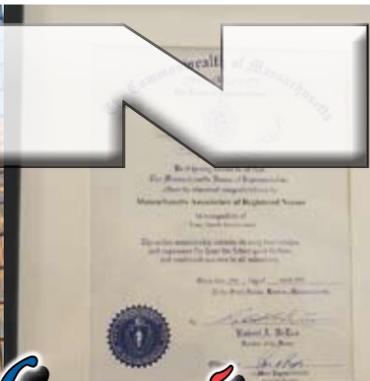


# MARN



## MAssachusetts Report on Nursing

MARN is the Massachusetts Affiliate of the American Nurses Association

Vol. 9 No. 2

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June 2011



**Legislative Action Forum  
Health Care Reform—the  
Future Role for Nursing  
Page 10**



**Nurturing the  
Next Generation  
of Nurses  
Page 12**

## MARN Turns Ten:

## A Decade of Growth & Achievement

### *Innovations in Health Care – Vulnerable Populations*

On April 30, 2011, more than 100 participants attended the 10th Annual Convention of the Massachusetts Association of Registered Nurses at the Dedham Hilton Hotel. The educational component of the Convention entitled, *Innovations in Health Care – Vulnerable Populations*, was designed for nurses practicing in direct care, educational, administrative, and research roles as well as nursing students interested in learning about practice innovations in caring for vulnerable patients. ANA President Karen Daley, PhD, MS, MPH, RN, FAAN opened the program with an overview of ANA's four pillars of health care reform (access, cost, quality, and workforce) and discussed potential implications if the Affordable Care Act passed by Congress in March 2010 is repealed. President Daley emphasized the critical role nurses play in moving the political agenda forward at federal and state levels by continuing to advocate for the rights of all who seek health care services. In closing, President Daley reflected on the accomplishments and challenges associated with the Massachusetts Health Care Reform legislation.



**Daley**



**Conference Planning Committee:**  
(standing): Cynthia LaSala, Christina Beuttner, Kathy Bergeron. (sitting) Anne Manton, Mary Hanley. (Missing from the picture: Maura Fitzgerald).

The second keynote presentation was given by Barbara Blakeney, MS, RN, Innovations Specialist, The Center for Innovations in Care Delivery, The Institute for Patient Care, Massachusetts General Hospital. Ms. Blakeney discussed the concept of



**Blakeney**

**MARN Turns Ten continued on page 5**

### **MARN Tenth Annual Business Meeting**

President Anne Manton called the meeting to order and members spent a delightful hour and a half reviewing the work of the 10th elected Board of Directors while welcoming the board members who will lead our organization into our second decade. The reports of the treasurer and committee chairs illustrate the vitality of our organization. Any member who wishes to see these reports are invited to our website [www.marnonline.org](http://www.marnonline.org).

The nominations and elections committee announced the results of the election held in March. We proudly introduce the 2011-12 Board of Directors:

- |                 |                                       |
|-----------------|---------------------------------------|
| President:      | Anne Manton PhD, PMHNP-BC, FAEN, FAAN |
| Vice President: | Susan Conrad PhD, RN                  |
| Secretary:      | Karen Manning MSN, RN, CRRN, CHPN     |
| Treasurer:      | Tara Teehan MSN, RN, MBA              |
| Directors:      | Gino Chisari RN, MSN                  |
|                 | Maura Flynn RN, DNC                   |
|                 | Leesa-Lee Keith, MSN, BS, RN          |
|                 | Margie Sipe, MS, RN                   |
|                 | Gail Winning RN                       |
|                 | Beth Kinsella RN                      |
|                 | Christina Beuttner, RN                |



**2011-2012 MARN Board of Directors. Standing in back row: Gino Chasari, Susan Conrad, Karen Manning, Christina Beuttner. Standing in the middle row: Maura Flynn, Margie Sipe & Pat Ruggles. Sitting: Anne Manton, Beth Kinsella.**

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## President's Message

**Anne P. Manton Ph.D., RN,  
PMHNP-BC, FAEN, FAAN**



**Anne Manton**

As I begin my second year as MARN President, I am pleased to report that MARN has had a very productive year. I am fortunate to work with a dedicated Board of Directors, committee chairs and active members. MARN's Executive Director Diane Jeffery and Administrative Assistant Lisa Presutti are wonderful assets to me and to the organization as a whole.

Building on the work of our founding members, the MARN Board of Directors and Committee Chairs updated our Strategic Plan, which includes revised MARN Mission and Vision statements and Strategic Goals and initiatives in the areas of *Advocacy, Education/Professional Development, Leadership, and Practice.*

### Advocacy

The Health Policy Committee follows selected priority legislation for each legislative session. The members of the MARN Action Team (MAT) developed a Tool Kit which contains information about how to influence public policy including writing letters to the editor and meeting with legislators (go to [www.marnonline.org](http://www.marnonline.org) for more information).

Members of the Health Policy Committee, Diane Jeffery and I, met with key legislators (Mary Grant, Senator Richard Moore, Senate President Therese Murray, and Secretary of Health and Human Services Director of Health Care Policy and Strategies, David Martin). Diane Jeffery presented testimony on behalf of MARN to the Health Care Quality and Cost Control Council's Committee on the Status of Payment reform Legislation.

### Education and Professional Development

The Fall Conference in November 2010 focused on the Patient Protection and Affordable Care Act (ACA) with Keynote Speaker Rebecca Patton, Immediate Past ANA President, Congressman Stephen Lynch and an afternoon Panel moderated by former Massachusetts State Representative Mary Grant.

The Health Policy Committee hosted our 3rd Annual Health Policy Forum at the State House in February featuring Keynote Speaker, Secretary Judy Ann Bigby. For more on the Forum, please read the article on p. 10.

MARN and the Massachusetts Student Nurses

Association (MaSNA) cosponsored a Nursing Career Forum on March 24, 2011, to help students and new grads get started on the right foot in their job search and to introduce them to MARN and ANA.

Newsletter Editor Myra Cacace and MARN Vice-President Susan Conrad, began a program called *Career Connections*. Volunteer RN "Career Guides" assist new RN Graduate "Seekers" in resume writing, interviewing skills, and application processes. The program has already experienced success!

In celebration of MARN's 10th Anniversary, the Conference Committee chaired by Cynthia LaSala developed an impressive program for the MARN Spring Conference titled "Innovations in Health Care – Vulnerable Populations" with both current ANA President Karen Daley and Past ANA President Barbara Blakeney as Keynote Speakers. Please read the article on p. 1.

MARN continues to speak to nursing students across the Commonwealth about the importance of belonging to professional nursing organizations, especially MARN and ANA. Please read the article on p. 12.

### Leadership

To meet our strategic initiative to increase collaboration with other nursing organizations, the Board invites the MaSNA President to attend all MARN Board of Directors' meetings to report about MaSNA plans and activities. Additionally, MaSNA hosts their annual meeting during the MARN Spring Conference, many sponsored by MARN members to attend.

As President, I am a member of the Board of Directors of the Massachusetts Health Council. I also represent MARN at meetings of the Nursing Leadership Coalition, the Department of Higher Education's Nursing and Allied Health Initiative Advisory Committee, and the Massachusetts Mental Health Coalition. In May 2011, MARN convened a meeting of nursing organizations in Massachusetts to explore common areas of interest and collaboration potential.

The Membership Committee works tirelessly to increase MARN's membership which now stands at almost 900 members. In recognition of this success, MARN received a Constituent Member Association Membership Growth Award at the 2010 ANA House of Delegates.

*President's Message continued on page 3*

**PO Box 285  
Milton, MA 02186  
617-990-2856  
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### Board of Directors

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Anne Manton, PhD, PMHNP-BC, FAEN, FAAN

#### Vice President

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#### Secretary

Karen Manning, MSN, RN, CRRN, CHPN

#### Treasurer

Tara Teehan, MSN, RN, MBA

#### Directors

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Maura Flynn, RN, DNC

Leesa-Lee Keith, MSN, BS, RN

Margie Sipe, MS, RN

Gail Winning, RN

Beth Kinsella, RN

Christina Beuttner, RN

#### —Committee Chairs—

##### Awards

Maura Fitzgerald, MS, RN

##### Continuing Education

Judy Sheehan, MSN, RN

Nurse Peer Review Leader

##### Co-Chairs

Peggy Griffin Bretz, MSN, RN

Jeanne Gibbs, MSN, RN

##### Health Policy

Maura Flynn, RN, DNC

Fran Sculley, MS, RN

##### Membership Committee

Looking for a Chairperson

##### Conference Planning Committee

Cynthia Ann LaSala, MS, RN

##### Bylaws

Cammie Townsend MS/MBA

##### Nominations & Elections

Karen Manning, MSN, RN, CRRN, CNA

##### ANA Liaison to MARN

Jennifer Davis, BSN, RN

##### Newsletter Editor

Myra F. Cacace, GNP/ADM-BC, CDE

##### MARN Staff

##### Executive Director

Diane Rollins Jeffery

##### Administrative Assistant

Lisa Presutti

### Policy for Accepting Announcements for the Newsletter

MARN encourages organizations and educational institutions to submit announcements about continuing education opportunities and upcoming events that are of interest to nurses.

Please note: The announcement can not exceed 75 words.

Fees must be included with submissions.

The Fee Schedule is as follows:

MARN Approved Providers/Sponsors—\$25

Non MARN Approved Providers/Sponsors—\$50

Payment can be mailed to MARN, PO Box 285, Milton, MA 02186. Please include a copy of the announcement and contact information (name, address, telephone, Email) with the check. Please email copy to [www.MARNonline.org](http://www.MARNonline.org).

For more information, contact [info@MARNonline.org](mailto:info@MARNonline.org).

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*President's Message continued from page 2*

Team MARN continues to volunteer at events including Springfield Project Homeless Connect and the Boston Marathon.

**Practice**

Clinical information presented at biannual conferences and continuing education credits offered in the MAssachusetts Report on Nursing, helps to promote excellence in nursing practice. The Board of Directors and committees continually explore additional ways to disseminate current practice information.

**Financial**

MARN is on firm financial footing, despite the prevailing slow economy. The Board of Directors works hard to establish and follow a responsible budget and are good financial stewards. Additional revenue is realized through the efforts Continuing Education, Health Policy, Newsletter and the Conference Committees. The MARN staff is vigilant in their efforts to minimize expenses.

**Volunteers Needed**

We need your help to create a Technology and Mentorship Committee. Additional members are welcome to all committees, especially the Membership Committee. Committee meetings via conference call or e-mail ensure a reasonable time commitment. Please consider putting your talents and expertise to work for the benefit of MARN and nursing in Massachusetts.

It has been a pleasure to serve as MARN President in 2010 and 2011. I look forward to another exciting year where MARN continues to gain increased recognition and influence as the voice of registered nursing in Massachusetts.

