

# The Maryland Nurse News and Journal

The Official Publication of the Maryland Nurses Association

A Constituent Member Association of the American Nurses Association, Representing Maryland's Professional Nurses Since 1904.

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## Musings from the Desk of Patricia Travis

Patricia Travis, RN, Ph.D. CCRP  
MNA President



Patricia Travis

The holiday season is rapidly approaching as I write this and on behalf of your Board and from my heart I wish each of you a happy and blessed Holiday Season. For me, the holidays provide a time of reflection. In the hustle and speed of each day we often lose focus upon the fact that, day in and day out, we have been provided the opportunity to make a difference in patient's lives. They trust us and we tend to gloss over or forget the impact we have both directly and indirectly on the thousands of persons impacted by our giving, caring and professionalism.

I suppose that when we sing "Auld Lang Syne" each of us shares a certain nostalgia, different memories, and diverse hopes for the future year... maybe even a resolution or two. For me, that famous Robert Burns song represents and signals a time for self-reflection and gratitude.

There is joy in being needed and even greater reciprocity in giving. Nursing has made me who I am. Although, no longer always at the bedside, I'm privileged to represent you and advocate for us both at the state and national level. When we speak with unity we have and will continue to impact policies, regulations and public perception of our nursing profession. There has never been a greater need for advocacy.

Thus, as I embrace the year 2011, I also need to reflect on 2010. To help me in that endeavor I draw from Michael Angier a "Top Ten List of Year- End Questions" that I have found to be both personally and professionally most stimulating. Listed below are his suggestions.

1. What did I learn? (skills, knowledge, awareness, etc.)
2. What did I accomplish? A list of my wins and achievements.

3. What would I have done differently? Why?
4. What did I complete or release? What still feels incomplete to me?
5. What were the most significant events of the year past? List the top three.
6. What did I do right? What do I feel especially good about? What was my greatest contribution?
7. What were the fun things I did? What were the not so fun?
8. What were my biggest challenges/roadblocks/difficulties?
9. How am I different this year than last?
10. For what am I particularly grateful? I must admit working this list takes a bit of effort but for me the result was very positive.

Lastly, as we bring by the New Year, I want to express my sincere thanks and appreciation to all of you for your efforts, dedication and commitment in 2010, and conclude by highlighting the countless hours of service demonstrated and achieved through the tenures of the MNA's immediate past officers:

### Dorothy Haynes, JD, RN

Served as Treasurer-Elect-2008  
Treasurer-2009-2010  
Present: Legal Associate at Maryland Board of Nursing

Dorothy served as Chair of the Finance Committee during her tenure on the Board.



Dorothy Haynes

### 7th Annual PNAMC Awards Night and Induction of Officers

MNA President Pat Travis was the guest speaker at the 7th Annual Philippine Nurses Association Maryland Chapter Awards Night held Saturday, December 18, 2010.

### Rosemary Mortimer, MS, MEd, RN

Served as MNA District 2 Representative-2002-2005  
MNA President-2007-2009  
Immediate Past President-2010  
Present: Instructor at Johns Hopkins, School of Nursing and ANA Congress on Nursing Practice and Economics

Rosemary has been a long-time MNA volunteer, having served as Co-Chair of the Legislative Committee before serving on the Board. Rosemary has served on the Convention Committee and chaired the State Nominating Committee. She has also served as liaison to MANS (Maryland Association of Nursing Students) and as District 2 Second Vice President.



Rosemary Mortimer

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**PUBLICATION**

**The Maryland Nurse Publication Schedule**

Issue	Material Due to MNA
May/ June/ July 2011	March 31, 2011

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**MISSION STATEMENT**

The Maryland Nurses Association promotes excellence in the nursing profession with a culture of camaraderie, mentoring, diversity, and respect for colleagues. We provide programs and educational development for continued personal and career growth. As the voice for nursing in Maryland, we advocate for policy supporting the highest quality health care. *Approved BOD August 2009.*

**Articles and Submissions for Peer Review**

The Editorial Board welcomes articles for publication. There is no payment for articles published in *The Maryland Nurse* and authors are entitled to free reprints published in *The Maryland Nurse*.

- Articles should be word-processed using a 12 point font.
- Articles should be double-spaced.
- Articles length should not exceed five (5) 8 ½ X 11 pages (1500-2000 words).
- All references should be cited at the end of the article.
- Include name, credentials, e-mail, mailing address, telephone contact, and FAX number for each author.
- Articles for refereed publications should be directed to the attention of Dr. Patricia Travis, Journal Editor, using APA format and following the above Guidelines.

Articles should not mention product and service providers. Please cite sources specifically and properly so we can verify them. Attach any supporting documents, as appropriate.

Many publications accept articles as is. However, to meet The Maryland Nurse's editorial board and publisher's requirements, articles may be edited. Refereed articles will be peer reviewed. These comments may be returned to the author if they request significant clarification, verification or amplification. Additionally, once the editorial process begins and if you decide to withdraw your submission, you may not use the editorial board's comments or suggestions.

It is standard practice for articles to be published in only one publication. If your submission has been previously distributed in any manner to any audience, please include this information with your submission. Only if applicable, and the original publication and all authors give their written permission, will we reprint an

article or adapt it with clear and appropriate attribution to the original publication. If the article is to appear first in *The Maryland Nurse*, the same consideration is requested.

Your article might not be published in the next issue following its receipt. The timing of publication is dependent upon the editorial process cycle, other articles ready for publication, and the requirements for each issue.

Authors may approve the article to be published in its final form. Authors must sign any release forms requested by the editorial board and publisher of *The Maryland Nurse*.

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**Submissions should be sent electronically to [TheMarylandNurse@gmail.com](mailto:TheMarylandNurse@gmail.com).**

**Please Send In Your Nursing News**

The Maryland Nurse encourages nurses and nursing students to send in nursing news items about your region or school, activities, happenings, photos with description and articles for publication. Documents must be in WORD format. Send these to us at [TheMarylandNurse@gmail.com](mailto:TheMarylandNurse@gmail.com). Be sure to include your name and contact information.



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*The Maryland Nurse* is published quarterly every February, May, August and November for the Maryland Nurses Association, a constituent member of the American Nurses Association, 21 Governor's Court, Ste 195, Baltimore, MD 21244.

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**Nayna Philipsen, JD, PhD, RN, FACCE**

Served as MNA Secretary–2008  
Served as MNA Board Counsel for two years–  
2007-2009  
Served as Treasurer Elect–2010 (ten months)  
Present: Director of Program Development at Coppin  
State University Helene Fuld School of Nursing

Nayna served for 3 years  
as the Managing Editor of  
*The Maryland Nurse*. In  
addition, she served for 12  
years on the Legislative  
Committee. Nayna serves on  
the Nursing Foundation of  
Maryland Board of Trustees.



