Fall Clinical Conference
“Innovative Practices in Palliative Care Nursing Across the Continuum”
Friday, November 4, 2011
Lombardo’s
Keynote Speaker
Constance Dahlin, MSN, APRN, ACHPN, FAAN, FPCN
Nurse Practitioner, Palliative Care Service
Massachusetts General Hospital
Faculty
Deborah Grossman
Mary Horn
Cathleen Schutt
More information on page 6

HONOR YOUR COLLEAGUES in NURSING
MARN Awards Open to All Nurses

We all work with or know nurse colleagues whose commitment to nursing and to patient care is exemplary. Yet in the rush of today’s world, there is often little time to acknowledge them and their professional contributions. MARN Awards provide you the opportunity to honor their remarkable, but often unrecognized excellence in nursing. MARN Award nominees can be a member of MARN or a non-MARN member who is nominated by a member of MARN. These awards can be peer or self nominated.

Check out the award categories on page 5 and available scholarships on page 7. Information about honoring a Living Legends in Nursing can be found on page 7. Visit the MARN web site: www.MARNonline.org for more information and applications for all scholarships and awards offered by MARN or call MARN at (617) 990-2856

Planning for a Healthy Future
Strategic Planning for the Next Decade

It was a hot humid day on July 13, 2011 when the MARN Leadership Team (including the Board of Directors and Committee Chairs) gathered at the Endicott Estate in Dedham, Massachusetts with an eye toward celebrating past accomplishments and planning for future growth. The retreat was facilitated by Jay W. Voght of PeoplesWorth: Creativity, Spirit & Harmony in your Organization. The 2010-2012 Strategic Plan was dissected and our work in the areas of Advocacy, Professional Development and Education, Leadership and Practice were fine tuned—setting the stage for future programming and technological advancement. All present agreed that we have come a long way in the last ten years but must not rest on our laurels. MARN renewed our commitment to work towards building a brighter future for nurses in the Commonwealth. The following are some of the questions posed during the discussion.

Advocacy
Is it time for the organization to explore the formation of a Political Action Committee (PAC)? Are we utilizing the members of the MARN Action Team (MAT) to their full potential? Are we at the right tables and known as the ‘go to’ organization when the health care community needs the expertise of the nurse?

Education and Professional Development
Can we provide an increasing number of opportunities between the target audience and current approved providers with changes in criteria; and offering networking opportunities between the target audience and the CE Committee members. The CE Committee serves as MARN’s ANCC Accredited Approver Unit. The Approver Unit accepts applications for single educational activities as well as applications from institutions seeking Approved Provider status.

A quantitative review is conducted by the MARN staff support person to insure all of the necessary documents and payment have been submitted. Once quantitative criteria have been met, the application is then sent to a peer reviewer who conducts a qualitative review. While it is the responsibility of the applicant to demonstrate an understanding of the key concepts
You Can’t Have It Both Ways

Anne Manton PhD, PMHNP-BC, FAEN, FAAN

What if every nurse in Massachusetts was vocal about ways in which healthcare in Massachusetts could be improved? If legislators received hundreds of letters and emails each week from nurses about pending legislation related to healthcare, would it make a difference? I say most definitely YES!

So often I have heard nurses grumble about changes in how care is delivered, and how infrequently nurses are consulted about these proposed changes. I have also often heard from many nurses statements such as, “Oh, I don’t like politics,” or “I don’t get involved in politics.” Well nursing colleagues, we can’t have it both ways. We cannot sit back and wait until someone seeks our wisdom. Nurses’ voices need to be heard – now!

This past May, MARN invited 65 Massachusetts nursing organizations to come together to discuss issues of importance to all nurses. Some of the topics included safe work places, safe patient handling, proposed payment reform for healthcare and implications for nursing. It was only a beginning, but I believe it was a significant step in the right direction. It is critically important that we have a dialogue among nurses about issues that affect all of us.

If we can work together through the many nursing organizations in Massachusetts, nursing can be a powerful force to improve healthcare delivery systems, patient care outcomes, and the nursing workplace. To do that however, our message must be constructive, well-stated, frequent, and delivered to the right people. Conversely, our silence on issues that affect our ability to deliver high quality care in safe environments reinforces the all too familiar depiction of nurses as naive “handmaidens,” rather than the educated, motivated professionals we are.