**Editorial**

## Whatever Doesn't Kill You Makes You Stronger: A Cacace Family Mantra

In 2011, the MAssachusetts Report on Nursing is featuring articles about Nurse on nurse bullying. It seems that we have touched a nerve and several nurses shared their stories with us...nurses who have lost their jobs and even left our profession due to the bad behaviors of our peers. Please be sure to read two of these stories (p. 9) and Gino Chisari's follow-up article, "Why Does it Still Exist?" on p. 9. While you read the article, I urge you to contemplate how YOU can be an agent of change to confront and eliminate bullying in your workplace.

I too have had a recent nightmarish experience in a hostile work environment, which necessitated abandonment of my successful solo NP practice in order to find a better place to care for my patients. Thankfully my story is not about nurse on nurse bullying. My story is about being called "stupid and useless" by my former collaborating physician—in front of patients, students and staff. I am happy to say that in my case the support I received from my nursing colleagues is what gave me the strength to carry on. I believe that all things (good or bad) happen for a reason and I hope that the nurses whose stories are included in this and future editions find this to be true and are in a better place.

Uncovering and eliminating the last vestiges of archaic behavior and hurtful 'rites of passage'...sweeping the dust out from under our professional rug...may seem daunting and can be painful to read about. It is hard to admit that in our caring profession there are nurses who do not seem to care. As caring nurses working together we CAN confront the bullies. We CAN stop eating our young. We CAN learn from the disturbing stories of our colleagues and become stronger nurses committed to building a stronger profession!



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Judy Sweeney	Helen Taylor
Rachel Tierney	Judy Shindul-Rothschild



## Annual Meeting Highlights



**Secretary: Karen Manning, MSN, RN, CRRN, CHPN**



**Outgoing Treasurer Trish Bowe**



**Outgoing Director Teresa Spinelli**



**Preparing to start the meeting, President Anne Manton and MARN Executive Director, Diane Jeffery.**



**President Anne Manton, PhD, PMHNP-BC, FAEN, FAAN**



**Director Margie Sipe, MS, RN**



**MARN Past Presidents: Toni Abraham, Karen Daley, Susan Krupnick & Judy Sweeney pose with current President, Anne Manton.**



**Director Patricia Ruggles, New Graduate Director Christina Beuttner, Treasurer Tara Teehan, Vice President Susan Conrad & Theresa Spinelli.**

**MARN Turns Ten continued from page 1**

innovation and challenged those in attendance to think outside of the box in considering “practice, education, research, and regulation in a world framed by such technology, speed, and connectedness.” She described some emerging trends in science and technology including bionics, virtual care, robotics, and stem cell technology that will profoundly influence the way we think and respond in providing health care to populations everywhere.

The morning session closed with a presentation given by Brian Marx, PhD from the VA National Center for Post-Traumatic Stress Disorder (PTSD) and the Boston University School of Medicine and Thomas Hannon, APRN, BC, Team Leader, Boston Vets Center. Dr. Marx provided an overview of PTSD criteria, prevalence among veterans, methods of diagnosing PTSD, evidence-based treatments, and some of the latest research findings. Mr. Hannon followed with a presentation that described “a day in the life” of a clinical nurse specialist at the Boston Vets Center. He gave a compassionate and heartfelt portrayal of how the ravages of war



**Brian P. Marx**



**Thomas Hannon**

have affected the lives of so many veterans and the wonderful work that is being done by many to assure as much as possible that these veterans have access to needed services and quality of life.

Kathy Horvath, PhD, RN, Associate Director, Education and Evaluation, VA New England Geriatric Research Education Clinical Center (GRECC) opened the afternoon session with a history of GRECCs which were established “to advance scientific knowledge regarding the medical, psychological, and social needs of aging Veterans through geriatric and gerontological research, training of personnel providing health care services to elderly persons, and the development and evaluation of improved models of clinical services for eligible, elderly Veterans”. Dr. Horvath focused on the challenges associated with providing care to veterans with Alzheimer’s disease and strategies to prevent injury in the home. Dr. Horvath described her work as the principal investigator in a research study that tested a multi-modal home safety intervention aimed at improving the competence of caregivers in creating a safer home environment for individuals with dementia.

The second session of the afternoon was presented by Patricia Hickey, PhD, MBA, RN, NEA,-BC, FAAN, Vice President, Cardiovascular and Critical Care Services, Children’s Hospital, Boston. Dr. Hickey

discussed some of the unique characteristics associated with the pediatric population related to development, dependency, differences in epidemiology, and demographics. Dr. Hickey presented research findings related to innovations in pediatric family-centered care and pediatric nurse sensitive measurement. Margie Sipe, MS, RN, Nursing Performance Improvement Innovator, Lahey Clinic, MARN member and newly elected member of MARN’s Board of Directors, provided a wonderful summary of key aspects of the content presented throughout the day. Ms. Sipe described strategies for engaging staff nurses in innovative processes through project work, some tools to share successes, and methods of communicating and measuring outcomes. Initial feedback participants shared as they were leaving at the end of the day was highly favorable and enthusiastic about what they had learned.

This program was made possible through the efforts of many...It takes a village! Congratulations to the MARN Conference Planning Committee chaired by Cynthia Ann LaSala, MS, RN for their commitment and diligence in organizing such a wonderful conference. We also appreciate the support of exhibitors, sponsors, and to the MARN members who provided scholarship money to allow student nurses to attend the conference.

## 2011 Awards for Excellence in Nursing . . .

### Award for Excellence Nursing Research:

**Diane Feeney Mahoney, PhD, ARNP, BC**

*by Inge Corless, RN PhD FAAN*

Diane Feeney Mahoney, PhD, ARNP, BC, is the MGH Institute of Health Profession's inaugural Jacques Mohr Professor in Geriatric Nursing Research and Director of Gerontechnology. Dr. Mahoney has extensive experience as a social scientist, geriatric nurse practitioner (GNP), nurse informaticist, and designer and evaluator of applied geriatric interventions. She currently uses information and monitoring technologies to promote safer and healthier aging-in-place among at-risk elders at home and in residential communities. Her aim is to reduce elder, family and professionals' care-giving concerns through the use of innovative technologies tailored to the users' needs and desires.



**Diane Feeney Mahoney, PhD, ARNP, BC**  
presented by *Inge Corless, RN, PhD, FAAN.*

Dr. Mahoney holds a PhD from the Heller School for Social Policy and Management at Brandeis University, a Master of Science in Gerontological Nursing/GNP from the University of Massachusetts/ Lowell and a Bachelor of Science in Nursing from Boston College. She is a Fellow in both the Gerontological Society of America and the American Academy of Nursing. In her doctoral research Mahoney pioneered the study of the appropriateness of nurse practitioner (NP) prescribing when it was allowed in only four states. The findings challenged the prevailing medical claims of quality concerns and contributed to the movement toward changing state legislation to expand prescriptive authority to include NPs. Recently she has revisited NP prescribing, assessing the contextual influences on NPs prescriptive decision making.

Mahoney has more than 85 peer-reviewed research publications in leading gerontology, technology, policy, and clinical journals. She serves annually as a National Institute of Health (NIH) and foundation grant reviewer and faculty for the National Institute on Aging (NIA) nursing research workshop. As a principal investigator (PI), she has completed 15 funded research intervention projects with grants primarily from NIH, Dept of Commerce, and the Alzheimer's Foundation. She was the Boston site PI for the REACH Project, which is the NIA's largest multi-site randomized intervention study for Alzheimer's family caregivers wherein she tested a computer mediated counseling system using Interactive Voice Response (IVR) technology (REACH for telephone linked computer). She also implemented an innovative wireless remote home monitoring system (WIN worker interactive networking) that enabled low income working caregivers in five companies to check on their frail elders at home from their workplace computers via the Internet and participate in an online caregiver support group. Mahoney also designed a remote monitoring technology intervention (AT EASE automated technology for environmental assessment, safety, and eldercare) targeting memory impaired elders

living in Independent Housing. Here, for the first time families, the building manager, building superintendent, and on-call Nurse Practitioners, received alerts relevant to their role only to more efficiently coordinate timely responses to care problems. With her technology interventions, Mahoney has innovated online roles for NPs and has documented respondents' willingness-to-pay for technologies that includes access to a nurse practitioner. Dr. Mahoney's research has contributed to society and is well-deserving of acknowledgement by MARN.

### Excellence in Nursing Education:

**Susan Kelly-Weeder, PhD, FNP-BC**

*by Joyce Pulcini, PhD, RN, PNP-BC, FAAN*

We are pleased that Dr. Susan Kelly-Weeder is the recipient of the 2011 Excellence in Nursing Education Award from the Massachusetts Association of Registered Nurses. Dr. Susan Kelly-Weeder is an Assistant Professor in Family and Community Health at the Boston College Connell School of Nursing. Her research focuses on reducing risk behaviors in young women. Her current work examines the intersection between high-risk alcohol use and disordered eating behaviors. Dr. Kelly-Weeder received her BS from Simmons College, and her MS and PhD from the University of Massachusetts Lowell. She is a certified Family Nurse Practitioner and maintains a clinical practice with a college-aged population. She is a member of the American Academy of Nurse Practitioners, the National Organization of Nurse Practitioner Faculties, the National Academies of Practice, and Sigma Theta Tau International Honor Society of Nursing.



**Susan Kelly-Weeder, PhD, FNP-BC** presented by *Joyce Pulcini, PhD, RN, PNP-BC, FAAN.*

Dr. Kelly-Weeder has been teaching at Boston College since 2004. She is the coordinator of the Family Nurse Practitioner (FNP) program and has been teaching both undergraduate and graduate students for several years. Susan's commitment to FNP education is central to her faculty role and she has revised the FNP program to include a greater focus on experiential learning. Her classes are case-study based and draw upon real life examples from which the students can decipher critical and meaningful interactions. Her students teach speak of her with the highest of accolades. Students regularly have comments such as, "Susan Kelly-Weeder is a wonderful lecturer" or "She is a wealth of knowledge" She manages to incorporate real patient experiences as examples often incorporating bits of humor to bring dense material to life. Students see her as being very approachable and compassionate when she speaks of patients and families. Grounded in theory, she easily incorporates this material into her classes.

Dr. Kelly-Weeder has been caring for diverse client populations for over 30 years and has been a practicing FNP for more than half of that time.

Her current clinical practice is in college health, where she works with physicians, nutritionists, therapists, as well as other nurse practitioners in caring for a young adult population. Her ongoing interest in health behavior change has led to her recently NIH-NINR funded research to develop interventions to assist college students in reducing and/or eliminating their binge drinking and binge eating behaviors. This work has led Susan to collaborate with well-known researchers in both alcohol use and eating disorders. Her clinical and research experiences have allowed her to serve on a university wide task force to investigate college drinking behaviors. She has published in the areas of health behavior change, women's health, alcohol use, and disordered eating patterns and works with students on her varied research projects.

### Excellence in Nursing Practice:

**Neah Kim Ling, MSN, FNP, APRN, BC**

*by Phyllis Moore DNSc, PMH, CNS, BC*

Neah Kim Ling has demonstrated the qualities essential for excellence in nursing practice. From her early years as a charge nurse on a medical psychiatric unit to her present position as a family nurse practitioner at the Brigham and Women's Hospital Homeostasis and Thrombosis clinic, she has demonstrated and impressed both professional colleagues and patients with her professionalism, clinical competence and kind, caring concern for the welfare and care of patients.