**Nayna Philipsen**

**Peggy Soderstrom, RN, PhD, APRN-BC, CS-P**

Served as MNA Board at Large–1996-1997  
Served as MNA District 2 Representative–2006-2010  
Present: Private Consultant

During her tenure on the  
Board, Peggy served on  
the Bylaws Committee and  
the MNA PAC. She also  
served as Co-Chair of the  
Legislative Committee.

In addition to her service  
to the MNA Board, Peggy  
serves on the Nursing  
Foundation of Maryland  
Board of Trustees as  
Treasurer.



**Peggy Soderstrom**

**Elizabeth “Beth” Tordella, MS, RN**

Served as MNA District 5 Representative–2007-2010

In addition to serving as  
District 5’s representative  
to the Board, Beth served  
on the Bylaws Committee  
and *The Maryland Nurse*  
Editorial Board. She also  
served on the Convention  
Committee.



**Elizabeth Tordella**

**Tina Zimmerman, MSN, RN**

Served as MNA District 7 Rep–2002-2010  
Present: Professor of Nursing at Harford Community  
College, Bel Air, MD

Tina served on the  
Practice & Education  
Committee. In addition to  
her service to the MNA  
Board, Tina serves on the  
Nursing Foundation of  
Maryland Board of Trustees  
President.



**Tina Zimmerman**

**Correction:**

In its last issue *The Maryland Nurse* incorrectly stated the name of Kimberly Faye Moore, FN, BSN, CCE.

Ms. Moore won the Nursing Foundation’s grand prize of \$500 for her poster presentation at the MNA Convention in October. She is a maternity nurse at Howard County General Hospital.

## Nursing Schools / Education

# Three Papers that Influenced Content of Much Heralded IOM/RWJF Report on Future of Nursing Published in NLN's Research Journal

### NLN Urges Continued Discussion of Report's Key Recommendations on Nursing Education

New York, NY—December 3, 2010—Three papers on transforming nursing education solicited by the Institute of Medicine in its research leading up to the release of its much-heralded report, *The Future of Nursing: Leading Change, Advancing Health*, are featured in the November/December issue of *Nursing Education Perspectives*, the peer-reviewed research journal published by the National League for Nursing.

In her editorial announcing the publication of the three papers, reprinted in NEP with the permission of the National Academies of Science, editor Joyce Fitzpatrick, PhD, MBA, RN, FAAN, FNAP, noted, "Embedded in the report are several recommendations that directly address the future of nursing education at all levels, throughout the nation and globally."

Author Christine Tanner, PhD, RN, FAAN, identified the need for change in prelicensure nursing education programs, suggesting the creation of new educational partnerships between community colleges and universities; the development of model prelicensure curricula; and the investment in a national initiative for developing and evaluating novel approaches to practice by new graduates, including those in post-graduate residency programs.

Lead author Victoria Niederhauser, DrPH, APRN, PNP, recommended changes to the traditional model of prelicensure nursing education, a model that currently is costly and relies heavily on direct faculty supervision. Consistent with Dr. Tanner's recommendations, these authors place great faith in partnership models as a basis for future restructuring of prelicensure programs. Their vision also includes private-public partnerships; innovative academic-

practice partnerships; and statewide and interstate partnerships. Importantly, movement toward competency-based evaluations of student learning was recommended here as well.

Lead author Mary Ellen Smith Glasgow, PhD, RN, ACNS-BC, emphasized the desire for nurses from academic and practice settings to come together for curricular development. The authors delineated specific needs for technology-infused education; transdisciplinary approaches to care; and translational research. They also highlighted the need to recruit students with higher academic standing into nursing and emphasized how public policies must change to support the recommended changes in nursing education programs.

Dr. Fitzpatrick stated, "It is important to emphasize that the identified issues and recommendations will benefit from the collective wisdom of nurse educators at all levels. There will be many opportunities throughout the next several months for all of us to participate in the debates. I strongly encourage your participation."

And in her message in this issue, NLN president Cathleen Shultz, PhD, RN, CNE, FAAN, urged "the nursing community to mine the IOM's entire 500-plus-page document for new ideas and directions in nursing education. The commissioning of these papers reflects how seriously RWJF and the IOM regard nursing education's role in re-imagining the future of nursing and addressing health care cost, delivery, and access in America."

The IOM report, the result of a two-year Initiative on the Future of Nursing, funded by the Robert Wood Johnson Foundation, was prepared by a committee chaired by former US secretary of Health and Human Services Donna Shalala and consisting

of representatives from leading health care and allied organizations. Nurse leaders and nursing organizations, including the Tri-Council for Nursing (which includes the NLN), have strongly endorsed its key recommendations.

"The NLN was privileged to participate with the Institute of Medicine and the Robert Wood Johnson Foundation Forums that led to the report, which states that nurses should practice to the full extent of their education and training and calls for an improved education system that promotes seamless academic progression. These findings resonate with the NLN, with our mission, our values, and our strategic plan," said NLN CEO Beverly Malone, PhD, RN, FAAN. "As we re-imagine nursing's future, academic progression will continue to form an important part of the conversation at the NLN and within the entire health care community."

Earlier this year, Dr. Malone, Dr. Shultz, and the NLN's chief program officer, Dr. Elaine Tagliareni, were among those invited to "The Forum on the Future of Nursing: Education," a February gathering at the IOM in Houston. It was the third in a series of high-level meetings convened by the RWJF and the IOM, the health arm of the National Academy of Sciences. The NLN was one of only 12 pre-selected organizations tapped to offer written and oral testimony outlining the NLN's vision of the future of nursing.

Dedicated to excellence in nursing, the National League for Nursing is the premier organization for nurse faculty and leaders in nursing education offering faculty development, networking opportunities, testing services, nursing research grants, and public policy initiatives to its 33,000 individual and 1,200 institutional members.

# Appointments Announced to Methodology Committee of the Patient-Centered Outcomes Research Institute (PCORI)

WASHINGTON, DC (January 21, 2011)—Gene L. Dodaro, Comptroller General of the United States and head of the U.S. Government Accountability Office (GAO), today announced the appointment of 15 members to the Methodology Committee of the Patient-Centered Outcomes Research Institute (PCORI).

“The Methodology Committee has the responsibility of helping PCORI develop and update methodological standards and guidance for comparative clinical effectiveness research. The men and women named today bring impressive credentials and experience to this important task,” Dodaro said.

The Patient Protection and Affordable Care Act authorized PCORI as a non-profit corporation to assist patients, clinicians, purchasers, and policymakers in making informed health decisions by providing quality, relevant evidence on how best to prevent, diagnose, treat, and monitor diseases and other health conditions.

The Act directs the Comptroller General to appoint up to 15 members to PCORI’s Methodology Committee. In addition to the 15 members appointed today, the Director of the Agency for Healthcare Research and Quality and the Director of the National Institutes of Health, or their designees, will also serve on the committee.