I am hoping that by now most of you reading this message are familiar with the Institute of Medicine’s report “The Future of Nursing: Leading Change, Advancing Health.” If not, information about the report can be accessed at www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx.

The major points in the IOM report fall into the following areas:

- strengthen nursing education and training
- enable nurses to practice to the full extent of their education and training
- advance inter-professional collaboration to ensure coordinated and improved patient care
- expand leadership ranks to ensure nurses have a voice on management teams, in boardrooms, and during policy debates
- improve healthcare workforce data collection to better assess and project workforce requirements.

Following the release of the report, the Robert Wood Johnson Foundation, in collaboration with AARP, began an initiative called “The Future of Nursing: Campaign for Action.” This effort gives each of us as nurses an opportunity to influence the sorely needed redesign of the U.S. healthcare system, but we can best make change together. For such an initiative to influence the Massachusetts health policy makers, the various nursing organizations we are so fortunate to have in our state must come together—and that effort has already begun.

As Donna Shalala, former U.S. Secretary of Health and Human Services so aptly summarized it, “Nurses are on the forefront of designing a new healthcare system and so it is time for them to step forward, to take appropriate leadership roles, to take more responsibility, to get more education, and to step up front and center to improve healthcare in the United States.” The work has begun. I hope, through your professional action, you can’t have it both ways.
Gayle Peterson Elected to the MARN BOD

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

At the MARN Annual Business Meeting on April 30, 2011, the Election Committee announced the newly elected Officers and Directors to the assembly. Unfortunately, I somehow missed the announcement and inadvertently left Gayle Peterson’s name off the list in the summer edition of the Massachusetts Report on Nursing. For this I am very sorry because Gayle is a great nurse and has been a good friend and sister in nursing to me.

Gayle Peterson is a Founding Member of MARN, has been an active member of the Health Policy Committee and has represented MARN in the national arena as a delegate to the American Nurses Association (ANA) House of Delegates (HOD). In addition to her work in Massachusetts, on June 18, 2010, ANA HOD elected Gayle for a four-year term on the Congress on Nursing Practice and Economics (CNPE) which is a working organized, deliberative body of ANA that brings together the diverse experiences and perspectives of ANA members.

Gayle brings her 30 years of experience in Inpatient Oncology at Massachusetts General Hospital (MGH) and as a member of the advisory board for the Massachusetts Pain Initiative to the table. She is ANCC certified in Pain Management Nursing and is a past-president of the state pain management society-ASPMN. She is an ‘RN Resident’ in the first-of-its kind Geriatric/Palliative Care program funded by the Robert Wood Johnson Foundation.

Gayle has won several Partners in Excellence awards for her work at the bedside, as co-chair of the Ethics in Clinical Practice Committee and for her work in the MGH Magnet program. She has also received the Cronin Award for Patient Advocacy and was featured in a recent Boston.Com article about ways MGH integrates health care issues into everyday practice. In 2007 she was a New England finalist in Nursing Spectrum’s Nurse of the Year in Community Service.

MARN is proud of the commitment made by Gayle to serve nursing as a member of the MARN Board of Directors. Congratulations Gayle!

When ANA took the position, “all nursing education takes place within the mainstream of American education (1965)” hospital diploma schools flourished. Was ANA advocating baccalaureate degree as educational preparation for professional nursing? Even before ANA’s position, ADN education was established in the mainstream. Baccalaureate degree in nursing (BSN) education was being tested using models that incorporated aspects of the diploma model.

The debate about educational preparation for entry into professional nursing practice remains controversial today. Analysis of forces supporting ANA’s position reveal that issues related to student readiness in addition to access to baccalaureate degree educational programs prevent career minded non-traditional students from access to baccalaureate education for entry into professional practice. The lengthy educational process required for the ADN graduate to return to school for the BSN in ten, could delay and deter their undertaking scholarly work thereafter.

