her education at Saint Joseph's College, Catholic University, and continued on to finally receive her BS and MS in nursing from Boston College.

A lifelong learner, Sister Consuela synthesized information from her wide range of different types of knowledge and experiences. She spoke of a visit to Israel where it was stressed to her that requisites of health are clean air, water, and pure food. This resonated with her own understanding of health. She adhered to the precepts of nursing as outlined



**"Basically, ultimately, essentially, nursing is relationship."— Sister Consuela White, RSM (photo reprinted with permission from St. Joseph's Magazine, St. Joseph's College, Maine, 2006)**

by Florence Nightingale, recognizing the depth of Nightingale's courage, intelligence and knowledge. Along with her values as a Sister of Mercy, Sister Consuela integrated the art and science of nursing through her leadership abilities, her focus on health policy, and her progressive educational principles. Initially serving as the director of Nursing Service and the School of Nursing at the Madigan Hospital in Houlton, she then served for another 22 years as director of Nursing Service and the School of Nursing at Mercy Hospital in Portland. She developed and chaired the nursing program at Saint Joseph's College in Standish, which admitted its first class of nursing

students in 1974. It was the second BSN program in Maine. As soon as the program was accredited, Sister Consuela worked to develop avenues for RNs from diploma and associate degree programs to achieve their BSN. Sister Consuela believed in and understood the value of the nursing profession to patients, families and society. Sister Consuela's roles included vice president of Mission Effectiveness at Mercy Hospital, a member of the Board of Trustees of Mercy Hospital, and many other boards. She served on the Maine State Board of Nursing and was active in the American Nurses Association in Maine. Sister Consuela was visionary, courageous, extremely intelligent, humble, loving and a woman of faith. She often began class with the Prayer of St. Francis. At a dinner in her honor to mark her retirement from her vice president position at Mercy Hospital, the entire assembly in the Hotel Eastland in Portland sang this prayer. Likewise, it was sung at her prayer service and funeral mass.

Last summer, Catherine Lorello Snow, the winner of ANA-MAINE's 2010 Sister Consuela White Spirit of Nursing Award, visited Sister Consuela at the Francis Ward



**Sister Consuela White in 1976 capping a student at the first such ceremony at St. Joseph's College, Maine**

*Sister Consuela White continued from page 10*

Convent where she was living. As a nursing student at Mercy Hospital, Catherine had known and admired Sister. They reminisced about days at Mercy and then Sister asked Catherine what she was doing now. Catherine said that she worked with people who were mentally ill and homeless. Sister Consuela's face lit up, she looked at Catherine, touched her arm, and said quietly, "Oh, my dear! The nurse-patient relationship is a manifestation of God's love." Sister Consuela once concluded a speech to nursing students with a quote from the prophet Micah: "... and what doth the Lord require of thee, but to do justly, and to love mercy, and to walk humbly with thy God." This verse captures so perfectly the life and work of Sister Consuela White.

*Prayer of Saint Francis*

Make me a channel of your peace.  
Where there is hatred let me bring your love;  
Where there is injury, your pardon, Lord;  
And where there's doubt, true faith in you.  
Oh, Master, grant that I may never seek  
So much to be consoled as to console;  
To be understood as to understand;  
To be loved as to love with all my soul.  
Make me a channel of your peace.  
Where there's despair in life, let me bring hope,  
Where there is darkness, only light,  
And where there's sadness, ever joy.  
Make me a channel of your peace.  
It is in pardoning that we are pardoned,  
In giving to all men that we receive,  
And in dying that we're born to eternal life.  
Amen.

*Susan Henderson is past-president of ANA-Maine and recently retired as associate professor of nursing at St. Joseph's College, Standish, ME.*

## Nursing and Literature

### When Chicken Soup isn't Enough: Stories of Nurses Standing Up for Themselves, Their Patients, and Their Profession

Cornell University Press, 2010, New York

Edited by Suzanne Gordon

Reviewed by Penny Higgins, EdD, RN

Suzanne Gordon has done it again! In her compelling previous books, including *Nursing Against the Odds* and *Safety in Numbers*, she has been an advocate for nurses and their effort to have a voice in national health care. In this book, Gordon again gives nurses a voice with the stories of 70 nurses from around the world, stories told in their own words.

Gordon was compelled to write the book after reading too many articles and books that, although well meaning, trivialize nurses as kind and gentle rather than showing the "technical, medical, and pharmacological mastery" required of the profession. In her introduction, she emphasizes nurses' need to also advocate for their patients through all of the "bureaucratic maneuvering, accessing of resources, negotiating with doctors and administrators, not to mention conflict resolution" in all realms of their work.

In contrast, Gordon has assembled stories that show the grittier side of nursing, even though much of this "grit" stems from a genuine caring and desire to serve. One nurse has to make the difficult choice of disregarding a doctor's statement that a patient doesn't need hospice care, instead enlisting the family's support in changing doctors to provide this important assistance for the dying patient and the family. Another nurse withheld a drug ordered by a man's physician that might have further damaged his poor eyesight. In another situation, a Canadian nurse describes the difficulties involved in assuring excellent cardiac surgery while watching errors by others impede the patient's recovery and the reputation of the unit.

Another American nurse took on the important task of developing consensus about nurses wearing identifying clothing instead of the "mishmash" of what she was seeing every day. She thought that, while the white cap and uniform were a thing of the past, nurses still needed to be recognized quickly and easily whether at the bedside or in an emergency situation. The compromise that developed was satisfactory to all, and quickly proved its effectiveness during an emergency when both patients and emergency personnel needed to know the identity of the caregiver.

Not only does Gordon's book hold intriguing stories that gain your interest, but it also promises to be a most useful tool for encouraging nurses on the front lines. It provides examples for educators at all levels to inspire their students, and brings home to administrators and physicians once again exactly what we are about and how important our observations are to a smoothly running facility, of particular importance for patients and other nurses.