The members appointed to the Methodology Committee are:

**Naomi Aronson, PhD**, is Executive Director of the Blue Cross and Blue Shield Association Technology Evaluation Center, a nationally recognized technology assessment program and an Evidence-based Practice Center of the Agency for Healthcare Research and Quality. Dr. Aronson has directed over 300 technology assessments and 14 evidence reports. She is a member of the Institute of Medicine Genomics Roundtable, the Chicago-Area DEcIDE (Developing Evidence to Inform Decisions about Effectiveness) Research Center’s Steering Committee, and the National Business Group on Health Committee on Evidence-Based Benefit Design. Dr. Aronson received a BA from Harpur College at State University of New York at Binghamton and a PhD in sociology from

Brandeis University.

**Ethan Basch, MD, MSc**, is a practicing medical oncologist and health services researcher at Memorial Sloan-Kettering Cancer Center, with appointments in the Department of Medicine and in the Department of Epidemiology and Biostatistics. His research focuses on methods to use patient-reported data to evaluate the comparative effectiveness and safety of interventions. Dr. Basch is chair of the Health Outcomes Committee of the Cancer and Leukemia Group B of the National Cancer Institute (NCI), chair of the Clinical Practice Guidelines Committee of the American Society of Clinical Oncology (ASCO), and a member of ASCO’s Comparative Effectiveness Task Force. He leads the NCI’s PRO-CTCAE initiative to develop a standard system for patient-reporting of safety data in clinical trials. Dr. Basch received a BA from Brown University, an MD from Harvard Medical School, an MSc in epidemiology from Harvard School of Public Health, and an MPhil in literature from Oxford University.

**Alfred Berg, MD, MPH**, is Professor in the Department of Family Medicine at University of Washington. He is chair of the Institute of Medicine’s Committee on Standards for Systematic Reviews of Clinical Effectiveness Research and chair of the Panel on Evaluation of Genomic Applications in Practice and Prevention at the Centers for Disease Control and Prevention (CDC). He has served on numerous national expert panels using evidence based medicine to develop clinical guidelines, including service as chairman of the U.S. Preventive Services Task Force. Dr. Berg has also served as chair of the CDC Sexually Transmitted Disease Treatment Guidelines Panel, co-chair of AHRQ’s otitis media panel, and member of the AMA/CDC panel that produced Guidelines of Adolescent Preventive Services. Dr. Berg received

a BA from Tabor College, an MD from Washington University School of Medicine, and an MPH in epidemiology from University of Washington School of Public Health and Community Medicine.

**David Flum, MD, MPH**, is Professor in the Department of Surgery and Adjunct Professor in the Department of Health Services at the University of Washington (UW) Schools of Medicine and Public Health. He is attending physician in General Surgery at University of Washington Medical Center. He is a co-founder and member of the Leadership Council of the UW Centers for Comparative and Health Systems Effectiveness Alliance (CHASE) and directs UW’s Surgical Outcomes Research Center. Dr. Flum’s investigations have compared interventional and noninterventional approaches for common clinical conditions such as appendicitis, peripheral vascular disease, obesity, and multiple types of cancer. He received his BA and MD from the University of Miami School of Medicine and his MPH from the University of Washington School of Public Health.

**Sherine Gabriel, MD, MSc**, is Professor of Medicine and of Epidemiology and the William J. and Charles H. Mayo Professor at Mayo Clinic. She has served as chair of the Department of Health Sciences

*Appointments Announced continued on page 6*

*Appointments Announced continued from page 5*

Research at Mayo Clinic, which includes the divisions of Epidemiology, Health Care Policy & Research, Biomedical Informatics, and Biostatistics. Dr. Gabriel also has served as vice-chair of Mayo Clinic's Research Committee and member of the Mayo Clinic Executive Board. She founded Mayo Clinic's Center for Patient Oriented Research as well as clinical research training programs that later transitioned into Mayo Clinic's Center for Translational Sciences Activities, where she serves as Co-Principal investigator. She has been president of the American College of Rheumatology (ACR) and founding chair of the ACR Quality Measures Committee. Dr. Gabriel received an MD, with distinction, from the University of Saskatchewan and an MSc in clinical epidemiology and biostatistics from McMaster University, Canada.

**Steven Goodman, MD, PhD**, is Professor of Oncology, Pediatrics, Epidemiology and Biostatistics, Johns Hopkins School of Medicine and Bloomberg School of Public Health. Dr. Goodman is co-chair of the Institute of Medicine's Committee on Ethical and Scientific Aspects in Studying the Safety of Approved Drugs. He is Editor-in-chief of "Clinical Trials: Journal of the Society for Clinical Trials" and Associate Editor for Epidemiology and Statistics for "Annals of Internal Medicine." Dr. Goodman received an AB from Harvard University, an MD from New York University School of Medicine, and an MHS in Biostatistics and PhD in Epidemiology from Johns Hopkins Bloomberg School of Public Health.

**Mark Helfand, MD, MS, MPH**, is Professor of Medicine and Professor of Medical Informatics and Clinical Epidemiology at the Oregon Health & Science University. He is board-certified in Internal Medicine and practices hospital medicine at the Portland VA Medical Center, where he is a staff physician. He is founder and Director of the Oregon Evidence-Based Practice Center, and also directs the VA Evidence-Based Synthesis Program and the Scientific Resource Center for the Agency for

Healthcare Research and Quality (AHRQ) Effective Health Care Program. He has been a member of the Institute of Medicine Committee on Standards for Systematic Reviews of Comparative Effectiveness Research. He is Editor-in-chief of "Medical Decision Making." Dr. Helfand received an AB and BS from Stanford University, an MD and MPH from University of Illinois Medical School, and an MS in health services research from Stanford University.

**John Ioannidis, MD, DSc**, is the C. F. Rehnberg Professor in Disease Prevention, Professor of Medicine and Director of the Stanford Prevention Research Center at Stanford University School of Medicine. He is Adjunct Professor at the Harvard School of Public Health, and Tufts University School of Medicine and Visiting Professor at Imperial College London. Dr. Ioannidis serves on the executive board of the Human Genome Epidemiology Network and has served as president of the Society for Research Synthesis Methodology. He has been a member of the editorial boards of 26 international journals, including "Lancet," "Annals of Internal Medicine," "PLoS Medicine," "Journal of the National Cancer Institute," "Journal of Clinical Epidemiology," and "Clinical Trials," and is editor-in-chief of "European Journal of Clinical Investigation." Dr. Ioannidis graduated from Athens College and received an MD and DSc in biopathology from the University of Athens School of Medicine.

**David Meltzer, MD, PhD**, is Director of the Center for Health and the Social Sciences and chief of Section of Hospital Medicine at University of Chicago. He is also Associate Professor in the Department of Medicine, Department of Economics, and Graduate School of Public Policy Studies at University of Chicago. Dr. Meltzer is chair of the Society of Hospital Medicine Research Committee. He is a research associate of the National Bureau of Economic Research and past president of the Society for Medical Decision Making. He recently served on an Institute of Medicine panel examining the effectiveness of the U.S. drug safety system and currently serves on the Health and Human Services Secretary's Advisory Committee on Healthy People 2020, which aims to establish health objectives for the U.S. population. He received a BS from Yale College, a PhD in economics from University of Chicago, and an MD from Pritzker School of Medicine at University of Chicago.