It is time to propose a plan that is sensitive to societal, economical, political, and consensus building issues surrounding change and modification to nursing education that enhance student readiness and access to the highest educational level for entry into professional practice thereby achieving the goal of a more highly educated nursing workforce; changes that are key to strengthening nursing’s already prominent role in improving the nation’s health.

For more discussion please access the Blog entitled “Ask the Dean” at www.nursingworld.org, where Dean Donnelly discusses entry level preparation for professional practice.

Sincerely,

Eleanor Vanetzian, PhD, RN, CS
Professor Emeritus, University of Massachusetts, Amherst

MARN, as a state constituent member of ANA is interested in your opinions about this or any other issue important to nursing. Letters to the Editor can be sent to newsletter@marnonline.org. All letters must be less than 250 words.

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Nurse on Nurse Bullying: How to Deal with the Bully

R. Gino Chisari, DNP, RN, MSN

Many thanks to those of you who have taken the time to respond to my last article; Nurse on Nurse Bullying: Why Does it Still Exist? Your stories have not only touched my heart, but convinced me further that it is time to talk about nurse-on-nurse bullying to end. As I reread your emails, but the one question that keeps coming up is, “How do I deal with the bully?” I’m sorry to say it, but it has to be done.

In a perfect world, those who are bullies would be identified early by the manager who would handle the bullying nurse. In a perfect world the manager would provide the bullying nurse with an opportunity to change their behavior, and when they didn’t the manager would terminate the bullying nurse from the work place. In the perfect world the manager would create a healthy work environment. In fact, the Massachusetts Board of Registration in Nursing’s regulations at 244 CMR 9.03(46): Responsibilities of Nurse in Management Role, states, “A nurse licensed by the Board and employed in a nursing management role shall adhere to accepted standards of practice for that role. The responsibilities of the nurse employed in a nursing management role are to develop and implement policies and procedures to promote and manage the delivery of safe nursing care in accordance with accepted standards of practice.” This legal requirement is reflected in the ANA Code of Ethics. Provision Three, “The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.”

Please understand, I am not suggesting or inferring that all managers are ineffective at creating and maintaining healthy work environments. The majority of managers who are bullies are superb at handling situations and effectively manage bad behaviors, such as bullying. It is these expert managers that I call upon to take up this call to action to eliminate bullying from the nursing profession. It is these outstanding nursing leaders who have the talent, experience, wisdom, grace, opportunity, and responsibility, to change the work environment. The power of the manager to establish a culture of care and compassion for colleagues, patients and families cannot be underscored enough.

While we struggle to cleanse our profession of bullying, we must also recognize, respond and advocate for ourselves and each other. One very helpful strategy many of us were introduced to at the 2010 MARN Spring Conference was Giving Voice to Lateral Violence: Reality, Recognition and Response, was presented by Dr. Martha Griffin. In many of her publications Dr. Griffin discusses a tool called, Cognitive Rehearsal. At first I found the idea intriguing and a little silly. As I understand it, Cognitive Rehearsal is putting together a series of verbal exercises in preparation for the inevitable exchange with the bullying nurse.

For me this is a very intriguing idea since like many of you, I have been in situations where I was left speechless, or (worse) said something dumb in response to something said that I found surprising, shocking, offensive, or hurtful. In one thinking to myself, “Oh, I wished I had said…” I’ve been practicing Cognitive Rehearsal and to my pleasant surprise it works. The first few times I rehearsed it at home, I did feel silly, but not any longer. I now use it before important meetings, crucial conversations with peers and colleagues, and other situations where I expect the dialogue to be difficult.

There are a few other tips I’ve learned along the way that have been helpful and I would like to offer them for your consideration:

• When you decide that you have had enough and you are going to stand up to the bully, actually do that—stand up. Plant both feet firmly on the floor, square off your shoulders, chest out and head up. I know it sounds like a cliché, but it works in giving you physical confidence. It shows the bully you are in an equally powerful stance. Remember, bullies believe they hold power over you through intimidation.

• As you speak, do so in a non-accusatory way. Don’t blame or shame the bully. Keep your communication calm, keep your tone even, make and keep eye contact, and do not raise your voice. Always have these conversations alone. Without an audience, the bully will feel less powerful and be less able to strike back.