Neah has a wonderful approach and regard for the education of patients and as one colleague stated, "I am in awe of how easily she builds rapport and trust with patients while skillfully explaining critical medical recommendations."

Neah received her Baccalaureate degree, Masters degree, and preparation as a family nurse practitioner from the University of Massachusetts/ Boston. Her career has included practice as a Family Nurse Practitioner at Family Care Associates, Wellesley, Ma and Infectious Disease Research Nurse Practitioner at Beth Israel/Deaconess Medical Center, Boston, MA. Her accomplishments include practice and research. Of importance to her, is mentoring students in the Simmons College Dotson Bridge and Mentoring Program where she provides student support, knowledge, and experience. She is an energetic, knowledgeable and passionate professional nurse who demonstrates excellence in nursing practice.



**Neah Kim Ling, MSN, FNP, APRN, BC** presented by *Phyllis Moore DNSc, PMH, CNS, BC.*



## Scholarships and Other Special Awards

### 2011 MARN Scholarship Awards

#### Arthur L. Davis Publishing Agency Scholarship:

**Cammie Townsend, MS/MBA, RN**

*by Maura Fitzgerald, RNC, MSN*

This year's recipient of the Arthur L Davis Scholarship is well known to MARN members. Cammie Townsend was a founding member of MARN and was MARN's first Director of Association Management where she developed the infrastructure for the organizations management. Cammie currently acts as a consultant/staff support to MARN's Continuing Education Committee. The Continuing Education Committee works to ensure that educational offerings for Massachusetts meet the highest ANNC standards.

Cammie is a graduate of the University of Connecticut, School of Nursing. She became a clinically competent nurse, charge nurse, clinical preceptor and earned a joint Masters degree in Nursing and Business Administration and taught clinical courses. Cammie is currently the Academic Coordinator of Nursing Education at the MGH Institute of Health Professions and the proud mom of two young boys.

Cammie will use the Davis Scholarship to pursue a Doctor of Nursing Practice degree at the MGH Institute of Health Professions focusing on nursing education. Cammie wrote in her application for the Davis Scholarship, "Pursuit of the DNP in Education will give me the skills to work with students to ensure they are prepared to practice. I see my academic leadership role as influencing on a much more global level the health of my community by preparing nurses not to just be expert clinicians, but critical thinkers, political activists, and compassionate caregivers."

It is with great pleasure we present the 2011 Arthur L. Davis Scholarship to Cammie Townsend.



**Cammie Townsend,  
RN, MBA**

#### 2011 Ruth Lang Fitzgerald Memorial Scholarship:

**Sharon Lee Gifford, BS, RN**

*by Maura Fitzgerald, RNC, MSN*

The Ruth Lang Fitzgerald Memorial Scholarship was established in 2005 by the Fitzgerald family in memory of Ruth Fitzgerald a long time member of the American Nurses Association and founding member of MARN. Ruth was very proud of her sixty years as a nurse, and her service to her country as a nurse in the Army Nurse Corps in the South Pacific during World War II. After her retirement Ruth was an advocate for seniors as a delegate to the Silver Haired Legislation. This year the Fitzgerald Scholarship will be used to enable a MARN member to attend educational conferences.

This year's scholarship recipient is Sharon Lee Gifford. Ms. Gifford works with a senior population in assisted living centers & Alzheimer's units in nursing homes. Holistic nursing is Sharon's passion. She understands that using holistic nursing measures help decrease anxiety and agitation for her patients. Sharon is a Reiki master as well as a yoga teacher. She will use the scholarship to attend The Birch Tree Integrative Healing Arts Program, which prepares the student to sit for the basic Holistic Nurse certification (HN-BC) and Advanced Holistic Nurse (AHN-BC) board certification examination offered by the American Holistic Nurses Certification Corporation. The certification can be applied to a master's program in healing arts and sciences at Goddard College. Sharon feels that certification in holistic nursing will improve the level of patient care she provides and that her patients will benefit from the use of holistic nursing methods.

### 2011 President's Award

**Elizabeth Grady, PhD, RN**

Nearly 30 years ago, Dr. Elizabeth (Beth) Grady took a chance when she hired me for an academic position. I had relatively little teaching experience but could not have found a better role model to teach me about leadership, integrity, fairness, and commitment to students. Beth was the Program Director but she also found time to coach and support her students and teachers.



**Elizabeth Grady  
presented by Anne Manton.**

Beth Grady has always shown outstanding commitment to nursing and to MARN. She was one of MARN's founding members so it is so fitting that she should be honored this evening when we are celebrating MARN's 10th anniversary. In the early MARN years, Beth facilitated retreats and strategic planning sessions. At MARN conferences Dr. Grady served as facilitator of panel discussions, and her expertise led to the richer conversations and dialogues so much enjoyed by conference attendees. In addition, she served on MARN's By-laws Committee, the Spring Convention Committee, and the Living Legends Award Committee. For many years, she was the person in charge of raffles at MARN events helping the organization stay in the black during the early years. Beth shows her commitment to enhance nursing students' learning, by sponsoring them to attend MARN conferences. A perhaps little known fact is that in 2002 Beth submitted the winning title for the MAssachusetts Report on Nursing (MARN's newsletter).

What is truly remarkable however is that Beth goes about making her contributions quietly, not seeking recognition for all the many "behind the scenes" activities she performs on behalf of MARN. And so it is my great honor to present the 2011 MARN President's Award to Dr Beth Grady in recognition of the positive influence she has been in my life and in the life of MARN and its members, and for her exceptional contributions to the nursing profession.

*Awards continued on page 8*

## Other Special Awards

Awards continued from page 7

### Mary A. Manning Mentor Award

This year there are two recipients of the Mary A. Manning Mentor award, established by Dr. Karen Daly in 2009. MARN is committed to promoting mentorship and support for all nurses in the Commonwealth. Mary Manning is the penultimate mentor who has touched the lives of countless nurses. This year's recipients are Marion Winfrey and Erin Lamoureux. Here are their stories.

#### Marion Winfrey, EdD, RN

by Lisa Kennedy Sheldon, PhD, APRN-BC

It is my pleasure to honor Marion Winfrey with a nomination for the 2010 MARN Mary B. Manning Mentor Award. A graduate of Hunter College, McGill University and Boston College, Dr. Winfrey holds a doctorate in education from Vanderbilt University. With many years of clinical nursing including trauma and burn care and neurological nursing, Dr. Winfrey joined the faculty at the University of Massachusetts-Boston in 1990. Dr. Winfrey is a tenured associate professor and Associate Dean in the Department of Nursing in the College of Nursing and Health Sciences at UMass-Boston. She is widely recognized as a superb teacher and mentor of both students and faculty. Although her current responsibilities as the Associate Dean have taken her from the classroom, her passion for preparing the next generation of nurses has never diminished and she just recently guest lectured on transplantation nursing.

It is this passion that led her to accept the position of co-project director of the Clinical Leadership Collaborative for Diversity in Nursing (CLC program). The CLC program is an especially innovative workforce development project that was designed as a collaborative program between the College of Nursing and Health Sciences and Partners HealthCare, with funding in the amount of approximately \$1 million from two grants awarded by Partners HealthCare. The purposes of the innovative CLC program are to facilitate the successful progression of racially and ethnically diverse nursing students through our baccalaureate nursing program, and to ease their transition to practice as registered nurses.

On a more personal note, Dr. Winfrey also mentored me during my first semester as new faculty at UMass-Boston. During the flurry of news surrounding the proposed changes to recommendations for mammography in November 2009, the UMass-Boston Department of Nursing was asked to provide an expert be interviewed for the news station NECN. As I have an oncology background, Dr. Winfrey told me "you are going to do this and I will help you." For the three



Marion Winfrey, EdD, RN, presented by Lisa Kennedy Sheldon, PhD, APRN-BC.

hours leading up to the live television interview, Dr. Winfrey provided me with information and scripts to prepare. Most importantly, she provided steadfast support and belief in my abilities. I have a feeling this is exactly why student nurses find her to be such a wonderful mentor. She is unwavering in her belief of our abilities and always delivers her messages with a good deal of her trademark warm humor.

Dr. Winfrey continues to be a lively guiding force for future nurses from all backgrounds. She is especially focused on moving our thinking from labels of a particular ethnicity to a nursing work environment that talks about "my colleague," making the world of nursing and healthcare a better place for the nurses of today and tomorrow. I congratulate Dr. Winfrey on the receipt of this honor from MARN and wish her continued success as she fosters the next generation of nurses, "our colleagues," into the world of healthcare.

#### Erin Lamoureux RN, MS, GCNN, BC

by Donna Zucker, RN, PhD, FAAN

I have known Erin for 12 years since she came to UMass to teach in our undergraduate program. She works with the Fundamentals students and faculty and mentors honors student in their very first honors seminar. She coordinates 8 sections of 8 to 9 clinical junior students and the mentoring of those clinical instructors. She manages the twice annual Clinical Educator Workshop, designed to orient preceptors and educators who work with UMass students. Erin also speaks to allied community health care professionals on how to mentor novice co-workers. This month Erin was named part of a team awarded the UMass Mellon Mutual Mentoring Grant, designed to mentor early career faculty into the role of teacher and scholar.



Erin Lamoureux, RN, MS, GCNN, BC, presented by Donna Zucker, RN, PhD, FAAN.

### Loyal Service Award

Myra F. Cacace GNP/ADM-BC, CDE

by Mary Ellen Doona RN, EdD

Loyalty is among the most treasured qualities in human relationships. It is characterized by an unshakeable fidelity to a duty that is assumed. If loyalty is essential to the life and growth of an individual, its quintessence is seen when loyal individuals are joined together in association.

The Massachusetts Association of Registered Nurses has among its members a nurse who personifies loyalty. That nurse is Myra Cacace. Her loyal service to the Association at its birth in 2001 and each year throughout its first decade makes it fitting and proper that as MARN marks its tenth anniversary it should honor Myra Cacace with its Loyal Service Award.

Myra has served on the MARN Board of Directors, as secretary of the organization and as a delegate to the ANA House of Delegates. She has represented MARN at colleges and schools of nursing. She has been instrumental in developing Volunteer opportunities MARN members and nurses in the Commonwealth through participation in Team MARN at the Boston Marathon, by her coordination of Team MARN's participation in Springfield Project Homeless Connect and through the administration of the Career Connections Program, which connects newly graduated nurse job seekers to professional nurse *career guides*. She rarely misses a MARN event.



Myra F. Cacace GNP/ADM-BC, CDE presented by Mary Ellen Doona.