*Penny Higgins is adjunct professor, Saint Joseph's College of Maine, and a regular book reviewer for ANA-Maine Journal.*

## HEALTH INFORMATION TECHNOLOGY AT SOUTHERN MAINE COMMUNITY COLLEGE

*Transition to and  
management of Electronic  
Health Records systems*

**Serving ME  
and NH**

**Full  
scholarships  
available!**



### Choose from two tracks:

- **The Engineering Track** prepares professional IT workers to install, maintain and support EHR systems.
- **The Analyst-Consultant Track** prepares professional medical workers to reorganize workflow to take full advantage of health IT systems.



For more information including how to **apply** and **register**, and detailed **course descriptions** visit [www.smccME.edu/HIT](http://www.smccME.edu/HIT)

# Looking Beyond Telltale Signs of an Alcohol or Drug Problem

by Paula Davies Scimeca, RN, MS

As nurses, we have been trained to avoid making judgments that are not based on facts. Instead, we look for a constellation of symptoms, collecting data which support the presence or absence of a certain disease, condition or injury. While our professional endeavors focus predominantly on our patients, we are also responsible for identifying factors in our surroundings which may pose a threat to others, including colleagues. Furthermore, as licensed professionals, we are obliged to take appropriate measures when we know or have reason to suspect there is a potential hazard in the workplace.



Paula Davies Scimeca

At a time when over 48 percent of high school students admit past use of an illicit substance and over 20 percent report the use of a prescription medication to get high (NIDA, 2010), we must consider assessing for the potential use, misuse and abuse of substances as an integral part of our role, regardless of any chosen area of specialization. Likewise, since it is estimated that between 14 percent and 20 percent of all nurses have, or will develop, an issue with alcohol or another drug during their lifetime (Bell, 1999; Monroe, 2010), we must sharpen our ability to detect the earliest signs of an alcohol or other drug problem in our peers.

Although the telltale signs of an issue may conjure up vivid images of slurred speech, unsteady gait, constricted or dilated pupils, and a disheveled appearance, there are other signs of physical impairment warranting an immediate report to supervisory personnel if such signs manifest in the workplace. Affirmative answers to the

following questions illustrate some scenarios which should not be dismissed or ignored:

Are there signs of recent alcohol use, such as the odor of alcohol on the breath or from perspiration? Is there impaired ability to function, such as somnolence, tremors or memory loss? Is there a display of erratic behavior or mood swings? Do patients report little or no relief of their symptoms after one particular nurse administers a medication which has previously provided analgesia?

Additional questions which may raise a nurse's level of concern regarding a potential issue with alcohol or another drug in a colleague are:

Does the nurse routinely take frequent, lengthy breaks to use the restroom that cannot otherwise be explained? Is there excessive wastage of controlled substances or breakage of ampoules? Is there a habitual request for signing a narcotic waste when disposal was not witnessed? Is there a pattern of giving controlled medications to other nurses' patients? Does the nurse hover around the medication room when there is no apparent reason to do so? Does the nurse arrive early or stay late to clean the med cart? Are there discrepancies in the narcotic count or medication administration record?

The professional domain is usually the very last arena in which the signs of an issue with alcohol or another drug becomes apparent in nursing professionals. Similar to heart disease, problems with substance use are not usually discrete events, but develop over a period of time. Thus, the discovery of objective findings within the context of a nurse's scope of practice often indicates a significant issue exists that will not improve without formal intervention and specialized treatment.

Since alcohol and other drug problems can progress to the stage of endangering a nurse's life as well as career, prevention and early detection are crucial. To offer nurses a tool they can use to self-assess their risk of developing an issue with alcohol or another drug, a checklist was constructed of 10 characteristics I observed in many nurses who surrendered their license to practice as a direct result of alcohol or other drug use. The SHUNT Self-Survey For Nurses (Scimeca, 2009) is a simple list any nurse or student nurse can use to track behaviors and situations that tend to increase the risk of developing a problem with alcohol or another drug. The characteristics remain applicable throughout the nurse's lifespan, whether one is crossing the threshold of nursing school or attending a retirement dinner in one's honor.

Since distribution of the self-survey in 2009, many nurses who entered recovery and returned to practice have reported that the checklist provided a meaningful gauge by which they could measure the resilience of their

recovery and avoid re-initiation of alcohol and other drug use. Student nurses who acquired familiarity with the tool as part of their required course work indicated that the list aided their recognition of risky behaviors and trends so that they were afforded the opportunity to make modifications before erosion into their personal and professional well-being occurred.

While all who use a mood-altering substance may not meet the established criteria for a substance use disorder, a significant portion of the population, including nurses, do encounter difficulty at some point during their lifetime. As chronic disease which occurs on a continuum, substance use disorders are a substantial source of morbidity and mortality which does not develop without exposure to mood-altering substances.

By fully appreciating that a problem can arise in anyone given sufficient exposure to a mood-altering substance, we may be better prepared to motivate key individuals to lessen or avoid contact with such chemicals. Striving to shunt others away from some or all of the harmful effects that substance use disorders inflict plays a vital role in every nurse's endeavor to secure optimal public health. Surely, similar efforts to safeguard our colleagues, as well as ourselves, from what has threatened many a nurse's life and career must also be embraced as having a high priority in today's culture.

Paula Davies Scimeca, obtained her baccalaureate degree in nursing from Adelphi University and her graduate degree from SUNY Stony Brook. Her career has spanned over three decades, with the first 10 years spent in medical, surgical and critical care nursing. With over 20 years' experience in addiction and psychiatric nursing, her focus has centered on addiction and recovery in nurses since 2003. The author of "Unbecoming a Nurse" and "From Unbecoming a Nurse to Overcoming Addiction," she is an adjunct professor at Wagner College School of Nursing.