**Brian Mittman, PhD**, is Director, VA Center for Implementation Practice and Research Support, Department of Veterans Affairs Greater Los Angeles Healthcare System. He also serves as Senior Social Scientist of the VA/UCLA/RAND Center for the Study of Healthcare Provider Behavior. Dr. Mittman serves on the Association of American Medical Colleges Advisory Panel on Research and on the editorial board of the Agency for Healthcare Research and Quality Health Care Innovations Exchange. He chaired the planning committee that launched the journal "Implementation Science" and serves as Co-editor in Chief. He was a founding member of the Institute of Medicine Forum on the Science of Health Care Quality Improvement and Implementation. Dr. Mittman received a BSE (engineering) from Princeton University and a PhD in organizational behavior and management from Stanford University Graduate School of Business.

**Robin Newhouse, PhD, RN**, is Assistant Dean for the Doctor of Nursing Practice Program and Associate Professor, Organizational Systems and Adult Health at the University of Maryland School of Nursing. She conducts randomized controlled trials and systematic reviews with research focusing on quality of care, evidence-based practice among clinicians and outcomes research in healthcare delivery systems. Dr. Newhouse has served as chair of the Johns Hopkins Nursing Evidence Based Practice Model and implemented a strategic plan for evidence-based



**MNA's own Robin Newhouse has been appointed to serve on the Methodology Committee.**

practice and research at The Johns Hopkins Hospital. She is a peer reviewer for "The Journal of Nursing Administration" and for the "Journal of Nursing Scholarship." Dr. Newhouse received her BS and her PhD in nursing from University of Maryland School of Nursing.

**Sharon-Lise Normand, MSc, PhD**, is Professor of Health Care Policy at Harvard Medical School and Professor of Biostatistics at the Harvard School of Public Health. She is Associate Editor of the American Heart Association's journal "Circulation: Cardiovascular Quality and Outcomes" and she has served as Associate Editor of "Statistics in Medicine, Health Services Research and Outcomes Research Methodology, Biometrics," and Methods Editor of "Psychiatric Services." Dr. Normand is a member of two Institute of Medicine (IOM) committees on Aerospace Medicine and the Medicine of Extreme Environments and on a National Surveillance System for Cardiovascular and Select Chronic Diseases. She also served on the IOM committee on Future Directions for the National Healthcare Quality and Disparities Reports. Dr. Normand received BSc and MSc degrees in statistics from University of Western Ontario and a PhD in biostatistics from University of Toronto.

**Sebastian Schneeweiss, MD, ScD**, is Associate Professor in the Department of Medicine at Harvard Medical School and in the Department of Epidemiology at Harvard School of Public Health. He serves as vice chief and director of Drug Evaluation and Outcomes Research for the Division of Pharmacoepidemiology and Pharmacoeconomics at Brigham and Women's Hospital. Dr. Schneeweiss is also director and chair of the Executive Board of the DEcIDE Research Center (Developing Evidence to Inform Decisions about Effectiveness) at Brigham and Women's Hospital and of the DEcIDE Methods Center. His research interests include the comparative effectiveness and safety of pharmaceuticals and biotech products, and developing advanced methods for analyzing electronic healthcare databases and registries. Dr. Schneeweiss received a BA from Gymnasium Icking (Germany), an MD from Ludwig-Maximilians-University Medical School, and an ScD in Epidemiology from Harvard School of Public Health.

**Mary Tinetti, MD**, is Professor of Medicine, Epidemiology, and Public Health in the Division of Geriatrics at Yale University School of Medicine. She also serves as Director of the Program on Aging at Yale University School of Medicine and Director for the Hartford Center of Excellence in Aging at Yale University. Dr. Tinetti served as chair of the National Institute on Aging (NIA) Advisory Council review of the NIA Gerontology and Clinical Geriatrics Program. She has been elected to the Institute of Medicine and in 2009 was named as a McArthur Foundation Fellow. Her research interests include the health effects of multiple chronic conditions, determining the relative and absolute benefits versus risks of different treatments, and identifying cross-disease health outcomes appropriate for measuring health outcomes for older adults. Dr. Tinetti received a BA from University of Michigan at Ann Arbor and an MD from University of Michigan Medical School.

**Clyde Yancy, MD, MSc**, is Chief, Cardiology, Northwestern University Feinberg School of Medicine and Associate Director, The Bluhm Cardiovascular Institute at Northwestern Memorial Hospital. Until recently he was the Medical Director at Baylor Heart and Vascular Institute and Chief of Cardiothoracic Transplantation at Baylor University Medical Center. He co-chairs the Coalition to Reduce Racial and Ethnic Disparities in Cardiovascular Outcomes sponsored by the American College of Cardiology (ACC). He has served as President of the American Heart Association (AHA) and on the Executive Council of the Heart Failure Society of America. He is a member of the ACC Guideline Taskforce which oversees all ACC/AHA guidelines. His research interests include the emerging role of registries in cardiovascular diseases, management of advanced heart failure with new drugs and devices and heart failure in special populations. He received a BS from Southern University, an MD from Tulane University School of Medicine, and an MSc. from the University of Texas at Dallas.

## MNA / ANA News

# Garrett County Graduates First Nurses in History!!

Allegany College Nursing Program–Garrett Location made history in December. This is the first nursing program located in Garrett County. The students began their quest 2 years ago and on Sunday, December 19, 2010 they finished the journey. The program graduated 18 students with an associate of science in nursing degree. This makes them eligible to sit for the state board of nursing examination. Upon passing the exam, they will be licensed registered nurses.

The pinning ceremony took place at Northern High School with 220 people in attendance. The ceremony featured each student being pinned with their nursing pin by Assistant Professor of Nursing, Diane E. Friend, RN, BSN, CICP, CSD, LDON/LTC. Mrs. Friend is the full time faculty at the Garrett Location. The program works in conjunction with Garrett Memorial Hospital. Denise Liston, Vice President of Clinical and Support Services and Bethany Browning, director of outcomes management both spoke at the event. Heather F. Perfetti, J.D., M.S., Vice President of Instructional Affairs of Allegany College was also present to give a welcome to the students and guests. Cheryl Nelson, MSN, CRNP, President, District 1 of the Maryland Nurses Association which includes Garrett and Allegany Counties presented the Professionalism Award to Erin Paugh. Adam Bird received the Academic Award for a 4.0 average. Taylor Crabtree received the Leadership Award.

“This program is an excellent opportunity for our community and we are so fortunate to have support from the hospital” stated Diane Friend. “I am much honored to teach at this location and to be involved with the first group to ever graduate in Garrett County!” They worked extremely hard, dealt with personal tragedies, and yet continued to pave the road for future classes.”

The program accepts 20 new students every 2 years. Although a new group is coming in, I will always think fondly of my time with the first class. They will always be special.