Myra's loyal service to the Association is especially seen in her editing of the *MAssachusetts Report on Nursing*. Myra ensures that MARN's membership is kept current with what nursing is doing on a national, state and local level. In this she follows the example of Sophia Palmer, a Massachusetts native and the founding editor of the *American Journal of Nursing*. Palmer insisted in 1900 that the unity of the profession depended on a journal that would allow for the exchange of ideas. One hundred years later Myra fosters the unity of Massachusetts nurses by making sure that the flow of ideas freely moves between the Association and its members. She helps nurses remember their roots through the *Clio's Corner* column, which tells nurses about the challenges that their predecessors met and mastered. She also assures MARN's future by encouraging nursing students to add their voices to the interchange of ideas.

Because of Myra's efforts, MARN members, and every registered nurse in Massachusetts, have a professional publication of the highest quality that reflects nursing's diversity from nurses in staff positions, advanced practice, management, education, research, the military, health care policy, and the law to mention just a few areas of nursing practice. MARN members are not alone in their praise of the *Report*. Nurses in single purpose associations depend on the *Report* for information about the profession and are vocal in their appreciation.

Myra is outstanding in her loyal service to MARN and is more than deserving of the 2011 Loyal Service Award.

## Featured Articles: Examination of Workplace Bullying

# Nurse on Nurse Bullying: Why Does it Still Exist

**R. Gino Chisari, RN, MSN, DNP**

My article in the March edition of the **MAssachusetts Report on Nursing** about Nurse-on-Nurse bullying elicited a huge response from nurses who shared stories of their experiences of being under attack by co-workers and supervisors. The common question from all of them is, "Why does it still exist?" The answer is both simple and complex. The simple answer: **Bullies bully because they get away with it. The more complex answer: Bullying behaviors are default behaviors some nurses resort to when interacting with peers.**

Paulo Freire, a Brazilian educator wrote a well known textbook, *Pedagogy of the Oppressed* in 1970. This book's core concept describes a system of education where learning is an act of culture and freedom. One of Freire's core concepts is that might help to better understand the bully is *The Culture of Silence* (the most poignant of Freire's concepts), which occurs when an individual loses the ability to critically respond to the culture that is forced upon them by a dominant culture. Today Freire's book has become the basis for theoretical descriptions of Oppressed Group Behavior.

In 1983, Dr. Susan Jo Roberts studied oppressed group behavior in nursing. Her theory: Certain groups are oppressed because they are controlled by forces outside themselves who hold greater prestige, power, and status. She used Freire's work to better understand the characteristics of oppressed behavior. Oppressed behavior starts with the ability of a dominant group to identify,

define, and enforce *their* norms and values as the *right* ones in society. In Freire's work the subordinate group perceives value in the behavior of the dominant group in order to cope with their negative feelings about being in a subordinate group.

Roberts identified the process of *internalization* that occurs in oppressed groups. Instead of finding acceptance, some less dominant individuals become marginalized, belonging to neither group. Feelings of frustration develop as the marginalized people remain powerless. In order to mitigate their feelings of frustration they begin to oppress those in a more subordinate role. Roberts wonders if this process occurs to us as nurses from decreased autonomy, accountability and control over our profession.

Role conflict that leads to stress could be the origin of lateral violence such as incivility or bullying. This type of stress is often associated with low self-esteem and is often manifested in caring women who are urged (consciously or otherwise) to bury negative emotions. The American Nurses Association commented that nursing as a profession which is primarily female and subjected to being dominated by a patriarchal system, manifests displaced frustration that is often the root cause of conflict on the unit." A common belief is that bullies were bullied themselves at some point in their emotional development and continually repeat this pattern of behavior in their adult lives. Yet others describe a sense of reward experienced by the bully who overcomes feelings of perceived powerlessness when she/he bullies another.

Cheryl Dellasega, PhD, well known for her 2005 book, *Mean Girls Grown Up: Adult Women Who Are Still Queen Bees, Middle Bees, and Afraid-to-Bees* and Judith Briles, the well known author of *Sabotage! How to Deal with Pit Bulls, Skunks, Snakes, Scorpions & Slugs in the Health Care Workplace*, both suggest that women are more likely to engage (compared to men) in maladaptive behaviors such as bullying. The suggestion is that females are more inclined to sabotage in a covert ways, while men have more of an overt style. These are typically described as gender differences in resolving conflict that are learned early in life.

The need for power and control is what motivates the bully, who has a need to achieve status and try to fill this need through dominance. Dominance is often the tool used by the bully to publicly humiliate the victim. The bully feels empowered by misreading the silence of the bystanders as being in her "fan club." The bystanders' reluctance to support the bully's victim and the decision to not take a stand against the bully perpetuates the problem. The silent bystander empowers the bully!

Bystanders who are not afraid to speak out can play an essential role in stopping the bully. As nurses it is our professional imperative to stop bullying when we witness it. We must use our collective power of knowledge and caring to stop the devastating effects of bullying by speaking out, and clearly letting the bully know that you are NOT part of their fan club! Together we can simply say; "Enough is enough!"

## Your Stories on Bullying

In our last edition we asked for nurses to share stories about their experiences with bullying in the workplace. We are sorry but gratified that so many nurses took the time to send us their stories. Here are two of them.

### The Beginning of the End

You asked in your recent article, "Is nurse on nurse bullying alive and well?"

Let me tell you from personal experience that it certainly is, and has cost me my job as a visiting nurse after 20 years working in the same non-profit Home Health agency. I am one of the older nurses working in the agency. I work 12 hours on the weekend, plus additional weekday time to accrue 40 hours.

The bullying started when a new manager was transferred to my team who works 5 days per week as a team manager, and as a coordinator who schedules weekend visits. She started by delaying my request to reduce my hours 12 to a 9 hours. She told me that if I am unhappy I should look for another job. When I questioned her about the reduced percentage of my annual raise, she left my yearly evaluation open on her desk for all to see.

After a few weeks on the job I began to hear that she was telling lies about me others and fabricated patient complaints to put me on a Performance Improvement Plan (PIP). Despite my repeated requests to meet with her about my PIP, she never set up the time for a meeting.

I finally complained in writing to the Human Resources Vice President. That is when the bullying escalated and I no longer felt supported in the office. I could not avoid this bullying manager because we both worked the same days each week. My request to be allowed to work for a different nurse manager was denied.

I finally realized that other older nurses were having the same experiences and quit despite their years of service before their planned retirements. I refused to quit, though my health was being adversely affected. One day I was called into the office, (after seeing 7 patients), told of 3 new patient complaints, which I was not allowed to

see nor respond to, and subsequently dismissed. This manager remains in the same position today, while I was terminated for attempting to protect myself.

### The End of the Beginning

I really want to thank you for your call to share stories about nurse-on-nurse bullying. My story is about me and a clinical instructor, who was instrumental in ending my dreams of becoming a nurse. I ended my sophomore year quietly agreeing to fail my first medical-surgical course when I was told, "You hum when you're nervous. I think it's unprofessional, and if I was a patient, I'd be saying, what is this five-year-old doing in my room?"

Although I am no longer studying nursing, I sincerely hope that the fight against nurse-on-nurse bullying will be won. Here is my story:

A few weeks into my first clinical rotation, I told my clinical instructor that I was starting to see a counselor for anxiety issues that I thought were creeping up on me. I told her because she was my instructor and a nurse, and I naively thought that as a caring and understanding health professional, she would be supportive.

Instead I found myself in a hole I had dug myself, unable to escape the lens of judgment and bias. Whenever I was on the unit, my every action was scrutinized with the bias that I was nervous. As the weeks progressed, I became even more nervous and thought that maybe there's something wrong with me.

It started with my clinical instructor voicing her concerns about my ability to take a blood pressure. I immediately went to extra nursing lab sessions and practiced taking blood pressures. I asked my clinical instructor what else I could work on, in order to feel more confident during my clinical experiences. It was incredibly frustrating to be told, "It's really not something I can pin down and teach you, or tell you to work on."

No matter how hard I tried to manage my anxiety I was told, "I still don't think your skills are good enough for you to pass...that I didn't have enough time in clinical to get over my anxiety,

and that all of my questions had been asked in an attempt to figure out how to pass the course, not for the actual knowledge."

I left every clinical session feeling like I was a failure, like I was never going to be a good nurse. The worse I felt the more anxious I became. My self esteem was completely shattered. Week after week, I went to my assignment not knowing what action or minuscule behavior would be picked on next. I'm not surprised that I felt like there was something wrong with me, like I actually had an anxiety disorder.

I went to tutoring, extra lab sessions practicing nursing assessment skills, and my skills did improve, but I still felt intimidated and unsupported. The response for my instructor: "Perhaps it's just because you get nervous in the hospital setting. There's not much I can do."

I hope that by sharing my story I can help someone else.

## MARN Health Policy Committee in Action

### Legislative Action Forum

## Health Care Payment Reform – the Future Role for Nursing

**Maura Flynn, RN, DNC**

The Great Hall of Flags at the Massachusetts State House was the setting for the 3rd Annual MARN Legislative Action Forum organized by the MARN Health Policy Committee on February 24, 2011. *Health Care Payment Reform—the Future Role for Nursing* brought leaders from the health care community under one roof to discuss Governor Patrick's bill, *An Act Improving the Quality of Health Care and Controlling Costs by Reforming Health Systems and Payments* and its potential impact on nursing practice. Ann Manton, MARN President welcomed 130 nurses, students, legislators and staff to a great day of learning and collaboration.

Massachusetts Health and Human Services Secretary Dr. Judy Anne Bigby kicked-off the morning providing an update of the payment reform proposed by Governor Patrick, including the role of Accountable Care Organizations (ACOs). The governor's bill was filed on February 17, 2011 and addresses quality improvements, cost containment, practice innovation, and malpractice reform (see sidebar).

Following Secretary Bigby's presentation, a panel discussion was moderated by former MA State Representative Mary Grant, MS, RN. The panel included representatives from a variety of stakeholders in the health care community, including: Benjamin Day, Executive Director, Mass-Care, Jim W. Hunt, Jr., President and CEO, Massachusetts League of Community Health Centers,

and Michael E. Sroczynski, Esq. Vice President, Government Advocacy, Massachusetts Hospital Association. They discussed current health care payment reform models, legislation, regulations and their effect on the future role of nursing. As former Vice-Chair of the Joint Committee on Health Care Financing, Representative Grant's knowledge and expertise added to the value of the program. A lively question and answer period gave the audience the opportunity to interact with these experts.

After the panel discussion, Health Policy Committee member Gino Chisari, RN, MSN facilitated an interactive exercise that allowed participants to

incorporate their new knowledge. They were asked to discuss how these proposed changes will affect them as nurses and future nurses, and ways for nurses to become involved in the process. Representatives from each group shared their thoughts and it was clear from these short presentations that they "got it."

The Legislative Action Forum is an annual event that is developed by the Health Policy Committee co-chaired by Fran Sculley and Maura Flynn. Even after cancelling our first date due to snow, the event was well attended. It was wonderful to see such active participation by the nursing students, our future leaders.