## References

- Bell, D., McDonough, J., Ellison, J. and Fitzugh, E. (1999). "Controlled drug misuse by certified registered nurse anesthetist." *AANA Journal*, 67, 133-140.
- Monroe, T. and Kenaga, H., (2010). "Don't ask, don't tell: Substance abuse and addiction among nurses." *Journal of Clinical Nursing*, 20, 504-509.
- National Institute on Drug Abuse (NIDA) and University of Michigan Institute for Social Research. (2010) Monitoring the Future Study, accessed 5-4-2011 online at <http://www.drugabuse.gov/Infofacts/HSYouthtrends.html>
- Scimeca, P.D. (2009). "Unbecoming A Nurse: Bypassing the Hidden Chemical Dependency Trap." Sea Meca, Inc., N.Y., pp. 53-54.

## High Number of Measles Cases in US Linked to Travel, Vaccine Refusal

The Centers for Disease Control and Prevention (CDC) has issued a health advisory about US travellers contracting measles abroad, and then causing outbreaks when they return home. The number of confirmed cases so far in 2011 (156) represents the highest number since 1996. In almost all the cases, the individual contracted measles while travelling outside the US, where major outbreaks are occurring especially in Europe. Of the US cases, 86% were unvaccinated, and of those unvaccinated, a majority were intentionally unvaccinated for personal or philosophical objections to vaccines. Major outbreaks are occurring in Minnesota, Utah, and the metropolitan New York and Boston regions.

Nurses and other health care professionals need to be vigilant for measles, as many cases have been misdiagnosed or undetected. This is largely because many providers have no experience with measles, since, thanks to vaccines, measles has been a very rare medical condition. Some measles cases have had the absence of rash, making detection even more difficult. There are reports of measles cases mistaken for Kawasaki Disease or other acute illness, such as otitis media. Measles is highly contagious, so early detection is key to quickly implement important infection control practices to prevent spread. Also, vaccination, especially for travellers abroad remains paramount to curbing and preventing the spread. Vaccination can protect individuals, but also those that cannot be vaccinated due to age or medical condition. Almost a quarter of the US cases have been in children too young to begin their vaccine series.

## SHUNT Self-Survey For Nurses

- S - Social withdrawal or self-isolative behavior.
- S - Self-care behaviors beneath societal, professional or the nurse's own standards.
- H - History of chemical dependency in the nurse's immediate family.
- H - History of negative consequences related to the nurse's substance use.
- U - Untreated or unremitting emotional or physical pain.
- U - Using medication for a reason it was not intended or in a manner not recommended.
- N - Nursing practice routinely in excess of 55 hours per week.
- N - Nursing duties include frequent access to controlled substances.
- I - Transitional period requiring major adjustment within the past year.
- I - Turmoil or tragedy with unresolved conflict.

## 50 States United for Healthy Air: A Broad Perspective on Protecting Health

*Doctors, nurses, clergy and affected citizens travel from across the country to Washington, D.C., demanding clean air*

Doctors, nurses, faith and tribal leaders, social justice advocates and affected citizens from all 50 states convened in Washington, D.C., during the week of May 3 to meet with Obama administration officials and their elected officials on Capitol Hill to send a simple, powerful message: All Americans have a right to breathe clean, healthy air. This unprecedented gathering of more than 150 individuals representing dozens of faith, health, environmental, and community groups met with U.S. representatives, senators, and other officials on a wide range of health standards being considered by the U.S. Environmental Protection Agency (EPA).

Communities across the country are routinely exposed to harmful levels of toxic air pollution from industrial sources such as power plants, cement plants, and incinerators. This pollution is robbing people in these communities of their lives, their health, and their ability to raise their children in healthy homes, back yards, schools, playgrounds and parks. May is recognized as “National Asthma and Allergy Awareness Month,” and the impact of dirty air on those suffering from asthma is severe and pervasive. By simply cleaning up power plants—our nation’s dirtiest polluters—the EPA estimates that 120,000 asthma attacks will be avoided each year.

Calling themselves *50 States United for Healthy Air*, the group is comprised of representatives from the American Nurses Association, Earthjustice, Hip Hop Caucus, Interfaith Power & Light, National Council of Churches, and Physicians for Social Responsibility. They are focused on crucial health protections that are currently under attack by well-financed industry groups and their lobbyists and allies on Capitol Hill. The national health-protective standards, overseen by the EPA, include:

- A proposal in March that set the first-ever federal regulations on mercury and other toxic air pollution from power plants
- Strong, health-based protections for cement plant pollution, finalized in August 2010, saving an estimated 2,500 lives every year
- A proposal to regulate harmful coal ash dumps and landfills
- A rule finalized in February that limits toxic air pollution from thousands of boilers and incinerators located in communities across the country
- A January 2010 standard that was anticipated to be final by July that would limit ozone pollution — commonly referred to as smog — in cities and towns across the country

But several members in the House are discussing legislation that would delay or eliminate these protections. For example,



Rep. John Carter (R-Texas) has proposed legislation (H.J. Res. 42) that would eliminate the standard for cleaning up cement plant pollution, and Rep. David McKinley (R-WV) is pushing for a vote on legislation (H.R. 1391) that will prohibit the EPA from regulating toxic coal ash in a manner that will protect public health. There are also several members of Congress queuing up to fight the full set of national health-protective standards recently proposed or finalized.

Despite the overwhelming benefits of these health protections—tens of thousands of lives saved every year, major reductions in asthma, heart disease, respiratory ailments, cancer and other illnesses, and billions of dollars in savings for the American public—industrial polluters are influencing Congress to delay or even block these health protections from taking effect.