**Back row (L-R); Terry Pennington, Taylor Crabtree, Adam Bird, James Wilson  
3rd Row (L-R); Gail Lyon, Summer Sines, Alyson McKenzie, Missy Rowan, Kelly Waugerman, Erin Paugh, Jennifer Steyer  
2nd Row (L-R): Jessica Alt, Victoria Phillips, Lindsay Zimmerman, Carol Groves  
Front Row (L-R); Amanda Meeks, Ashley Cook, Michelle Fulk.**



**Graduate Erin Paugh receives the Professionalism Award from MNA District One President Cheryl Nelson (on the right) and Vice President Diane Friend.**

## Maryland Nurses Association 108th Annual Convention Leadership for Healthcare Change: *The Future of Nursing*

Mark your calendars now! Member and non-member Nurses and Students are invited to attend the 108th MNA Convention which will be held once again at the beautiful, state-of-the-art Anne Arundel Medical Center Health Sciences Institute Conference Center in Annapolis on October 13-14, 2011. The 108th Annual Convention promises to be the best yet as we look forward to working with Dr. Sherry Perkins and her staff.

National and local speakers will present timely topics and engaging, innovative, and interactive workshops that enable participants to effect change and lead in our ever-changing healthcare environment.

Call for Presentations are being accepted until Monday, May 23, 2011 if you or a colleague you know would like to help Maryland Nurses with *The Future of Nursing!*

## Save the Date! Leadership Day – the IOM Report

On Saturday, March 26, 2011, the Maryland Nurses Association will host a Leadership Day beginning at 11:00 am. The topic will cover the Institute of Medicine's Report on the Future of Nursing and the eight recommendations of the report. Cheryl Petersen, Director, Nursing Practice and Policy, American Nurses Association will be the presenter. The location of this event will be posted on the MNA web site, [www.marylandrn.org](http://www.marylandrn.org). Check the web site frequently for updates and additional information.

## MNA / ANA News

### WANTED! Volunteers for MNA Committees

**vol .un .teer (vol'en-tir')** **1.** One who serves or acts of his or her own free will. **2.a.** One who gives help, does a service, or takes an obligation voluntarily.

You have limited time... we all have limited time. But if we budget our time carefully, we can make time to serve our professional association. MNA has many committees that need you, the member, to "act of your own free will" and become a volunteer.

There are thirteen (13) committees for you to chose from. Those committees include: the Bylaws and Policy Committee, the Nominating Committee, the Center for Ethics & Human Rights Committee, the Continuing Education Approver Committee, the Continuing Education Provider Committee, the Legislative Committee, the Membership Committee, the Practice and Education Committee, the Workplace Advocacy Committee, the Convention Committee, the Committee on Environmental Health, the Political Action Committee, and *The Maryland Nurse* Editorial Board.

Service on one of these committees provides you with an opportunity to increase your experience in working with others. In addition, if you serve as a chair of a committee, you gain valuable experience in managing others. Leadership and management skills are character traits that employers seek in potential employees everyday. How would these additional skills look on your resume?

For more information on how you can volunteer to serve on one of MNA's committees, please contact Ed Suddath, Executive Director at 410-944-5800 or via email at [esuddath@marylandrn.org](mailto:esuddath@marylandrn.org).

### ANA Unveils Customized Version of "Mosby's Nursing Consult" Providing Evidence-Based Clinical Resources to Members

As a member of the Maryland Nurses Association (MNA) and the American Nurses Association (ANA), you have exclusive access to a new online tool available. The customized ANA Edition of Mosby's Nursing Consult, developed jointly with Elsevier—the world leader in nursing information—delivers robust clinical information to MNA/ANA members like never before, in an organized, easy-to-use format.

"ANA is thrilled to offer this valuable new benefit to our members," stated Marla J. Weston, PhD, RN, and ANA chief executive officer. "We have worked diligently with Elsevier to create a customized, single-source tool that ANA nurses can utilize to enhance and improve patient care in countless aspects of their day-to-day practice. As our member community knows, evidence-based nursing continues to grow in both scope and application. The ANA Edition of Mosby's Nursing Consult puts a tremendous clinical resource in nurses' hands—keeping our nurses at the forefront of this essential aspect of practice. We encourage every ANA member to utilize this member benefit to its fullest."

The ANA Edition of Mosby's Nursing Consult delivers—all in one integrated, user-friendly online application—a compendium of monographs, practice guidelines, and peer-reviewed clinical updates representing the best, most current work of nursing experts and thought leaders throughout the profession. The compilation includes the following:

- *50 evidence-based nursing monographs* containing a concise review of the current

evidence available on common clinical problems (including current practice and synopses of current literature), and presenting specific recommendations for nursing care.

- *Practice guidelines* to help locate best-practice recommendations for more than 400 common health care diagnoses, conditions, and procedures—including both current safety alerts (if any) and any official organizational position statements relating to the topic.
- *Nearly 80 clinical updates*—original, peer-reviewed, best-practice clinical articles, written by nurse experts, focusing on specific areas of patient care.

"As evidence-based practice evolves as a core value of nursing practice, ANA members will now have access to an unparalleled set of evidence-based nursing content," said Eileen S. Robinson, MSN, RN, director of Nursing Continuing Education for Elsevier. "Whether at the bedside, in staff development and education, setting policies and procedures, or leading their organizations, ANA members will have access to Mosby's Nursing Consult, which will provide them with the clinical content they need to make the best practice decisions."

To access and use the ANA Edition of Mosby's Nursing Consult, visit the members-only section of Nursing World at [www.nursingworld.org/members/mosby-nursing-consult.aspx](http://www.nursingworld.org/members/mosby-nursing-consult.aspx). Your username and password will be required for you to login.

## New Opportunities in MNA Membership

Effective January 1, 2011, Registered Nurses across the state of Maryland will have new opportunities for MNA membership. The changes to the membership dues structure was approved at the October 6, 2010, Maryland Nurses Association 107th Annual Business Meeting. Currently, there are three (3) membership categories available: 1) for individuals who want to join both MNA and ANA; 2) for those members who want to join MNA only; and 3) for new nurse graduates.

Now more than ever, the nursing profession needs you. As our nation makes changes in healthcare, your input is essential for Maryland nurses to be positioned to speak with one voice for nursing and for our patients. You can now become a member of the Maryland Nurses Association only. The annual dues of \$150 will provide you with membership in MNA and your local District. You will receive the member benefits offered by MNA and limited benefits offered by the American Nurses Association.

Registered Nurses who want to take advantage of the member benefits offered by both the MNA and the ANA may continue to do so as in the past. To maintain the same level of member services in today's economy, the dues escalator that was approved by the ANA House of Delegates in 2004 remains in effect. As a result, there will be a slight increase in the annual dues effective January 1, 2011. The MNA has not increased its dues for 18 years. Additionally, the MNA dues increase means that any Registered Nurse joining MNA and ANA will also pay the same dues across the state.

New graduates from basic nursing education programs will have from six months to two years after graduation to take advantage of the Reduced Membership Dues rate. This opportunity is good for the first year of membership only.