**MARN Health Policy Committee member Gino Chisari moderates the group discussion.**



**MARN Health Policy Committee Co-chair, Maura Flynn with Secretary Bigby**



**Immediate past Representative Mary Grant, RN addresses the audience.**



**Jim W. Hunt, Jr., Michael E. Sroczynski, Esq. and Benjamin Day address the crowd.**



### An Act Improving the Quality of Health Care and Controlling Costs by Reforming Health Systems and Payments

Key points of the bill are:

#### **Improving the Quality of Health Care Service:**

The existing fee-for-service payment system is outdated in the medical field. Providers who emphasize wellness or help individuals manage chronic medical issues both improve health and reduce system costs, but are not rewarded for those outcomes. Through this legislation, the Commonwealth will change incentives in the payment system by providing the necessary infrastructure and support for global and other alternative payment methods and innovations. Specifically, this legislation:

- Encourages the formation of integrated care organizations (commonly referred to as Accountable Care Organizations or "ACOs") by providing standard criteria for ACOs;
- Requires that an ACO be certified by the Division of Health Care Finance and Policy (DHCFP), with financial oversight by the Division of Insurance (DOI), and directs DHCFP to standardize alternative payment methodologies;
- Requires that if contracts between payers and ACOs include shared savings, that savings must also be shared with consumers;
- Provides that the Attorney General will use existing authority to monitor ACOs to ensure no anti-trust violations occur;
- Aims to expand the use of alternative payment methods and significantly reduce fee-for-service payments by the end of 2015;
- Ensures transparency of payer and provider costs, provider payments, clinical outcomes, quality measures, and other information necessary to discern the value of health services which helps guarantee that consumers and businesses have accurate and available information about their health care

#### **Lowering the Cost of Health Care:**

Building on the Governor's successful strategy of directing the Commissioner of Insurance to disapprove excessive insurance rate increases for small businesses last year, this legislation clarifies the Commissioner's authority to reject premium increases where the underlying provider rates are excessive. Specifically, the Commissioner may disapprove rates that contain provider increases inconsistent with the following criteria:

- The rate of increase in the state's Gross Domestic Product;
- The rate of increase in total medical expenses in the region as reported by the Division of Health Care Finance and Policy;
- A provider's rate of reimbursement with a carrier, especially in relation to the carrier's statewide average relative price;
- Whether the carrier and a contracting provider are transitioning from a fee-for-service contract to an alternative payment contract.

As provider rates decline, carriers are required to factor such savings into the premiums charged to consumers.

#### **Encouraging Further Innovations:**

Governor Patrick's legislation recognizes the need to leave room for new ideas for lowering the cost of health care and improving the quality of services. Accordingly, this legislation facilitates the use of pilot programs to test other solutions to reduce health care costs. Tapping into the wealth of talent and creativity in our medical community, this bill creates an advisory committee, consisting of 18 members from providers to carriers to organized labor, to ensure an ongoing dialogue about solutions and assess progress towards the goal of cost reduction to consumers.

#### **Medical Malpractice Reform:**

The Governor's legislation also reforms the medical malpractice liability system to emphasize prompt resolution, de-emphasize "defensive medicine," reduce the number of costly lawsuits and improve care. Specifically, the bill:

- Makes providers' apologies inadmissible in evidence. Many studies show that an apology can prevent a lawsuit, but due to the threat of litigation, providers remain silent;
- Establishes a 180-day cooling off period before a party may initiate suit;
- Amends the peer review laws to include ACOs;
- Creates a process for providers and aggrieved patients to communicate and exchange documents prior to litigation in the hope that more open communication by both parties will resolve disputes.

[http://www.mass.gov/?pageID=gov3pressrelease&L=1&L0=Home&sid=Agov3&b=pressrelease&f=110217\\_healthcare\\_cost\\_containment&csid=Agov3](http://www.mass.gov/?pageID=gov3pressrelease&L=1&L0=Home&sid=Agov3&b=pressrelease&f=110217_healthcare_cost_containment&csid=Agov3)

## MARN Members in Action

### Team MARN Angels of the Marathon!

For a 3rd year, a team of dedicated nurses, led by Toni Abraham MSN APRN-BC, Associate Medical Director.

Boston Health Care for the Homeless Program provided the nursing care to runners at the 116th Annual Boston Marathon. Team members Nicole Ashton, Elizabeth Bao, Christina Buettner, Maura Flynn, Barbara Giles, Maria Gomez, Anne Kearney, Colette Larue, Laurie Loft, Brook Morgan, and Yolanda Starling spent a rewarding

day of fellowship and hard work! MARN Nurses worked with two doctors, a physical therapist and a translator to staff four teams in Tent A. Tent A has 200 cots, an acute care section, laboratory, and facilities to treat hyper (and occasionally hypo)-thermia, and administer IVs. Another great example of MARN members in action! Come join the fun. Look for announcements about joining Team MARN for this and other volunteer opportunities at [www.marnonline.org](http://www.marnonline.org).



Waiting to hit the tent!



The Section 16 Team



Active MARN members Maura Flynn and Barbara Giles



Celebrating a successful day!



The calm before the storm.  
Waiting for the runners to arrive

### MARN Members Attend ICN Conference in Malta

*Susan LaRocco, PhD, RN, MBA*

With more than 2000 nurses from 127 countries from Angola to Zimbabwe, the International Council of Nurses Conference (ICN) in Malta in May was truly international. Massachusetts was represented by several MARN members including Karen Daley, Diane Feeney Mahoney, Susan LaRocco and Linda Caldwell, who presented on the Institute of Medicine (IOM) recommendations on nursing education and incorporating quality and safety initiatives in undergraduate curriculum.

The ICN is a federation of more than 130 national nursing associations, consisting of 13 million nurses worldwide. The ICN mission is "to represent nursing internationally, advancing the profession and influencing health policy worldwide. ICN works in three main program areas to improve nursing and health. These are known as ICN's Pillars and they are: Professional Practice, Regulation and Social Economic Welfare" (<http://www.icn.ch/about-icn/>).

Malta, a small island nation in the Mediterranean south of Sicily, is rich in the history of nursing. The Knights of Malta, variously known as the Knights of St John of Jerusalem and the Knights Hospitalers, established the Sacra Infermeria in 1574. This hospital had 600 beds, including 350 patients in the Great Ward. A unique feature of this hospital was that each patient had his own bed. Common practice in other hospitals was to have two patients per bed. In 1979 this historic building was turned into the conference venue where the ICN conference was held. As we went from room to room, treading on the sandstone steps that had carried the male nurses of the Knights of Malta from patient to patient, one could not help but reflect on the long history of nursing.

The conference began with an impressive opening ceremony. As each nation was announced a small group of attendees from that country crossed the stage, many in native costumes. The host organization, the Malta Union of Midwives and Nurses, welcomed the nurses of the world and BD (Becton, Dickinson and Company), the worldwide medical technology company received the Partners in Development Award for their support of the ICN Wellness Centers for Health Care Workers, which work to provide access to health and wellness services for health care workers and their families in sub-Saharan Africa.

Plenary speakers included Dr Diana Mason from the US, who elaborated on the conference theme: Nurses Driving Access, Quality and Health; Mrs. Jeannette Kagame, the First Lady of the Republic of Rwanda, on the role of women and the education of girls; and Mrs. Alice Darkoa Asare-Allotey, President of the Ghana Registered Nurses Association on the topic of social movements and health system transformation.

Other presentations focused on technology, ethics, nursing education, clinical care, nursing workforce and history. Of particular interest to me were several sessions on international nurse migration. Barbara Nichols, the Chief Executive Officer of CGFNS International noted that of the almost 7 billion people in the world, 1 billion cross international borders annually. This may be something as simple as living in Canada and crossing to the US daily to work, or a permanent move to a new country. The migration of nurses is now being termed "brain circulation" rather than a brain drain from underdeveloped countries. Other speakers commented on the use of foreign nurses and the work that is being done to integrate them into the health care system of their new country. Fatima Al Rifae, a board member of the Emirates Nursing Association, noted that in the United Arab Emirates only 3% of all employed nurses are native born. Countries that most commonly send nurses abroad include the Philippines and India.

Attending the ICN conference was a wonderful experience. The next congress is in Australia in 2013 and the next conference is in South Korea in 2015. Perhaps you will consider going.

### MARN President Presents Testimony:

#### H 1849 An Act relative to improving the quality of health care and controlling costs by reforming health systems and payments.

May 16, 2011: Joint Committee on Health Care Financing

I want to thank the Chairmen, Senator Richard Moore and Representative Steven Walsh, and members of the Joint Committee on Health Care Financing for the opportunity to speak to some very important considerations as deliberations related to H 1849 continue. My name is Anne Manton and I speak as the President of the Massachusetts Association of Registered Nurses, which is the state constituent of the American Nurses Association. I am also as a member of the interdisciplinary Mental Health Coalition. While the members of the Massachusetts Association of Registered Nurses fully recognize the economic necessity of controlling the cost of health care in the Commonwealth, we believe that the outcome of this complex process must ensure that the people of Massachusetts have access to the care they need—regardless of the nature of their illness.

As a signatory to the document put forth by some members of the Massachusetts Mental Health Coalition entitled **Statement of Principles: Mental Health and Accountable Care Organizations**, the Massachusetts Association of Registered Nurses endorses all of the principles listed. I would, however like to emphasize 3 of them.

As a mental health clinician, I believe that it is imperative that patients with behavioral health concerns have a choice of providers. In addition, mental health services must be readily accessible to those persons needing such services. The lack of easily available mental health services has been a major contributing factor in the large numbers of patients with mental illness seeking care in emergency departments throughout the state of Massachusetts—and, indeed the nation. This problem has reached crisis proportions and its effects are felt throughout the health care system. It is clear, however, that a therapeutic relationship with a mental health provider can in most instances successfully manage the exacerbation of symptoms that bring persons with mental illness to emergency departments. The ripple effects from the lack of timely and consistent access to a mental health

clinician for people with mental health disorders significantly increase the cost of health care in Massachusetts and therefore these services must be included in any plan to reduce cost.

My second point is that the Councils, Commissions, Committees, Panels, Task Forces, etc. that will oversee the development and implementation of a new system to reduce costs while maintaining (or hopefully improving) quality, must have a number of clinicians, including nurses as members. Regardless of good intentions, a plan or plans that are developed in the absence of a multitude of clinical voices from a variety of perspectives (including behavioral health) are doomed to fail. In my years in the health care arena, I have observed this mistake being made over and over again and I am hopeful that the lessons of past failures due to the lack of clinical input will be heeded this time. Non-clinicians can design wonderful models that look good on paper, but fail in their implementation because of the lack of clinical knowledge in their creation.

My third point is that any payment system that is implemented needs to be risk adjusted. While this is true of the treatment of most illnesses, it is especially true of the mentally ill who are such a vulnerable population. Because often times their mental stability is fragile, there are many factors that can easily contribute an exacerbation of symptoms and thus an increased need for treatment. In addition, many mental illnesses are chronic and these patients will need continuing care. Research has shown that the chronically mentally ill are at increased risk of medial illness as well.

As discussion continues as to the very best way to control health care costs while ensuring a high quality of care for the residents of Massachusetts, please incorporate the aforementioned **Statement of Principles: Mental Health and Accountable Care Organizations** into any health system reform efforts as we move forward.