• Protect yourself. Keep a written record of all bullying episodes and your attempts (initial and repeated) to stop the behavior.

• Be mindful of your own emotional triggers and don’t react when the bully presses them. Bullies know how to get an emotional response out of their victims. They will use the reality of unflattering, hurtful, cruel, malicious and humiliating terms to get a reaction from you. Be ready and don’t give it to them.

• Don’t take on a bully until you feel strong enough to do so. Prepare and rehearse (Cognitive Rehearsal really works for me).

• Seek support. A family member, friend, mentor or other colleague can be a source of strength and comfort. Their kind and supportive words can help remove the pain from a bully’s attack and can help restore our self-confidence.

All nurses have the right to work in an environment that is free from bullying and other destructive and harmful situations. All nurses have the right to be treated with respect. All nurses have the right to be treated fairly, equitably and consistently with accepted standards of conduct, such as the Massachusetts Nurse Practice Act and ANA Code of Ethics. All nurses have a voice and together we can use it to tell the bullies, ENOUGH IS ENOUGH.

The knowledge we have about assault on nursing staff today is not present in the nursing culture, at least not at the practice level. This is unfortunate, considering that nurses are more likely to suffer non-fatal injuries while at work than employees in any other profession. Worse yet, they are likely to be blamed for the suffered assault.

It is no secret that nurses become victims of assault while providing nursing care either accidentally or on purpose and unfortunately assault rates are underreported. According to my research, some reasons for underreporting includes: perceived intention on the part of the assailant, staff’s denunciation to violence, differential reporting based on the gender of the victim, excessive paper work, peer pressure not to report and, the fear of being blamed for the assault. Suffering blame was common when I started my research in the early eighties and continues to this day! Blaming behavior may be done overtly or in more subtle ways such as questioning the actions of the nurse during patient care or by ignoring the incident entirely.

My research also showed that experience and blame were correlated. I interviewed the nurse, the more she or he would be blamed for the assault and female nurses were blamed more than their male counterparts. Another interesting observation is that the victim was less likely to be blamed when the assaultive behavior was more severe. It reflects badly on one’s self-image to judge a severely assaulted victim too harshly.

Why are nurses victims of assault still being blamed 30 years after I started my research? Is it time for administrators to more publicly acknowledge the problem? Part of the problem might be related to a reluctance of nursing administrators to admit that patient violence towards nurses is a bigger issue than they think it is at their institutions. Administrators must answer the tough questions: is patient assault related to poor administration? Or are nurses’ actions causing patients to become violent?

Nursing administrators are in a key position to confront the blaming-the-victim attitude, to propose legislative plans for guaranteeing nursing staff a safe work environment, and to encourage research on patient assault towards nurses. By allowing nursing staff to become part of the solution, programs can be developed to cope with and prevent violence. In addition, victims can be supported through direct administrative contact as well as through non-judgmental, supportive counseling to help cope with the consequences of assault.

It is time that we stop blaming the victim! It comes at a cost to us as nurses, and costs seasons nurses. This is an issue that the health care profession cannot continue to ignore, especially in light of the current nursing shortage.
Bullying behavior is a pervasive issue of varying shades; it is a human rights issue, not a ‘never been a problem for me’ situation. When I am in an unhealthy work environment, I can name someone who is. I have been astounded at bullying behaviors in nursing from the outset of my career: I advocated for others speaking out against and refusing to participate in malicious gossip and the senseless maltreatment of nurses new to a unit. I conducted staff meetings identifying behaviors which contribute to or detract from teamwork. I began Winners in Nursing, a support group to meet and discuss respect and communication issues for the staff nurse.

Today, three decades later, I am appalled at bullying camouflage as ‘management’ or ‘assessment’ and shouted at the wheeler where with nurses are mistreated via humiliation, deceit, sabotage, and misrepresentation. I have observed those who behave as if entitled to bully. Attempting to address hearsay, they exhibit behaviors worse than the misrepresentations they are trying to adopt. I witnessed bullying by nurse educators and staff nurses as I was being introduced to three units. Those in a position to teach who use bully tactics can change the focus on a unit. Staff meetings identifying and preventing behaviors of tension inducing behaviors to an atmosphere of stress and deceit. The tone they set will influence the behaviors that will prevail on a unit. No matter what a nurse who does not participate in destructive behaviors says or does, he/she will be disrespected, sabotaged, and misrepresented.