Toxic air pollution poisons our bodies and claims tens of thousands of lives each year. Mercury, arsenic, lead, dioxins, smog, fine particles and dozens of other pollutants are pumped out daily from power plants, cement kilns, boilers, incinerators and other industrial facilities. These pollutants can cause cancer, heart and lung disease, asthma and developmental disorders.

Lives are at stake, and the federal government has an important role to play in protecting the lives of those most at risk: the young, elderly and communities where air quality levels routinely fall below acceptable health protective standards. The EPA estimates that more than 300,000 newborns each year may have increased risk of learning disabilities associated with in utero exposure to methylmercury.

“From its earliest days, the nursing profession has understood the importance of a clean, healthy environment to human health,” remarked ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “After all, it was Florence Nightingale who established as the first rule of nursing, ‘Keep the air within as pure as the air without.’ But the purity and safety of our air is at risk. Mounting scientific evidence indicates that the human body is becoming a reservoir for the toxic chemicals found in the air, water, food, household products, and even in products commonly used in the provision of health care. That is why ANA is proud to help convene the 50 States



for Healthy Air, to protect our environment, and its impact on human health.”

“The Clean Air Act is our nation’s strongest, most successful tool in cleaning up dangerous and toxic air pollution from industrial sources,” said Earthjustice President Trip Van Noppen. “Despite decades of success protecting millions of Americans and saving taxpayer money, some members of Congress are attacking the Clean Air Act in cooperation with the polluters who would finally be forced to clean up their mess. These doctors, nurses, faith leaders and affected citizens are bringing a message to their members of Congress to protect our health and the health of our children by cleaning up this toxic air pollution.”

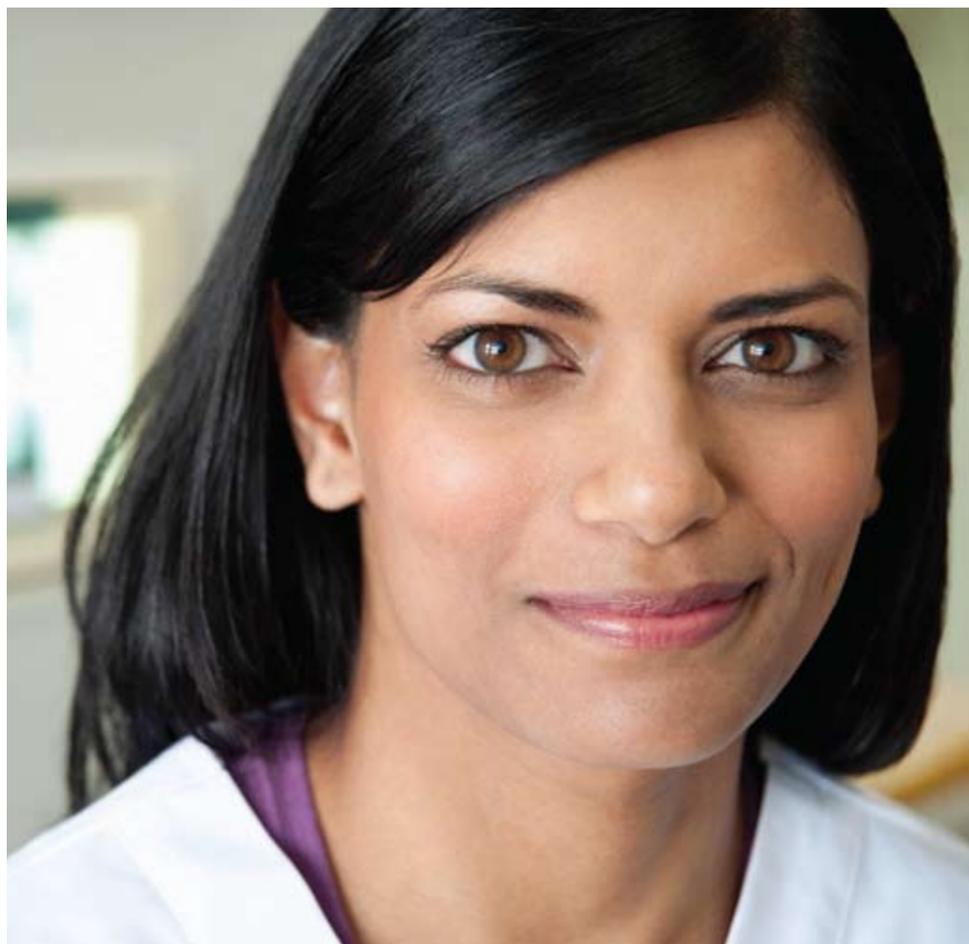
“It is unconscionable that some elected leaders in Congress and deep-pocketed industry groups are promoting a right to pollute over the God-given right to breathe,” said Rev. Lennox Yearwood, Jr., president and CEO of the Hip Hop Caucus. “Low-income and communities of color suffer disproportionately from sickness and death due to toxic air pollution. The Hip Hop Caucus and our allies from all 50 states are standing together to protect the vulnerable from absolute reckless greed.”

“These attempts by certain members of the House and Senate pose a reckless threat to the air we breathe. We are seeing skewed values that favor polluters over children’s health,” said the Rev. Canon Sally G. Bingham, president of Interfaith Power & Light. “People of faith strongly urge Congress to remember the moral and ethical dimensions of this issue as they review and vote on any new legislation.”

“Air pollution from coal-fired power plants, vehicles and industrial sources contribute to heart disease, cancer, stroke, and chronic lower respiratory diseases. In other words, air pollution is killing Americans,” said Peter Wilk, executive director of Physicians for Social Responsibility. “It’s also shortening their lives, costing them days lost from school and work, sending them to the hospital, and hitting them hard in the pocketbook. As health professionals, we at PSR are gravely concerned. We know we can do better to clean up the air. Setting health-protective rules for limiting toxic air pollutants, and carrying them out consistently, will save lives and save money.”