Thank you for your attention.

## MARN: Nurturing The Next Generation of Nurses

### Second Annual Student Forum: Hope for the Future

March 24, 2011 was the date of the second annual student career symposium offered through a partnership between MaSNA & MARN. Hosted by the Massachusetts College of Pharmacy & Health Professions, more than 80 students listened intently to a panel of recent graduates working in nursing, guest speakers from representatives from Human Resources at Tufts Medical Center, greetings from MARN President, Anne Manton and a description of MARN's new Career Connections Program, launched earlier this year.

The goal of the evening was to help senior nursing students, soon-to-be-new-grads and graduate nurses still hoping to find their first professional nursing position by offering tips to enhance their job search. Discussions helped to increase awareness of trends and opportunities available in Massachusetts in order to jump starting their nursing careers. The recruiters provided "practical" career advice, while the panel of new nurses shared their success stories.

Thank you to Lauren LeSanto, and Megan Camera nurse recruiters from Tufts Medical Center and to our panelists: Beth Kinsella RN, Gail Winning RN, BSN, Emily O'Connell RN, BSN & Jose Vega RN, BSN.



Thank you to our panelists (Left to right): Beth Kinsella RN, Gail Winning, RN, BSN, Emily O'Connell RN, BSN & Jose Vega RN, BSN.



MaSNA Board of Directors: Dr. Mahmoud Kaddoura PhD, RN, Paul Mainelle, Sabianca Delix, Sara Gramstorff, MARN President Anne Manton, MaSNA President, Jessica Pires, Michelle LaVallee & Ann Timso.

### MARN Members Reach Out to Future Nurses

by Diane Jeffery, Executive Director

One of the characteristics of MARN as an organization that has impressed me the most since I have assumed the Executive Director role is that our members truly care about nurturing the next generation of nurses. You may not be aware that MARN is the mentoring organization to the Massachusetts Student Nurses Association (MaSNA). MARN members routinely sponsor student scholarships to all our conferences and financially support the MaSNA annual meeting. Members volunteer their time, service and money to foster the next generation of nurses in many ways. A few of the MARN members who took time out of their busy schedules to speak to the next generation of nurses about the American Nurses Association and the many resources that are available to both students and MARN members as the constituent association of the ANA are:

Cathy Bergeron at Holyoke Community College  
Myra Cacace at UMass Amherst  
Gino Chisari at Northeastern University  
Maura Flynn at Mass Bay Community College  
Anne Manton at Curry College  
Tara Tehan at Mass Bay Community College  
Cidalia Vital at Holyoke Community College and UMass Amherst.

All of these nurse professionals shared their expertise and insight during their own free time to insure that the future generations of nurses are introduced to the resources that they need to advance their careers and the future of the nursing profession in a positive way. These leaders stressed to these soon to be new nurses the importance of joining and becoming active in professional associations which serves to benefit both the nurse individually as well as the profession in the long run. Kudos to all of the speakers for truly giving back to the nursing profession!

[If you are an experienced nurse and are interested in sharing your expertise with the next generation of nurses, please contact me at: [djeffery@marnonline.org](mailto:djeffery@marnonline.org) to join the MARN Speakers Bureau. Please include your area of expertise. If you are a professor or student group and would like to coordinate a speaker, please e-mail [info@marnonline.org](mailto:info@marnonline.org) with the preferred dates and times that you would like a speaker for your class or group].



MARN members Maura Flynn, Tara Tehan and Cathy Bergeron discuss the importance of belonging to a professional organization with senior nursing students.

## MARN: Welcoming New Faces

# Welcome New Grad Directors!

## Beth Kinsella, RN

Prior to becoming a nurse nine months ago, Beth Kinsella had many roles. Her work, however, always came back to striving to improve the quality of life of those around her. “As a nurse yourself, this is likely a common thread in your life story as well.”



Beth Kinsella, RN

Beth's first bachelor's degree in biochemistry from Tufts University, led her to work in laboratories focused on health initiatives. She also volunteered as a domestic violence advocate for victims within the court system, served as a Peace Corps volunteer teaching health abroad and led volunteer service trips to homeless shelters and rehabilitation centers. She tutored inner city kids and read to older members of her community. She managed group homes for adults with mental health disabilities and developed quality improvement initiatives for a large nonprofit health provider.

Now in her new role of a staff nurse, she “loves the gift of serving my patients at the bedside at Beth Israel Deaconess Medical Center. When away from the medical-surgical unit, I canoe and sing. I spend time with my friends and family and with the textbooks of the University of Massachusetts Boston RN-to-BSN program where I am currently a student.”

During her A.D.N. studies, (completed in May 2010) Beth had the privilege to serve as a board member for the Massachusetts Student Nurses' Association (MaSNA) and to co-found my alma mater's nursing organization. “As a nursing student, I discovered that MARN is an upstanding professional organization dedicated to the advancement of nursing. It is with great respect for all of Massachusetts' nurses, and with a passion for the work ahead, that I am delighted to fill one of the new graduate member positions on the MARN board of directors. Thank you for this opportunity. I look forward to working with—and learning from—all of you.”

## Gail Winning, RN

The MARN leadership team welcomes Gail Winning, RN, to the New Graduate position on the Board of Directors. Gail has been in the position since February 2011. She is a 2010 graduate of the nursing program at the M G H Institute of Health Professions. She decided to join the MARN Board of Directors on the advice of Trish Bowe (MARN Secretary) after finishing her clinical rotation at Boston Health Care for the Homeless (not many people can say “no” to Trish).



Gail Winning, RN

Nursing is a second career for Gail, whose first Bachelor of Science Degree was in Neuroscience and before becoming a nurse she worked in Diabetes Research. Gail is presently working on the long term acute care ventilator unit at Spaulding Hospital in Cambridge, Massachusetts. “I am learning so much about tracheostomy care and meeting the physical and the emotional needs of patients on ventilators. I love my job and I am so glad that I am a nurse.”

Welcome Gail.

# Newsletter Team Welcomes New Member

I am thrilled to welcome Dr. Inge B. Corless RN PhD FAAN, to the newsletter team. Dr. Corless is the Amelia Peabody Professor of Nursing Research (2010-2011) at the MGH Institute of Health Professions. A graduate of the Bellevue Schools of Nursing in New York, she completed her Bachelor's degree in Nursing at Boston University, a Master's degree in Sociology at the University of Rhode Island and a doctoral degree in Medical



Dr. Inge Corless

Sociology at Brown University. She was a Robert Wood Johnson Post-doctoral Fellow at the University of California-San Francisco. Her career has included staff work in the Emergency ward at Bellevue Hospital, cancer nursing at Sloan Kettering- Memorial Hospital, research and medical nursing at Brigham and Women's Hospital, staff education on a special grant at the Ladd School in Rhode Island, and clinical work in HIV/AIDS as a volunteer at University Hospital in Chapel Hill, North Carolina. She has taught at Russell Sage College, the University of Michigan, and the University of North Carolina-Chapel Hill. Dr. Corless enjoys research, teaching, and the occasional play, ballet, or film.



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### STATE NURSES ASSOCIATION MEMBERSHIP APPLICATION

8515 GEORGIA AVENUE, SUITE 400 • SILVER SPRING, MD 20910-3492 • PHONE: (301) 628-5000 • FAX: (301) 628-5355

DATE \_\_\_\_\_

Last Name/First Name/Middle Initial	Home Phone Number	Social Security Number
Credentials	Work Phone Number	Basic School of Nursing
Preferred Contact: Home _____ Work _____	Fax Number	Graduation (Month/Year)
Home Address	Date of Birth	RN License Number/State
Home Address	E-mail	
City/State/Zip _____ County _____	<input type="checkbox"/> UAN member? <input type="checkbox"/> Not a Member of Collective Bargaining Unit	
Employer Name	Member of Collective Bargaining Unit other than UAN? (Please specify)	
Employer Address		
Employer City/State/Zip Code		

**Membership Category (check one)**

**M Full Membership Dues**

Employed - Full Time

Employed - Part Time

**R Reduced Membership Dues**

Not Employed

Full Time Student

New graduate from basic nursing education program, within six months 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

**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 my Constituent Member Association (CMA)/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 15th of each month.

**Credit Card:** Please complete the credit card information below and this credit card will be debited on or after the 1st day of each month.

**Monthly Electronic Deduction Authorization Signature** \_\_\_\_\_

**Full Annual Payment**

Membership Investment \_\_\_\_\_

ANA-PAC (Optional - \$20.04 suggested) \_\_\_\_\_

Total Dues and Contributions \_\_\_\_\_

Online: [www.NursingWorld.org](http://www.NursingWorld.org) (Credit Card Only)

Check (payable to ANA)  VISA  MasterCard

**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 CMA/ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due.

**Annual Credit Card Payment Authorization Signature** \_\_\_\_\_

**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** \_\_\_\_\_

Please mail your completed application with payment to

**MARN**  
c/o American Nurses Association  
PO Box 504345  
St. Louis, MO 63150-4345

\* By signing the Monthly Electronic Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing 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 of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5 fee for any returned drafts or chargebacks.

**Full Membership Dues: \$248/year or E-Pay \$20.75/month**

Sponsor, if applicable \_\_\_\_\_

**Reduced Membership Dues: \$124.50/year or E-Pay \$10.38/month**

SNA membership # \_\_\_\_\_

**Special Membership Dues: \$62.25/year or E-Pay \$5.19/month**

MEMBERSHIP APPLICATION

# Clio's Corner



## THE RN IN MARN

by Mary Ellen Doona

The Massachusetts Association of Registered Nurses has much to celebrate as it reaches its tenth anniversary. Foremost among its achievements has been its advancement of nursing standards and promotion of professional development that makes its members leaders in the pursuit of quality nursing care. Fittingly, MARN at ten coincides with the first year of the Affordable Care Act, and MARN member Karen Daley's presidency of the American Nurses Association. Health care reform expects that nurses will be used to their full potential, a position to which MARN is also committed.

With so much on nursing's agenda, MARN's tenth anniversary can only be a brief interlude before moving forward. But there is still time for a glance backward over MARN's roots before stepping into the future. Those roots reach beyond MARN's ten years over one hundred and twenty years to the end of the nineteenth-century. Planting those roots was Mary E. P. Davis, the founding mother of Massachusetts' registered nurses.

Davis and her contemporaries expected other professionals to respect nursing as an autonomous, though young, profession. Instead those professionals used pupil nurses as an ever-renewing source of cheap labor. Disappointed but undefeated Davis turned from doctors and hospital administrators to the law. She helped the Commonwealth enact a law to distinguish nurses who had graduated from an approved training school. Registration protected the rights and privileges of the young profession and alerted the public to the unscrupulous and unlicensed.

Davis rallied her contemporaries at Faneuil Hall February 26, 1903. In order to organize nurses to incorporate their vision before legislation could

be pursued, a group that would morph into the Massachusetts State Nurses Association. Declining the nomination to be the new organization's first president, she devoted her considerable energies to the registration movement. By 1910, the registered nurse in Massachusetts was a fact.