For more information, please visit the MNA web site at [www.marylandrn.org](http://www.marylandrn.org).

## Seminar on Advocacy and Empowerment for Nurses and Nursing Students

by **Ed Suddath, Executive Director  
Maryland Nurses Association**

The Maryland Nurses Association and the University of Maryland School of Nursing collaborated to bring together federal and state policymakers to present a Seminar on Advocacy and Empowerment for Nurses and Nursing Students. Bowie State University played a key role in the success of this event as their School of Nursing served as host. The objective of this special event was to educate those in attendance about the legislative process and to allow them to hear first hand from policymakers who daily navigate this sometimes seemingly byzantine process.

Approximately 150 nurses and nursing students from across the state attended the Seminar on Saturday, November 20, 2010. This event was made possible by the efforts of Karen Minor, MS, CRNP, member of the MNA Legislative Committee. MNA President, Patricia Travis, RN, PhD, CCRP, brought greetings to those in attendance.

The keynote address was delivered by The Honorable U.S. Rep. Elijah Cummings (D-Md.). Representative Cummings shared his perspective on the new healthcare reform measures. Delegates Shirley Nathan-Pulliam (D-Dist. 10) and James Hubbard (D-Dist. 23A) provided insightful advice regarding the upcoming legislative session as well as how to be effective advocates.

Andrea Brassard, strategic policy advisor for the Center to Champion Nursing in America, gave an overview of the Institute of Medicine's new recommendations for advancing the role of nursing in light of health care reform. Frances Phillips, Deputy Secretary for Department of Health and Mental Hygiene (DHMH) and Wendy Kronmiller, Assistant Secretary for Department of Health and Mental Hygiene (DHMH) tag-teamed a presentation centered around the Governor's Health Care Reform Coordinating Council's workgroups and their work.

Ann Mech, Legal Affairs Coordinator for the University of Maryland School of Nursing shared

helpful information regarding how a bill becomes a law through the legislative process. This information will prove invaluable to nurses and nursing students when they travel to Annapolis during the 2011 Legislative Session to advocate for nurses and their patients.

The Seminar on Advocacy and Empowerment for Nurses and Nursing Students was extremely successful. It prefaces the 2011 Legislative Session and MNA's Nurses Lobby Day, Monday, February 21, 2011 from 3:30 PM to 5:30 PM at the Calvert House in Annapolis, Maryland.



**Becky Colt-Ferguson, Rachel Klimmek and Pat Travis are talking to Joe Delaney, MANS Treasurer.**

## Practice

## Barbara Sattler, RN, DrPH, FAAN Appointed Chair of Environmental Health Committee

Dr. Patricia Travis, MNA President has appointed Barbara Sattler, RN, DrPH, FAAN, Associate Professor and Director of the Environmental Health Education Center at the University of Maryland School of Nursing to serve as the Chair of MNA's Environmental Health Committee. Dr. Barbara Sattler directs the Environmental Health



Barbara Sattler

Education Center at the University of Maryland School of Nursing which hosts the only graduate program for nurses that focuses explicitly on environmental health. Professor Sattler is currently helping to integrate environmental health into nursing curriculum around the country. She has been the Primary Investigator on National Institute for Health (NIH) and Environmental Protection Agency (EPA) research projects and her Center has been responsible for community outreach under an EPA Hazardous Substance Research Center grant working with communities that are struggling with contaminated waste sites. She currently directs a model state program for engaging hospitals in

sustainable and environmentally-healthy practices. She has served on Institute of Medicine committees on environmental health information, on the Maryland State Environmental Justice Commission, and is currently serving on the Children's Health Protection Policy Advisory Committee to the US EPA. Dr. Sattler helped to found the Alliance of Nurses for Healthy Environments ([www.enviRN.org](http://www.enviRN.org)) a national consortium of individual nurses and nursing organizations that addresses education, practice, research, and policy/advocacy issues associated with environmental health. She is the co-author of *Environmental Health and Nursing* and a host of journal publications. She is a Registered Nurse with a Masters and Doctorate in Public Health from the Johns Hopkins School of Public Health.

The Maryland Nurses Association's Environmental Health Committee serves as a resource to the Legislative Committee on matters related to environmental health; reviews matters of interest on state and national levels regarding the environment as it relates to health; and advocates for health initiatives related to the environment.

If you or a colleague has an interest in serving on the Environmental Health Committee, please contact Ed Suddath, Executive Director at 410-944-5800 or via email at [esuddath@marylandrn.org](mailto:esuddath@marylandrn.org).

## EBP Joint Conference on the Eastern Shore

Phyllis L. Brodsky, RN, MS

MNA, District 4 partnered with Sigma Theta Tau, Lambda Chapter, and Peninsula Regional Medical Center (PRMC) in organizing and conducting their first Evidence-Based Practice and Research Conference and dinner on the Eastern Shore, titled "Evidence-Based Practice: Concept to Creation," on November 16 from 5:30 to 8:30 PM, at PRMC, Hallowell Conference Center, in Salisbury. The purpose of this program was to introduce the concept and history of evidence-based practice and initiatives that are currently underway, led by local nurses. The planning committee included two members from each of the three organizations: Stacy Cottingham, MS, RN (Chair) and Dr. William Campbell, EdD, RN represented Sigma Theta Tau; Phyllis Brodsky, RN, MS and Ruth Carroll, PhD, RN represented District 4; and Cynthia Bennett, MSN, RN and Debra Sheets, MN, RN, NEA-BC represented PRMC.

The conference was a huge success with 75 nurses having multiple roles and disciplines attending. The conference began with committee introductions by the Chair, Stacy Cottingham. The first speaker, Dr. Rita Nutt, DPN, RN, Assistant Professor at Salisbury University (SU), presented the concept and history of EBP. She elaborated on the impetus for the movement, how it got started, why it is so important to follow, and the barriers. Jaimi Hall, MSN, RN, Clinical Specialist in OB at PRMC, previously on the faculty at SU, presented "The Great Pretenders: Utilizing EBP to Optimize Clinical Outcomes for the Late Pre-Term Infant." Jaimi explained the vulnerability of late preterms—defined as babies born between 34.0 and 36.6 weeks gestation—and described how EBP can be applied to effect change in clinical practice and optimize outcomes. This was a wonderful and enlightening presentation. (I, Phyllis, was especially proud because Jaimi was a former student of mine at SU in the late 90s.)

Tanya Clifford, RN, MS, CRNP-F, CCRN, Clinical Specialist in Critical Care at PRMC, described the research project being conducted at PRMC. They

are looking at the evidence and the challenges in implementing patient-family centered visitation practices. Tanya described the process, steps utilizing EBP, and the challenges of change. The fourth presentation by Dr. Jennifer M. Schultz, PhD, Social Worker and Research Consultant and Jeannette Troyer, MSN, RN, NE-BC, Magnet Coordinator at Atlantic General Hospital (AGH), addressed the behavioral Health Client's non-urgent use of the ED. AGH received a grant, in partnership with The Worcester County Health Department (WCHD), to integrate behavioral health services into existing primary care settings. The presenters defined the research problem, background, literature review, and components of PICO format in relationship to development of their research project. "PICO" refers to Population, Issue of interest/intervention, Comparison Group, and Outcome.