In my situation the bullying was obvious to others on the unit. Unsolicited remarks such as “I can see how they are mistreating you...” or “Oh those---hate working with those people.” Two physicians on separate occasions spontaneously offered empathic remarks “My heart goes out to them” and “They are definitely picking at you” and even two nurses spontaneously said or did, “They are being too hard on you, I wouldn’t put up with that.” I began researching ‘workplace bullying’ online and was shocked to see how prevalent the problem is, not only in nursing but across the spectrum of health care. I learned that workplace bullying is a very powerful tool when dealing with HR and the practice administrator. The practice administrator was livid I had gone to HR. No one ever stood up to her. Now, the nurse manager and the practice administrator both had me in their cross hairs (for very different reasons) and the retaliation was immediate. I endured a surprise evaluation, in which both nurses spent over an hour asking me questions. I was clear at the time. I did this the day each event happened, so I was prepared to follow this institution’s policy which is...”

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I am glad that MARN reminded me that there are nurses who will support my efforts “...to preserve integrity and safety, to maintain professional growth.” (Nurses Code of Ethics)

The authors in the comments on bullying section have asked to remain anonymous.

September 2011

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Your Comments on Bullying

The bullying began the first week I started my new job. The nurse manager, who I had hoped would be my mentor, was very critical and manipulative. She nit-picked apart my work, sabotaged treatment regimens I set up for patients and assigned me to work with the most difficult doctor. She criticized my nursing skills in front of patients and their families and even accused me about time management. After I earned the same national certification she held, the bullying became even worse. I was frequently written up and badgered by her over minor issues that were not enforced for my co-workers.

After I asked the practice administrator about a certain policy I went to HR. The practice administrator was livid I had gone to HR. No one ever stood up to her. Now, the nurse manager and the practice administrator both had me in their cross hairs (for very different reasons) and the retaliation was immediate. I endured a surprise evaluation, in which both nurses spent over an hour asking me questions. I was clear at the time. I did this the day each event happened, so I was prepared to follow this institution’s policy which is...”

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Bullies also have a responsibility of the new person on a unit. I began researching ‘workplace bullying’ online and was shocked to see how prevalent the problem is, not only in nursing but across the spectrum of health care. I learned that workplace bullying is a very powerful tool when dealing with HR and the practice administrator. The practice administrator was livid I had gone to HR. No one ever stood up to her. Now, the nurse manager and the practice administrator both had me in their cross hairs (for very different reasons) and the retaliation was immediate. I endured a surprise evaluation, in which both nurses spent over an hour asking me questions. I was clear at the time. I did this the day each event happened, so I was prepared to follow this institution’s policy which is...”

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Honor Your Colleagues in Nursing:

MARN Awards Open: Nursing honors all Massachusetts Nurses

Mary A. Manning Nurse Mentoring Award

This award was established by Karen Daley to support and encourage mentoring activities. This monetary award in the amount of $500 is given annually to a nurse who exemplifies the ideal image of a mentor and has established a record of consistent outreach to nurses in practice or in the pursuit of advanced education.

Excellence in Nursing Practice Award

The Massachusetts Association of Registered Nurses Excellence in Nursing Practice is presented yearly to a registered nurse who demonstrates excellence in clinical practice.

Excellence in Nursing Education Award

The Massachusetts Association of Registered Nurses Excellence in Nursing Education Award is presented yearly to a nurse who demonstrates excellence in nursing education in an academic or clinical setting.

Visit the MARN web site: www.MARNonline.org for more information and applications for all scholarships and awards offered by MARN or call MARN at (617) 990-2856

EXCELLENCE IN NURSING RESEARCH AWARD

The Massachusetts Association of Registered Nurses Excellence in Nursing Research Award is presented yearly to a nurse who has demonstrated excellence in nursing research that has had (or has the potential to have) a positive impact on patient care.