An unbroken thread connects the ten-year-old MARN with those pioneering nurses at Faneuil Hall in 1903. MARN's affiliation with the American Nurses Association is a continuation of MSNA's relationship with the Associated Alumnae of the United States, the name of ANA from 1896 through 1911. The history of the quest for licensure, the establishment of the professional association in 1903, registration in 1910 and the long line of registered nurses over the past one hundred years is an everyday presence in the title: Massachusetts Association of Registered Nurses.

In 1910 Davis said the RN gave nurses a legal status, and set a standard of excellence in nursing practice and education. One hundred years later her successors in 2011 offer their concise statements of what the RN means to them. For all gaining the RN was a transformative moment. As Alice Friedman of Amherst said, "My RN meant I was a nurse and that I was special." Military veterans of the World War II era (1941-1945), such as Anne Hargreaves and Ann Donovan, respectively, ANA-affiliated MNA past president and staff, looked back over lengthy careers and appreciated that their RNs gave them many opportunities.

Phyllis Moore, past president of ANA affiliated MNA, and former dean of the nursing program at Simmons College exclaimed, "My RN gave me nursing: A career of a lifetime!" That sense of pride and pleasure was an ever renewing source of pleasure, or as Loretta Higgins says, "For every day of the past fifty years, my dream as a two year old patient has been realized in my RN." Another



**Erin Donahue: "My RN means making the world a better place one patient at a time."**

Higgins, though unrelated to Loretta, Millicent Penny Higgins, provides a variation on that theme: "I felt blessed when that first registration notification arrived years ago and feel the same way each time my new one arrives." Jeanne Gibbs adds, "After 44 years, it still fills me with an unabashed pride to say I am a Registered Nurse."

RNs spoke to the RN's autonomy and accountability and centered these in compassion, empathy and strength. Andrew Harding states that the RN denoted "ability, rights and responsibility." Jeanette Ives Erikson, who leads the nursing department at the Massachusetts General Hospital where Davis trained at the end of the nineteenth-century, states that the RN has a "privileged place in society and in the lives of patients and their families."

These statements about what the RN means to individual nurses speaks to their success in providing safe and competent care. Erin Donahue speaks to the power such competence has. She notes, "My RN means making the world a better place one patient at a time." A future RN, Melissa Baker, already knows what the RN conveys. She believes that "being an RN means having hope, knowledge and always caring."

At its tenth anniversary and rooted in the distant past, MARN continues Mary E. P. Davis' quest for nursing excellence and celebrates Massachusetts' RNs.

## The Continuing Education Unit

In order to save space in this edition, we are offering the Continuing Education unit upon request. To see the entire CE unit, please contact [newsletter@marnonline.org](mailto:newsletter@marnonline.org) and it will be sent to your computer.

If you want to receive the unit by conventional mail, please send your name and address to Newsletter Editor P O Box 285, Milton MA 02186 (Please allow 4 weeks for delivery by conventional mail).

Requesting the CE unit in this way does NOT imply an obligation to complete the unit and there is no cost until you complete the Application and CE test.

## Women and Coronary Disease: The Heart of the Matter

Ohio Nurses Foundation

Developed by: Pam Dickerson, PhD, RN, BC, PRN Continuing Education, Inc  
ONF-10-24-I

### INDEPENDENT STUDY

This independent study has been developed for nurses to better understand coronary disease and the effects on women. 1.4 contact hours will be awarded for successful completion of this independent study.

The Ohio Nurses Foundation (OBN-001-91) is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. Expires 6/2012. Copyright © 2008, 2010, Ohio Nurses Foundation

# Another Stage of Massachusetts Health Care Reform

by Craven & Ober Policy Strategists, LLC

Last fall, Massachusetts Executive Office of Health and Human Services Secretary Bigby convened a Payment Reform Committee and secured stakeholder consensus on some key objectives for transition to alternative health care payments and reform. The Committee discussed that while the commonwealth ranks first in the nation in providing health care coverage access to its residents, the Commonwealth Fund ranks Massachusetts thirty-third on avoidable hospital use and costs. The ranking reflects the need to improve quality and coordination of care. In Massachusetts, the rate of increase in health care costs has outpaced growth in the economy and threatens the financial health of individuals and businesses, while squeezing out other priorities for government spending. Left unchecked, per capita health care spending in the commonwealth is expected to continue to outpace the annual rise in the gross domestic product, with total health care spending reaching \$123 billion by 2020.<sup>1</sup>

Accordingly, the conclusion by the committee is that many of the cost and quality problems in health care are either caused or exacerbated by the current fee-for-service payment system. Under current indemnity and fee for service health care payment arrangements physicians, hospitals, and other providers receive more revenue for delivering more services, not for delivering more effective and higher quality services to improve an individual's health. Health care providers whose performance results in keeping individuals well or helping them manage chronic health problems effectively are not rewarded for better outcomes. On the contrary, providers are often penalized if office visits are avoided, tests or procedures are appropriately not scheduled and hospital beds are not filled. Moreover, there are very few incentives for providers who are separately paid for treatments to coordinate their patient services and many preventive and care coordination functions commonly provided by registered nurses are poorly reimbursed (or not reimbursed at all). Secretary Bigby and the Committee members also noted the lack of

transparency in the current health care delivery system as reported by Attorney General Coakley's office last March, which concluded that there are vast disparities among payment made by insurers to providers for the same or similar services.

On February 17, 2011 Governor Patrick filed legislation to address these concerns and achieve the Payment Reform Committee's consensus goals by:

- (i) *Encouraging the formation of integrated care organizations, commonly referred to as Accountable Care Organizations (ACOs), comprised of connected or integrated groups of health care providers. ACOs can provide improved health outcomes and lower the costs of care, by providing standard criteria for ACOs.*
- (ii) *Providing for alternative payment methods that will significantly decrease fee-for-service payments by the end of 2015 and decrease total per capita expenditures, and the rate of growth in expenditures for health care in the commonwealth, and improve the efficiency, effectiveness and quality of its health care delivery systems. All public and private payers in the commonwealth will move to reimbursements that are based on the quality rather than the volume of services, and employ comparable approaches to clinical risk adjustment and payment methodologies for comparable patient groups.*
- (iii) *Ensuring transparency of payer and provider costs, provider payments, clinical outcomes, quality measures, and other information as necessary to discern the value of health services; and ensure such information is accurate, relevant and publicly available. All residents of the commonwealth must have complete information in order make informed choices among primary care clinicians, other providers and integrated systems. If a contract between payers and ACOs includes a provision for shared savings, that savings will be shared with consumers.*
- (iv) *Providing a transition period for improving*

*the delivery system and for adopting alternative payments. Upon passage of this act, the Attorney General will use its authority to monitor ACOs to ensure no anti-trust violations occur and the division of insurance will have additional authority to take into account provider rate increases and provider rate disparities in considering whether premium increases are justified.*

- (v) *Encouraging the use of pilot programs to test out innovative solutions to the health care cost problem under the purview of an advisory committee consisting of 18 members, including one nurse practitioner with patient centered medical home experience.*
- (vi) *Reforming the malpractice liability system in Massachusetts to emphasize prompt resolution of patient complaints, de-emphasize defensive medicine and reduce the number of costly lawsuits by making health care providers' apologies inadmissible as evidence and establishing a 180-day cooling off period before a party may initiate a lawsuit.*
- (vii) *Enacting strong safeguards for consumers to ensure continued access for all.*

These matters must be of keen interest to the nursing profession. As the legislation moves through the process this session with public hearings and mark ups of the bill, keep in contact with MARN's Policy Committee for updates and information on how to be at the right place at the right time, with your professional experience and recommendations.

*Craven & Ober Policy Strategists, LLC is a full service Massachusetts-based government relations firm dedicated to credible, assertive advocacy and to the dissemination of reliable public policy information.*

<sup>1</sup> HB 1849 AN ACT IMPROVING THE QUALITY OF HEALTH CARE AND CONTROLLING COSTS BY REFORMING HEALTH SYSTEMS AND PAYMENTS filed February 17, 2011 by Governor Patrick.

## Bulletin Board

## Save the date!



The following continuing nursing education activities were approved by the Massachusetts Association of Registered Nurses, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## Northeast Hospitals Presents:

## Foundations in Geriatric Nursing

This two day educational program utilizes the Nursing Improving Care of Healthsystem Elders (NICHE) Geriatric Resource Nurse curriculum. Content experts will present various topics including—Medications, Incontinence, Skin Care, Falls Prevention, Restraints, Pain, Nutrition, Depression, Delirium & Dementia.

Beverly Hospital-Lecture Hall  
85 Herrick Street  
Beverly MA 01915

Fridays June 10th & 24th 2011  
8:00am-4:30pm

Register call Susan @ 978-922-3000  
Ext. 2279

FEE: \$150.00 light lunch included  
Contact Hours – 15

## Announcements

## Policy for Accepting Announcements for the Newsletter:

MARN encourages organizations of higher education to submit announcements about continuing education opportunities and upcoming events that are of interest to nurses. Fees must be included with submissions.

The Fee Schedule is as follows:

Non-MARN Approved Providers/Sponsors—\$50  
MARN Approved Providers/Sponsors—\$25

Payment can be mailed to MARN, PO Box 285, Milton, MA 02186. Please include a copy of the announcement and contact information (name, address, telephone, Email) with the check. Please email copy to [www.MARNOnline.org](http://www.MARNOnline.org).

Announcements are limited  
to 75 words.

**ATTENTION POTENTIAL PROGRAM  
ADVERTISERS**

Please be sure to clearly state if your educational program is approved by the MARN Approver Unit in all program submissions!

**The MARN Approver Unit  
The only Professional Nursing  
Organization ANCC Approver Unit  
in the Commonwealth**

**Fully Accredited Through 2015!**

**Program reviewers: available to review  
your nursing education programs any time.**

For up to date information about how to become an approved provider (for a single activity or as an organization) please visit the MARN Website [www.marnonline.org](http://www.marnonline.org)

## MARN Mission Statement

Massachusetts Association of Registered Nurses (MARN) is committed to the advancement of the profession of nursing and of quality patient care across the Commonwealth. This mission shall be unrestricted by consideration of age, color, creed, disability, gender, lifestyle, health status, nationality, race, religion, or sexual orientation.

## Members Only

The **MARN Action Team**—MAT cordially invites you to join this new and exciting team, when you join you will be lending your voice to those matters affecting all nurses in Massachusetts.

Contact [www.MARNOnline.org](http://www.MARNOnline.org)  
for more information

## MARN Vision Statement

As a constituent member of the American Nurses Association, MARN is recognized as the voice of registered nursing in Massachusetts through advocacy, education, leadership and practice.

MARN congratulates Dr. R. Gino Chisari who received his Doctor of Nursing Practice from MGH Institute of Health Professions!



Congratulations to MARN member Joyce Pulcini, PhD, RN, PNP-BC, FAAN who received a Lifetime Achievement Award from the Massachusetts Coalition of Nurse Practitioners on May 6, 2011.