All of the presentations were informative and did, indeed, bring EBP into focus at the bedside, from a "concept to creation." The committee members look forward to making this an annual project.

## Legislation

## Healthcare Reform News from District Two Annual Meeting

by Brooke Hisle, MSW, LGSW  
Coalition Development Director  
Maryland Citizens' Health Initiative

It is imperative that people have accurate information about the new federal health care reform bill that was signed into law on March 23, 2010. I was delighted to have the opportunity to speak with nurses at the MNA District 2 Annual meeting at Kernan Hospital in October about this need.

The public needs to know that federal reform will protect consumers, make health coverage affordable, and encourage efforts to reduce the costs of health care. Although some provisions, like the state health care exchanges and increased Medicaid eligibility, do not take effect until 2014, there are plenty of benefits that started this year. Some benefits and protections that may affect you and your family include:

- Young adults may be able to stay on their parents' insurance until they turn 26. The child does not have to be a dependent to be eligible.
- Insurance companies can no longer impose a lifetime maximum on health care benefits, and annual caps will be phased out over the next three years before being completely eliminated in 2014.
- Insurance companies can no longer cancel an insurance policy when someone gets sick or makes a mistake when filling out the application.
- Children under the age of 19 cannot be denied health coverage for pre-existing conditions.
- The Medicare prescription drug "donut hole" will be phased out. Seniors who enter the "donut hole" in 2010 will receive a \$250 rebate check. Starting in 2011, Medicare recipients will receive discounted drugs and the "donut hole" will close completely in 2020.

This is only a brief summary of what the Affordable Care Act is doing to expand access to health care. The reform will slowly phase in over the next few years until full implementation in 2014. When fully implemented, an estimated 587,000 Marylanders will have health care coverage and the state will save close to one billion dollars over 10 years. To learn more information, call the Health Care for All! Coalition at (410) 235-9000 or for online resources go to: [www.healthcare.gov](http://www.healthcare.gov). To learn what Maryland's doing to implement federal reform visit the Health Care Reform Coordinating Council's website at [www.healthreform.maryland.gov](http://www.healthreform.maryland.gov).

## GBMC's Sexual Assault Forensic Examination Program Receives \$1 Million Gift

BALTIMORE, MD—November 3, 2010—The Greater Baltimore Medical Center Sexual Assault Forensic Examination (S.A.F.E.) program has received a \$1 million gift to support its work providing comprehensive services for victims of sexual assault.

This gift, from a donor who wishes to remain anonymous, is the largest gift ever received in support of GBMC's S.A.F.E. program and is believed to be the largest ever received for a S.A.F.E. program in Maryland, of which there are 21 statewide.

GBMC's S.A.F.E. program is the sole provider of specially trained and certified forensic nurse examiners who care for adolescent and adult victims (ages 13 and older) of sexual assault in Baltimore County. S.A.F.E. nurses complete a full assessment of the patient, obtain potential forensic evidence and provide antibiotic therapy, emergency contraception and resources for crisis counseling and support services. The S.A.F.E. program is an instrumental member of the Baltimore County Sexual Assault Response Team (SART) and its clinical professionals work closely with local law enforcement agencies.

Young women between the ages of 13-24 account for more than 60 percent of all S.A.F.E. victims. GBMC's program is the first and only in the state to bring forensic nurses to middle schools, high schools, and college campuses in an effort to influence the behavior of youths to make safe choices in their social interactions. The presentation covers dating safely, the challenges of safety in a technologically advanced society and how alcohol can negatively affect decision-making.

"GBMC has truly been blessed by the support we have received from community and corporate sponsors which has created a legacy and safeguard for women in our communities today and for many generations," said Linda Kelly, RN, clinical nurse manager of the S.A.F.E. program

Kelly noted the gift will, among other things, allow for the continued training of nurses as forensic nurse examiners; provide continuing education opportunities for current S.A.F.E. nurses; and allow for the community education work initially funded by this donor to continue.

## Analysis Finds NFP Program Efficacy in Both Urban and Rural Settings

DENVER, CO (Nov. 1, 2010)—A new, independent study of Nurse-Family Partnership® in Pennsylvania has found that the evidence-based nurse home visitation program has had significant effects on pregnancy spacing (a.k.a. birth intervals) among clients around the state.

In a peer-reviewed paper published today in the *Archives of Pediatrics & Adolescent Medicine*, a *JAMA/Archives* journal, lead author David Rubin, M.D., and colleagues found that in 2004 and 2005, Nurse-Family Partnership (NFP) clients had significantly fewer second live births within two years of their first child, versus comparison subjects. The difference was twice as pronounced in rural communities of Pennsylvania as in urban ones.

"The finding of potential benefit in rural locations seems to justify [Nurse-Family Partnership] implementation in such locations in addition to urban areas, greatly expanding the reach of the program," write the authors. Rubin is director of PolicyLab: Center to Bridge Research, Practice and Policy at The Children's Hospital of Philadelphia.

Increasing the interval between first and second births is an important public health outcome. Peer-reviewed research (independent of NFP) has found that babies born within 27 months of their older siblings are more likely to die or to have health and developmental problems than are those born with larger intervals between births<sup>[1]</sup>, and that closely-spaced pregnancies may make it more difficult for women to achieve education and/or career goals<sup>[2],[3]</sup>.

The study found no significant difference in birth intervals between clients and comparison subjects from 2000 to 2003—a finding that is not surprising, say the authors, because it is a period of time coinciding with NFP program start-up in the state. The authors observe that NFP's data gathering and monitoring system likely helped the Pennsylvania implementing agencies begin achieving program efficacy regarding birth intervals at a relatively rapid pace. They conclude that "these data provide evidence that the NFP continues to be successful after statewide implementation."

Rubin's study examined data for 3,844 NFP clients from 23 sites (17 urban, six rural), along with comparable data for 10,938 comparison subjects. Clients were matched to comparison subjects based on maternal age, race, education, smoking status, TANF receipt, history of receiving food stamps, history of pregnancy-induced hypertension, history

of gestational diabetes, and zip code. The PolicyLab research was funded by the Pennsylvania Department of Public Welfare.

More than 13,000 Pennsylvania families have received pregnancy help from Nurse-Family Partnership nurse home visitors since the NFP program was first implemented in the state in 2000. In Pennsylvania, NFP funding comes primarily from the state and is administered by the Office of Child Development and Early Learning in the Pennsylvania Department of Public Welfare and the Department of Education.

At present, NFP serves more than 22,000 families in 32 states. Since NFP program inception in the late 1990s, a total of 122,453 families have received Nurse-Family Partnership pregnancy assistance services nationwide. NFP nurse home visitors are locally-employed community health nurses, and the NFP program is always voluntary for clients. More communities are expected to soon add or expand NFP locations thanks to the five-year, \$1.5 billion mandatory funding stream in the 2010 Maternal, Infant and Early Childhood Home Visiting Program, which enables states to implement, expand or maintain evidence-based programs such as Nurse-Family Partnership.