#### For more information, contact:

Mary McNamara, American Nurses Association, (301) 628-5198  
 Jared Saylor, Earthjustice, (202) 667-4500, ext. 213  
 Jennifer Bynoe, Hip Hop Caucus, (202) 293-5902  
 Andree Duggan, Interfaith Power & Light, (415) 561-4891, ext. 11  
 Tyler Edgar, National Council of Churches, (239) 560-1560  
 Barbara Gottlieb, Physicians for Social Responsibility, (202) 587-5225



# PERSONAL BEST.

ANCC Board-Certified.



I’m proud and in charge of my nursing career. And I trust ANCC certification to help me maintain and validate the professional skills I need to remain a confident and accomplished nurse for years to come.

Find out how to be the best at  
[www.nursecredentialing.org/Certification](http://www.nursecredentialing.org/Certification)

© 2011 American Nurses Credentialing Center. All Rights Reserved.  
 The American Nurses Credentialing Center (ANCC) is a subsidiary of the American Nurses Association (ANA).

# The Workers' Compensation Act and the Nurse: Know Your Rights

by Kevin M. Noonan



Kevin Noonan

Over the last few years, there has been an increase in nurses getting injured on the job. Whether injured during a specific event or over time through a gradual injury, the nurse is entitled to benefits such as lost wages and medical care through the Maine Workers' Compensation Act. As a nurse, you should understand your rights and obligations under this act so you can protect yourself if you become injured.

The most important thing to remember is that an employee has only 90 days to report a work-related injury to the employer. If you sustain a work-related injury, and fail to report the injury within 90 days, the claim can be denied on that basis alone—even if everyone agrees the problem is work-related.

If, for example, you fall down a flight of stairs, or lift a patient and develop a sudden onset of back pain—these are fairly obvious injuries and are usually reported right away. However, many employees don't know when to report an injury that develops gradually, such as a lower back problem, the result of years and years of heavy lifting, bending, and so forth.

The law says an employee has sustained a reportable injury when the injury becomes apparent or should have been reasonably apparent to the employee. So, once you notice an injury sustained from your work, even if you haven't had a formal diagnosis yet, you have 90 days to submit a claim. If the claim is reported after 90 days, the case could be over before it starts.

In my practice, I too often see people who are reluctant to "make waves." They do not want to make a big deal about an injury. They hope the problem will go away so they keep quiet and fail to tell their employer about any injury. The problem does not go away and, in fact, it gets worse. When things really go bad and the nurse is forced from her or his job, it is too late to successfully file a claim.

When in doubt, file the claim and make sure the claim is reported in writing. Once a claim is filed, the employer needs to fill out a First Report of Injury and give you a copy. If you file a claim but do not get a First Report, something is wrong. Too often, employees tell me they reported a claim, only to have the employer deny that anything ever happened. If there is nothing in writing to support the employee's allegations, it is hard to win the case. Therefore, if you report a workers' compensation claim but don't receive a First Report of Injury, follow up with a letter to your employer confirming you have provided notice of an injury. Be sure to keep a copy of the letter.

Assuming your injury has been reported properly, what are the benefits of the Workers' Compensation Act?

The most important benefit is wage replacement. If you cannot work at all, you are entitled to up to 80 percent of your net wages. You must, however, lose more than seven days from work as a result of the injury. If you have a limited work capacity (you can do some work but not as much as you could prior to the work injury), you are entitled to partial compensation benefits to make up the difference between what you are earning and what you were able to earn prior to your work injury.

The second most important benefit under the Workers' Compensation Act is medical care. Unlike many non-occupational health plans, there are no deductibles in workers' compensation. The workers' compensation insurer is responsible for paying all medical bills. The injured worker has no personal responsibility for the payment of medical bills. In addition, the workers' compensation insurer must pay the injured workers' out-of-pocket expenses, such as mileage to and from the medical provider, out-of-pocket medication expenses, and so forth.

Once a claim for lost time has been filed, the workers' compensation insurer has 14 days to decide whether to pay the claim or dispute the claim. If the claim is disputed, the insurer will file a Notice of Controversy with the Workers' Compensation Board. The filing of the Notice of Controversy starts the dispute resolution process. There are several steps in the process:

- **Troubleshooting:** An employee of the Workers' Compensation Board contacts each party to determine what is in dispute and whether things can be easily resolved.
- **Mediation:** If things cannot be resolved easily the claim is forwarded to mediation. Mediations can either be done by phone or in person. At mediation, the employee and employer/workers' compensation insurer work with a professional mediator to see if they can resolve their differences and find some middle ground.
- **Formal hearing:** If the claim is not resolved at mediation, it will be forwarded to a formal hearing where a hearing officer listens to testimony. The proceedings are similar to any court proceeding, although not quite as formal. The hearing officer will review any written documents, including medical records, and then issue a formal written decision either awarding or denying benefits.

Workers' compensation claims can become very complex, with both medical and legal issues involved in such cases. Most of the insurance adjusters who handle these claims are familiar with the law and the medical issues at stake, and they do not represent the interests of the injured worker. If you are not involved in this system regularly, people can take advantage of you. Make sure to do your homework and know your rights.

Kevin Noonan is an attorney and partner at the firm *McTeague Higbee* in Topsham. He focuses much of his practice on workers' compensation claims. He can be reached at [knoonan@mcteauehigbee.com](mailto:knoonan@mcteauehigbee.com) or at 207-725-5581.

*Rising Above the Health Horizon*

**CHARLES A. DEAN MEMORIAL HOSPITAL & NURSING HOME**  
Where Quality and Caring Meet

**Current Opening: 36 hour night RN needed for Inpatient Nursing**

Just imagine... The opportunity to live and work in a beautiful rural community with many quality-of-life advantages and belong to a caring professional team.