## MEMBER BENEFITS

Your guide to the benefits of ANA/MARN membership...  
It pays for itself

- **Dell Computers**—MARN and ANA are pleased to announce a new member benefit. MARN and ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this valuable offer, or for more details, call 1-800-695-8133 or Visit Dell's Web site at [www.Dell.com](http://www.Dell.com).
- **Walt Disney World Swan and Dolphin Hotel**
- **GlobalFit Fitness Centers**—Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.
- **Professional Liability Insurance**—a must have for every nurse, offered at a special member price.
- **Nurses Banking Center**—free checking, online bill paying and high yield savings all available to you 24/7 to fit any shift or schedule. at an affordable price—Liability/Malpractice, Health Insurance, Dental and Vision.
- **CBCA Life and Health Insurance Plans**—Disability Income, Long Term Care, Medical Catastrophe, Medicare Supplement, Cancer Insurance and Life Insurance Plans provided by CBCA Insurance Services.
- Discounts on auto rental through Avis and Budget:  
Call Avis 1-800-331-2212 and give ID# B865000  
Call Budget 1-800-527-0700 and give ID# X359100
- Save on your hotel stays at Days Inn, Ramada Inn, Howard Johnson and more.
- **Online discounts on all your floral needs** through KaBloom.

**Promote yourself: professional development tools and opportunities**

- Members save up to \$140 on certification through ANCC.
- Online continuing education available at a discount or free to members.
- Conferences and educational events at the national and local level offered at a discount to members.
- Member discounts on [nursesbooks.org](http://nursesbooks.org)—ANA's publications arm.
- Up to 60% savings on regular monthly dues with GlobalFit Fitness program.
- Find a new job on Nurse's Career Center—developed in cooperation with [Monster.com](http://Monster.com).

**Stay informed: publications that keep you current**

- Free subscription to The American Nurse—a \$20 Value.
- Free online access to OJIN—the Online Journal of Issues in Nursing.
- Free subscription to the Massachusetts Report on Nursing—a \$20 value
- Free access to ANA's Informative listserves including—Capitol Update and Members Insider.
- Access to the new Members Only web site of [NursingWorld.org](http://NursingWorld.org).
- Free access to MARN's Member-Only Listserve

MARN News is an up to date information service about a variety of issues important to nurses in Massachusetts. You must be a MARN member to be included, so join today!

MARN member: Have you gotten your MARN News message? If not, then we don't have your correct email address. If you want to begin receiving this important information, just send an email to: [info@MARNOnline.org](mailto:info@MARNOnline.org) with "ADD" and your name on the subject line.

We also welcome any pictures that show MARN members in action...at work or at play. Interested persons, please contact Myra Cacace at [myra@net1plus.com](mailto:myra@net1plus.com).



MARN is the Massachusetts affiliate of the American Nurses Association, the longest serving and largest nurses association in the country

Join us at [www.MARNOnline.org](http://www.MARNOnline.org)

Contact us at: 617-990-2856  
or [info@marnonline.org](mailto:info@marnonline.org)



Looking at movies from...

## Outside the Popcorn Box

### The New Medicine (2006)

Hosted by Dana Reeve (wife of the late Christopher Reeve) before her untimely death from lung cancer in 2006, this documentary film presented for television by PBS explores the optimal future of medicine on the horizon where technological and human discoveries are harmonized.

Part one of this film explores the mind-body connection in this new era of medicine, by going inside hospitals, clinics, research centers and academic centers to explore new ways of knowing about the influence our body has on our mind and vice versa. The filmmakers uncover the paradigm shift on the medical horizon from patient to person: the whole person, including the mind. Allopathic medicine has always used feeling terms such as “hope,” “worry,” and “broken hearted” in relation to the patient’s experience which suggests an understanding that the mind and body have a relationship of paramount importance. Why then doesn’t the current medical model treat the mind and body as one, or at least treat the mind concurrently when treating the body?



The film highlights many different research studies with favorable outcomes when the extraordinary power of the mind-body connection is embraced. At Duke University Medical Center, Tammy was 26 weeks pregnant when her water broke. Duke offers Tammy daily guided imagery sessions aimed at controlling her stress level knowing that stress in an uncomplicated pregnancy can induce labor and in a healthy person can suppress the immune system. By treating her mind, Tammy’s stress level is lowered and best possible outcomes are likely to improve, and they do. This is one of many examples highlighted where the use of integrative (alternative, complementary, holistic, etc) medicine is used to cross the mind body chasm.

Part two of this film explores the physician- patient relationship, and the dehumanizing of patients in a technologically advanced healthcare system. The neglected “softer side of medicine” is being taught at Drexel University School of medicine using actors to role play with medical students in the discussion of difficult conversations. Like when a doctor has to inform a mother that her child’s fight with cancer is coming to an end since there is nothing else modern medicine can do. Drexel recognizes the inadequacy of the current model where physicians spend an average of six minutes with each patient, and are “so enamored of technology and specialization” that they have lost sight of the individual. The individual, that we know after viewing part one of this film, has the power to

heal themselves if guided so. Drexel recognizes the tendency for seasoned physicians to replace optimism with cynicism.

Part two goes on with several vignettes of patients whose failure or success in the healing process was directly related to their relationship with their own healing; guided or misguided as it was, by modern healthcare. While probing into our current healthcare system’s propensity to give science an embrace (and leave the patient in need of one), it is asserted that “science can inform medicine....but it can never explain it all” and the human condition is in direct relationship to healing. It wraps up with the notion that “caring is at the root of the physician-patient relationship and in the absence of curing, healing is still taking place that involves caring.”

At this writing, this film is five years old. We still have not reached the caring equals healing horizon. Arthur Kleinman, MD at Harvard University states “There is no reason we can’t be as humanly sophisticated as we are technologically sophisticated” and I agree. I criticize the film for embracing only the physician-patient relationship in part two and excluding nursing and the other disciplines. The film doesn’t have the cinematography, bells and whistles of other nationally released big screen documentaries. It forgoes any red carpet aspirations and puts the spotlight on the patient, which is where it belongs.

3 out of 5 boxes of popcorn. This film is not rated.

Directed by Muffie Meyer

Available on DVD and Netflix.

# The Practice Doctorate: Implications for Advanced Practice Nursing

## FAQs about the DNP

**Margaret A. Fitzgerald, DNP, FNP-BC, NP-C,  
FAANP, CSP**

*The Nurse Practitioner Journal, Prescriber's  
Letter, American Nurse Today*  
(Adapted from The American Association of  
Colleges of Nursing DNP information website  
(<http://www.aacn.nche.edu/DNP>) with the  
addition of my personal comments)

*Why should the Doctor of Nursing Practice replace  
a Master's degree as entry into practice?*

The current advanced practice nurse (APN) graduate programs require didactic and clinical hours far beyond the requirements of master's education in virtually any other field. Setting the DNP as the entry into advanced practice nursing helps recognize the rigor of current master's level education in nursing while providing a venue for the APN student to study areas not formally included in the current programs, such as evidence-based practice, quality improvement, and systems leadership. The DNP also offers an alternative to research-focused doctoral programs. DNP-prepared nurses facilitate the implementation of the science developed by research-focused doctoral studies.

Some believe that a DNP program achieves educational parity with other professions including social work, pharmacy, medicine and physical therapy that require practice doctorates as entry into practice. The DNP can facilitate NP advancement in the area of healthcare policy and leadership. The NP profession has survived and thrived since the transition from the certificate to master's level as entry into practice. I believe the transition to the DNP will yield similar results.

*Is the DNP only for advances practice nurses?*

The DNP is not targeted nor restricted to NPs or other APNs. The definition of 'advanced nursing practice' includes both direct clinical practice and areas that support clinical practice, such as administration, organizational management and leadership, and policy.

*Can NPs and APNs continue to practice  
without a Doctorate?*

Nurses with master's degrees will continue to be licensed and practice in their current capacities as long as they maintain certification and licensure to remain in practice.

*Will APNs with a DNP automatically have  
independent practice privileges?*

State Nurse Practice Acts describe the scope of practice allowed, and these differ from state to state. However, the National Councils of State Boards of Nursing (NCSBN) recently published a Vision Statement for Advanced Practice Nursing contains language that increases uniformity in regulation of advanced practice registered nurses (APRNs) across states. One of the statement's proposed goals is that, by 2015, fully licensed advanced practice registered nurses will be independent practitioners practicing without regulatory requirements for further supervision. Adopting the DNP as the minimum education requirement for advanced nursing practice will hopefully support the movement towards this ambitious goal.

*Will my salary increase if I earn a DNP?*

There is no guarantee of an increased salary with the attainment of a higher educational degree. In general, salary is not based on level of education but rather the skill set the person brings to the marketplace, so the knowledge you will gain in a DNP program can translate into a broader skill set that may then translate into a higher salary.

*Then what is the incentive to go back to school?*

Over the years, requirements for the profession of nursing have evolved, in response to a changing the healthcare environment, which recognizes the need for competent clinicians to design, evaluate, and continuously improve the delivery of health care. DNPs with a blend of clinical, organizational, economic and leadership skills can critique nursing and other clinical scientific findings and design programs of care delivery that are acceptable, economically feasible, and significantly impact health care outcomes while advancing the APN profession beyond its current considerable reach.

*Is the DNP a clinical doctorate, a professional  
doctorate or a practice doctorate?*

The Position Statement on the Practice Doctorate in Nursing, by the American Association of Colleges of Nursing (AACN) uses the term "practice doctorate," which refers to any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy.

*How does the DNP differ from a PhD in nursing?*

Doctor of Nursing Practice (DNP)—Prepares nurses at the highest level of practice with a commitment to a career in practice and/or as a service leader who is oriented toward improving outcomes of care. Contributes to improvement in health care via direct service and policy change.

Doctor of Philosophy (PhD)—Prepares nurse researchers with a commitment to a research career. Oriented toward development of new knowledge, and to establishing a pattern of productive scholarship alone and with others in the discipline. Their research contributions, development of new knowledge, and other scholarly products provide the foundation for the advancement of nursing science.

*I'm starting a master's program. Should I continue?*

Without hesitation, I say, "Yes." Our profession must grow and thrive during this potentially long transition period. Most DNP programs will have a post master's DNP completion program that will allow recently graduated and practicing NPs to achieve this degree.

*How many institutions currently offer the DNP?*

There are approximately 140 practice doctorates in nursing programs accepting students nationwide, and additional programs are now under development. For a list of DNP programs, please visit <http://www.aacn.nche.edu/DNP/DNPPProgramList.htm>.

Another helpful resource is the National Organization of NP Faculty Practice Doctorate Resource Center, available at <http://nonpf.com/NONPF2005/PracticeDoctorateResourceCenter/PDResourceCenter.htm>

## Suggested readings

O'Sullivan AL: The practice doctorate in nursing. *The Mentor* 2005; 16(1): 1-2, 12. Available at <http://www.nonpf.org/newsletter.16.1.web2.pdf>.

American Association of Colleges of Nursing. AACN Position Statement on the Practice Doctorate in Nursing. October 2004, available at <http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm>.

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