### About Nurse-Family Partnership

The Nurse-Family Partnership National Service Office ([www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)) is committed to producing enduring improvements in the health and well being of low-income, first-time parents and their children by helping communities implement and sustain an evidence-based public health program of home visiting by registered nurses. Nurse-Family Partnership is the most rigorously tested maternal and early childhood health program of its kind. Randomized, controlled trials conducted over 30 years demonstrate multi-generational outcomes that benefit society economically and reduce long-term social service expenditures. Nurse-Family Partnership is headquartered in Denver, Colorado.

### **References:**

- [1] Conde-Agudelo A, Rosas-Bermudez A, Kafury-Goeta AC. Birth spacing and risk of adverse perinatal outcomes: a meta-analysis. *JAMA* 2006; 295(15):1809-1823
- [2] Zuravin SJ. Fertility patterns: their relationship to child physical abuse and child neglect. *J Marriage and Family* 1988; 50(4):983-993
- [3] Furstenberg FF, Brooks-Gunn J, Morgan SP. Adolescent mothers in later life. *Human Development in cultural and historical contexts*. Cambridge University Press, New York, NY 1987

## Women May Receive Less Testing for Heart Problems Because They Want Less Testing than Men Do

Washington, DC— One possible explanation for disparities in care for acute coronary syndrome between men and women may be that women are less likely to accept their physician's recommendation on treatment. The results of the study were reported online today in *Annals of Emergency Medicine* ("Gender Bias in Cardiovascular Testing: The Contribution of Patient Preference").

"The well-documented 'Mars and Venus' differences between the sexes may play out in how patients make medical decisions," said lead study author Judd Hollander, MD, of the Department of Emergency Medicine at the University of Pennsylvania in Philadelphia. "Prior studies of coronary patients have attributed disparities in care between men and women to access problems, differences in insurance coverage or physician biases. Our study shows that at least part of the previously noted gender disparity can be explained by patient preferences."

Researchers enrolled 1,080 patients who came to the emergency department with symptoms of acute coronary syndrome. Women and men both preferred stress testing to cardiac catheterization, and both sexes accepted their physician's recommendation for stress testing equally (85 percent for both sexes). However, only 65 percent of women stated that they would accept cardiac catheterization, compared to 75 percent of men. And only 67 percent of women said they would accept their physician's recommendation for angioplasty, versus 73 percent of men. Women were less likely to desire coronary artery bypass grafting than men (61 percent versus 68 percent).

Of patients enrolled in the study who were admitted to the hospital (60 percent of the total), 38 percent of women received diagnostic testing of any kind, versus 45 percent of men. And 10 percent of women received cardiac catheterization, versus 17 percent of men.

Researchers theorized that women might be less willing to undergo diagnostic testing and treatment because they perceive their disease as less severe, or because they have lower tolerance for the risks associated with such procedures.

"The challenge for health care providers is to make sure both men and women have all the information at their disposal to make the best decisions about their own medical care," said Dr. Hollander. "Future studies should focus on identifying the reasons that women appear less likely than men to accept physician-recommended tests and treatments for acute coronary syndrome."

*Annals of Emergency Medicine is the peer-reviewed scientific journal for the American College of Emergency Physicians, a national medical society. ACEP is committed to advancing emergency care through continuing education, research, and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies. For more information visit [www.acep.org](http://www.acep.org).*

## Maryland Nurses Association Membership Application

21 Governor's Court • Suite 195 • Baltimore, MD 21244 • 410-944-5800 • Fax 410-944-5802

Last Name/First Name/Middle Initial	Basic School of Nursing	
Credentials	Home Phone	Graduation (Month/Year)
Home Address	Work Phone	RN License Number
Home Address	Home Fax Number	License State
City/State	Work Fax Number	
County	Zip Code	
Employer Name	E-mail Address	
Employer Address		
Employer City/State/Zip Code		

**MEMBERSHIP DUES VARY BY STATE**

**MEMBERSHIP CATEGORY** (check one box)

**M Full Membership Dues**

- Employed-Full Time
- Employed-Part Time

**Full Dues MNA Membership Only**

- To belong to the Maryland Nurses Association and your District Only

**R Reduced Membership Dues**

- Not Employed
- Full Time Student
- New Graduate from basic nursing education program within six months to two years after graduation (first membership year only)
- 62 years of age or over and not earning more than Social Security allows

**S Special Membership Dues**

- 62 years of age or over and not employed
- Totally Disabled

Note: \$7.50 of the SNA member dues is for subscription to *The American Nurse*.

State nurses association 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 the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

**Payment Plan (check one box)**

- Full Amount Payment
  - Check
  - Mastercard or VISA Bank Card (Available for annual payment only)

**Bank Card Number and Expiration Date**

**Signature for Bank Card**

**Mail with payment to MNA at the above address**

- Payroll Deduction—This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

**Signature for Payroll Deduction**

**Payment Plan (continued)**

**Electronic Dues Payment Plan (EDPP)-\$16.16**

Read, sign the authorization and enclose a check for first month's EDPP payment (contact the SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

AUTHORIZATION to provide monthly electronic payments to American Nurses Association (ANA):

This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA or written notification of termination (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.

**Signature for EDPP Authorization**

## MEMBERSHIP APPLICATION

There are currently 8 districts in MNA. you may select membership in only one district, either where you live or where you work. Each district sets its own district dues.

<b>District 1:</b> Allegany County Garrett County	<b>District 3:</b> Anne Arundel County	<b>District 5:</b> Montgomery County Prince Georges County	<b>District 8:</b> Frederick County Washington County
<b>District 2:</b> Baltimore City Baltimore County Howard County Carroll County	<b>District 4:</b> Eastern Shore Except Cecil County	<b>District 7:</b> Harford County Cecil County	<b>District 9:</b> St. Mary's County Charles county Calvert County

All membership dues are apportioned to the American Nurses Association, the Maryland Nurses Association, and the District. All membership category dues may be paid either annually, or through monthly electronic dues payment plans (EDPP). A service charge applies to the monthly electronic dues membership payment plan except annual membership paid in full at the time of application.

Please choose your district and payment plan from the following chart:

For All Districts	Full Dues		Reduced Dues		Special Dues	
	Annual	EDPP*	Annual	EDPP*	Annual	EDPP*
	\$248	\$21.17	\$124	\$10.84	\$62	\$5.67

Annual Dues to belong to the Maryland Nurses Association and your District only are:  
 Full Dues Annual - \$150 for all Districts Full Dues EDPP\* - \$13 for all Districts.  
 \*EDPP – monthly Electronic Dues Payment Plan

Make checks payable to:  
 Send complete application and check to: **American Nurses Association**  
**P.O. Box 504345**  
**St. Louis, MO 63150-4345**