**JOIN OUR NURSING TEAM of compassionate, dedicated nurses.**  
*We salute our nurses for all that they do!*

Visit our website at [www.cadean.org](http://www.cadean.org) for nursing opportunities!

**Tracy L. Bonney-Corson, MSN, Director of Nursing**  
**Charles A. Dean Memorial Hospital and Nursing Home**  
P.O. Box 1129, Greenville, ME 04443  
207-695-5265

## Nursing Video Gallery

ANA is keeping the pulse of nursing today. These ANA videos focus on what nurses have to say, as well as highlighting the work ANA is doing. Watch the nursing and health videos available at <http://nursingworld.org/FunctionalMenuCategories/AboutANA/WhatWeDo/Nursing-Video-Gallery.aspx> and stay tuned for more!

## Franklin Pierce University

### Nursing Programs

- RN TO BS
- RN TO MSN

*with specialty tracks in*

- Nursing Leadership
- Nursing Education

Financial aid available

Classes offered in Concord, Lebanon and Portsmouth, N.H.

Flexible "hybrid" format - combined in-class and online learning

**Apply now for fall terms.**

For more information, call the Office of Nursing at 603.610.4181

franklinpierce.edu

## University of Southern Maine School of Nursing

**Doctor of Nursing Practice (DNP)**  
Application Deadline: December 1, 2011

**Master of Science in Nursing**  
Application Deadlines: October 1, 2011 and April 1, 2012

**Bachelor of Science in Nursing**  
Application deadlines vary by program, for specific dates please visit [www.usm.maine.edu/nursing/bs-nursing](http://www.usm.maine.edu/nursing/bs-nursing)

**Faculty Vacancies**  
For information, please visit <http://usm.maine.edu/hrs/nursing-1916-1917>

For more information, visit <http://usm.maine.edu/nursing>

# Membership



## ANA-MAINE MEMBERSHIP APPLICATION

647 US Route 1, Suite 14 • PMB #280 • York, ME 03909 • www.anamaine.org  
info@anamaine.org

		Date _____ / ____ / ____	
Last Name	First Name	MI	Home Area Code / Phone _____
Credentials			Work Area Code / Phone _____ Ext: _____
Home Address			Home Fax Number _____
Home Address			Work Fax Number _____
Home City	State		Home Zip Code _____
County			Home E-mail _____
Employer Name			Work E-Mail _____
Employer Address			
Employer City	State		Employer Zip Code _____

### ANA-MAINE MEMBERSHIP DUES

#### Membership Category (check one)

##### M Full Membership Dues

\$240 – Active Member

Available to any registered nurse in a US state, territory or possession and whose license is not under suspension or revocation in any state.

##### R Reduced Membership Dues

\$120 – Active Member New Graduate

Graduate of basic nursing education program provided the application is initiated within 6 months after graduation.

\$120 – Active Member Retired: 62 years of age or over and earning less than the maximum Social Security allows.

\$120 – Active Member Unemployed: A nurse who either by choice or necessity is not on a payroll or receiving a salary/wage from any employment source (a nurse on FEMLA are not considered unemployed).

ANA-MAINE dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by ANA-MAINE/ANA is not deductible as a business expense and changes each year. Please contact ANA-Maine for the correct amount.

**\*\*NOTE\*\***

\* By signing the Monthly Electronic Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA-MAINE/ANA to change the amount by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA-MAINE/ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA-MAINE/ANA will charge a \$5 fee for any returned drafts or chargebacks.

#### Choice of Payment (please check)

E-Pay (Monthly Electronic Payment)

This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA-MAINE/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

Checking:

Please enclose a check for the first month's payment; the account designated by the enclosed check will be drafted on or after the 15<sup>th</sup> of each month.

Credit Card:

Please complete the credit card information below and this credit card will be debited on or after the 1<sup>st</sup> day of each month.

Automated Annual Credit Card Payment

This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA-MAINE/ANA to charge the credit card listed in the credit card information section for the annual dues on the 1<sup>st</sup> day of the month when the annual renewal is due.

Annual Credit Card Payment Authorization Signature \_\_\_\_\_ SEE "NOTE" BELOW

Monthly Electronic Deduction Authorization Signature \_\_\_\_\_ SEE "NOTE" BELOW

Full Annual Payment

- Check payable to "ANA-MAINE"
- VISA  MasterCard

#### CREDIT CARD INFORMATION

Bank Card Number \_\_\_\_\_ Expires: Month / Year \_\_\_\_\_

Signature for Bank Card \_\_\_\_\_

Printed Name \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

Please mail your completed application with payment to:

**ANA-MAINE**  
c/o American Nurses Association  
Customer & Member Billing  
P.O. Box 504345  
St. Louis, MO 63150-4345

Or you may fax this completed form with your credit card payment to:

**ANA-MAINE**  
c/o American Nurses Association  
Fax: (301) 628-5355

#### TO BE COMPLETED BY ANA-MAINE

Maine STATE \_\_\_\_\_ DISTRICT \_\_\_\_\_ REGION \_\_\_\_\_  
Expiration Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Year

Employer Code \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ Check # \_\_\_\_\_

01/10/2009

Sponsor, if applicable:

ANA-Maine membership # \_\_\_\_\_

## Political Advocacy: Help Protect Funding for School Nurse Consultants

by Juliana L'Heureux, BS, RN, MHSA

Please help State Rep. David C. Webster to push back on proposed cuts to programs provided by school nurses. If you live in a town listed below next to one of the state legislators in the Joint Standing Committee on Appropriations and Financial Affairs, please contact me as soon as possible at [juliana.lheureux@anamaine.org](mailto:juliana.lheureux@anamaine.org) so I can advise you about how to prepare a statement in support of school nurse consultants and their important role in preventive health care.

If you know any school nurses, feel free to ask them how ANA-MAINE can help advocate for their funding. This request is an urgent appeal from a legislator. Please respond if you live in one of the communities where these key legislators live by sending me your e-mail address and telephone number. I will send you the information. I appreciate your help.

- Sen. Richard W. Rosen (R-Hancock), Chair
- Sen. Roger J. Katz (R-Kennebec)
- Sen. Dawn Hill (D-York)
- Rep. Patrick S. A. Flood (R-Winthrop), Chair
- Rep. Tom J. Winsor (R-Norway)
- Rep. Kathleen D. Chase (R-Wells)
- Rep. Tyler Clark (R-Easton)
- Rep. Kenneth Wade Fredette (R-Newport)
- Rep. Dennis L. Keschl (R-Belgrade)
- Rep. Margaret R. Rotundo (D-Lewiston)\*
- Rep. John L. Martin (D-Eagle Lake)
- Rep. David C. Webster (D-Freeport)
- Rep. Sara R. Stevens (D-Bangor)

Juliana L'Heureux is secretary of the ANA-MAINE Board of Directors. Additionally, she is a journalist and political activist and can be contacted at [julianalheureux@anamaine.org](mailto:julianalheureux@anamaine.org).



## Take control of your learning.

Earn your RN-BSN, MSN/ADM, MSN/EDU or MSN/FNP online.

- Dual degrees also available – MSN/MBA and MSN/MHA.
- Study anywhere you like, on your own schedule and at your own pace.
- Fully accredited, quality education for working professionals.

[online.sjcme.edu/nursing](http://online.sjcme.edu/nursing)  
800-752-4723

SAINT JOSEPH'S COLLEGE ONLINE  
35 years of distance education

GRADUATE & PROFESSIONAL STUDIES  
SAINT JOSEPH'S COLLEGE OF MAINE

**Feeling Frazzled?**

Are you on your last nerve?  
Find a satisfying job on [nursingALD.com](http://nursingALD.com)

Registration is free, fast, confidential and easy! You will receive an e-mail when a new job posting matches your job search.

**UNE** UNIVERSITY OF NEW ENGLAND

#### Master of Science in Nurse Anesthesia Program

- Top-ranked clinical sites throughout New England
- State-of-the-art educational resources
- Integrated, interdisciplinary approach to healthcare

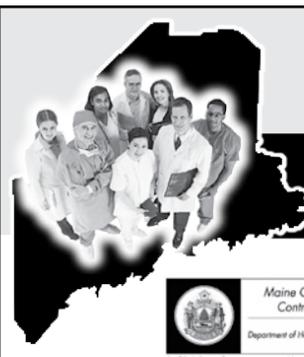
GradAdmissions@une.edu  
800-477-4863 ext.4225  
[www.une.edu](http://www.une.edu)

**Connections. For Life.**

The MAINE RESPONDS Emergency Health Volunteer System provides a prepared and ready workforce of volunteers to serve the people of Maine in the event of any public health emergency.

MAINE RESPONDS Emergency Health Volunteer System  
Telephone: 207-287-5768 • [support@maineresponds.org](mailto:support@maineresponds.org)

[www.maineresponds.org](http://www.maineresponds.org)



Maine Center for Disease Control and Prevention  
An Office of the Department of Health and Human Services  
Paul E. Goffig, Governor  
Mary C. Mayhew, Commissioner

MAINE RESPONDS  
EMERGENCY HEALTH VOLUNTEER SYSTEM  
Maine Center for Disease Control and Prevention

### Director of Magnet Program

The Director, under the supervision of the VP, Chief Nursing Officer, is responsible for the coordination of the Magnet Program. They are responsible for maintaining and coordinating all Magnet initiatives, education, annual reports and re-designation requirements. They are actively involved with nursing research and evidence based nursing care. S/he will also oversee the operations, fiscal aspects of the Magnet Program. The successful incumbent will be dedicated to providing quality service to all constituencies of Acadia Hospital and will exhibit the highest professional standards and ethical principles and will be committed to the tenets of Acadia Hospital's Mission. Must hold a current unencumbered Maine RN license. BSN required or working towards BSN, MSN preferred; content knowledge and experience working with adult learners is required; 3-5 years' psychiatric nursing experience; certification in area of practice required; excellent interpersonal and communication skills; ability to effectively lead and facilitate committees on initiatives relating to the Magnet Program.

Competitive Salary and Benefits are offered at the Acadia Hospital.

- Member of a high quality interdisciplinary team
- Competitive Salary
- Vacation plans that start at 37 days off per year
- Tuition reimbursement programs
- American Psychiatric Nursing Association membership
- Opportunities for educational opportunities and conferences
- Mentorship and teaching opportunities
- Research Committee and assistance with publications
- Medical and Dental insurance, short term and long term disability, retirement plans
- Wellness program

To apply or for more information about joining our team log on to our website at [www.acadiahospital.org](http://www.acadiahospital.org).



## Why nurses need their own malpractice plans:

Because an employer's plan generally won't cover you if you've moved on to a new job

Switching jobs isn't unusual in today's working world. But as a nurse, moving to a new job and a new employer can have a significant impact on you if you're later named in a malpractice lawsuit.

Why?

Because if you no longer work for a health care facility, their malpractice coverage usually won't cover you for claims filed at a later date.

That's why ANA recommends **personal** malpractice coverage for **every** practicing nurse.

Your personal malpractice plan gives you **seamless** protection that travels with you as your career takes you to new jobs ... giving you reliable protection if a claim suddenly arises from something that happened years ago when you were working for a different health care facility.

### Special Discounts Negotiated For ANA Members

Setting up your own malpractice plan doesn't have to be expensive.

As an ANA member, you may qualify for one of these four ways to save 10%:

1. Attend an approved risk management seminar
2. Hold an approved certification
3. Work at a Magnet Hospital
4. Work in a unit that has received the AACN Beacon Award for Excellence

**ANA**  
AMERICAN NURSES ASSOCIATION

Set up your own malpractice safety net with the ANA-endorsed proliability Program:  
Call 1-800-503-9230 or visit [www.proliability.com/50743](http://www.proliability.com/50743) today

50743, 50759, 51926, 51928, 50764, 50786, 50762, 51927, 50783, 50798 (7/11)  
©Seabury & Smith, Inc. 2011 CA Ins. Lic. #0633005 AR Ins. Lic. #245544  
d/b/a in CA Seabury & Smith Insurance Program Management

Administered by Marsh U.S. Consumer, a service of Seabury & Smith, Inc. Underwritten by Liberty Insurance Underwriters Inc., a member company of Liberty Mutual Group, 55 Water Street, New York, New York 10041. Pending underwriting approval. May not be available in all states.

## WE'RE ON OUR WAY—JOIN US!

Opening 2015



As an employee at MaineGeneral's new \$322 million regional hospital, your lifestyle will be as state-of-the-art as the facility you work in.

The new 192-bed regional hospital will be adjacent to the Harold Alfond Center for Cancer Care, creating one consolidated campus with the most advanced medical services in the Kennebec Valley.

Our new Thayer Comprehensive Outpatient Center in Waterville will house a full array of outpatient diagnostic and treatment services.

**We offer competitive pay, excellent benefits, and a health system full of opportunities.**

### Facility Details

- All single rooms for patient privacy and top quality care
- 24/7 Emergency Dept.
- State-of-the-art diagnostic equipment
- Comprehensive outpatient services
- Access to I-295 and I-95



Visit [www.maine-general.org](http://www.maine-general.org) for a complete list of openings in our Nursing department, detailed job descriptions, and to apply with our **Online Application System**.

Call 1-866-853-5235 with any questions or for more information.

Augusta • Waterville

Your resource for life.



**MaineGeneral Health**

[www.maine-general.org](http://www.maine-general.org)

Equal Opportunity Employer

MaineGeneral Medical Center • MaineGeneral Rehabilitation & Nursing Care • MaineGeneral Health Associates HealthReach Network • Granite Hill Estates • Harold Alfond Center for Cancer Care



## Thanks for making a difference.

Get up to \$125 for switching to Sprint and a great discount on monthly service plans in appreciation for your contributions to our community.

The more you switch, the more you get. Just bring your number from another carrier and we'll give you a service credit.

- \$125 per line for each smartphone, mobile broadband card, mobile hotspot, netbook, notebook or tablet
- \$50 per line for feature phones

With multiple lines, these can really add up!

All lines must be ported from an active wireless line at another carrier and remain active 61 days to receive full service credit. Requires a new two-year Agreement.

Get details and register for the credit at [sprint.com/switchtosprint](http://sprint.com/switchtosprint)

Don't delay! Offer ends 10/11/11

Offer for **Nursing Professionals**



Save with discounts

**15%** or more on select regularly priced monthly service plans. Requires a new two-year Agreement.

Switch your smartphone

**\$125** service credit for each line you move to a smartphone or mobile broadband device

Switch your feature phone

**\$50** service credit for each feature phone you switch to Sprint

Call: 866-639-8354 (LL Telesales Number)  
Click: [www.sprint.com/save](http://www.sprint.com/save)  
[www.sprint.com/switchtosprint](http://www.sprint.com/switchtosprint)

Check for Coverage



Bring your ID or pay stub and mention this code.  
Corporate ID: HCSTA\_SME\_ZZZ

**Port-in Service Credit:** This offer is only available online, via telesales, and in participating Sprint Stores. Purchases from other retailers are not eligible for this credit. Requires port in from an active wireless line and mobile number that comes through the port process to a new line on an eligible Sprint service plan. Excludes \$19.99 Tablet Plan. Request for service credit must be made at [sprint.com/switchtosprint](http://sprint.com/switchtosprint) within 72 hours from the port-in activation date or credit will be declined. All lines must be ported from an active wireless line at another carrier and remain active with Sprint for 61 days to receive service credit. Upgrades, replacements, add-a-phone/line transactions and ports made between Sprint entities or providers associated with Sprint are excluded (i.e., Virgin Mobile USA, Boost Mobile, Common Cents Mobile and Assurance). You should continue paying your bill while waiting for your service credit to avoid service interruption and possible credit delay. Smartphones include BlackBerry, Android, Windows Mobile, Palm, and Instinct family of devices. Also includes netbooks, notebooks, tablets and mobile broadband devices. All other phones are considered feature phones. Smartphones require activation on an Everything Plan with data with Premium Data add-on charge.

**Port-in Payment Expectations:** Service credits will appear in adjustment summary section at account level on invoice and will appear as a "VALUED CUSTOMER SERVICE CREDIT." If the service credit does not appear on the first or second invoice following the 61st day, visit [sprint.com/switchtosprint](http://sprint.com/switchtosprint).

May require up to a \$36 activation fee/line, credit approval and deposit. Up to \$200 early termination fee/line applies. **Individual-Liable Discount:** Available only to eligible employees of the company or organization participating in the discount program or Government agencies participating in employee discount pricing with Sprint. May be subject to change according to organization's agreement with Sprint. Available upon request on select plans and only for eligible lines. Discount applies to monthly service charges only. No discounts apply to secondary lines or add-ons \$29.99 or below. **Other Terms:** Sprint reserves the right to modify, extend or cancel offers at any time. Offers not available in all markets/retail locations. Other restrictions apply. May not be combinable with other offers on both. ©2011 Sprint. Sprint and the logo are trademarks of Sprint. Android, Google, the Google logo and Android Market are trademarks of Google Inc. The HTC logo, and HTC EVO are the trademarks of HTC Corporation. Other marks are the property of their respective owners.