LOYAL SERVICE AWARD

This award is presented annually to a member of MARN who has demonstrated loyalty and dedicated service to the association. (MARN membership required)

The nomination process is easy:

Access the applications at the MARN website: www.MARNonline.org

Complete the application and submit electronically or by mail by the deadline of November 15, 2011

If you have any questions, need help? Call MARN at 617-990-2856

Your Comments on Bullying

The authors in the comments on bullying section have asked to remain anonymous.
The AG does recognize nurse practitioners as primary care providers in her report. Chapter 288 of the Acts of 2010 to provide small business relief from PAYMENTS filed February 17, 2011 by Governor Patrick.


PAYMENTS filed February 17, 2011 by Governor Patrick. Pursuant to MGL chapter 118G §6 ½ (b), ”March 16, 2010.

PAYMENTS filed February 17, 2011 by Governor Patrick. Pursuant to MGL chapter 118G §6 ½ (b).∗MARN Members, $89 ∗Non-Members, $149

For credit card payments please go to www.MARNonline.org
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public health nursing practice in Massachusetts surveillance system illustrates the involvement of Association. The first communicable disease

We in Massachusetts have a rich history of firsts in the field of public health. For example, the Massachusetts Public Health Museum is one of the first of its kind in the country. The museum is located at the Tewksbury Hospital, on 965 East St., Tewksbury, MA and was established in 1990. The museum is an educational center where exhibits and collections preserve a rich history while supporting programs that address current and collections preserve a rich history while supporting programs that address current and future public health concerns.

Exhibits include documents about pioneering leaders in public health, the first national health, the oldest medical society, the first Board of Health, and the oldest Public Health Association. The first communicable disease surveillance system illustrates the involvement of nursing in mental health and in the evolution of public health nursing practice in Massachusetts and the country.

The museum itself is located in an old administration building with its own rich history. It was first utilized as in 1804 to care for five hundred indigent people (90% of those admitted listing Europe as their birthplace) but by the end of the year, almost 2200 people had been admitted and served including Anne Sullivan who later became Helen Keller's teacher. In fact, in 1866, Tewksbury Hospital became the state's first health care institution to admit people diagnosed with chronic insanity.

As a student at Boston City Hospital School of Nursing, I had clinical experiences in Mattapan Hospital, caring for patients with TB, scarlet fever, measles, whooping cough, and rampart influenza. I cared for patients in iron lungs who had polio meningitis. My own nursing experiences help me to understand the importance of knowing where we have been as nurses in order to gain a better perspective on where we are today. In the hustle and bustle of our work and personal lives, nurses tend to forget our rich history. We must keep that history alive for ourselves and for the nurses who come after us. We must not underestimate the value of preserving our contributions to the profession that we make over the years.

For years, I travelled the country with Professor Mary Anne Garrigan of Boston University to encourage nurses to contribute their papers to the Nursing Archives at Boston University developed and sponsored by Mary Anne. Today I am trying to carry on her work by serving on the Board of Directors at the Massachusetts Public Health Museum.

I see our future in Nursing as evolution, not revelation. Nursing is at the forefront of the promotion of wellness, and excellence in health care. Nurses are in the best position to offer valuable insights and must participate in the promotion of high quality, cost effective care towards attaining a better health care system.

I urge nurses to join me in preserving and celebrating our contributions to protect the public's health. I invite students and teachers to visit the museum. You will be inspired. You can become a member or a volunteer. For more information, visit our website: www.publichealthmuseum.org or contact us at 978-851-7231, ext. 2686.

The Massachusetts Public Health Museum
Located at the Tewksbury Hospital, 965 East Street, Tewksbury, MA by Anne G. Hargreaves

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Located at the Tewksbury Hospital, 965 East Street, Tewksbury, MA by Anne G. Hargreaves

Visitor’s Guide

The Massachusetts Public Health Museum is located at the Tewksbury Hospital, 965 East Street, Tewksbury, MA. The museum is open to the public Monday through Friday, from 9:00 a.m. to 4:00 p.m. There is no admission charge. The museum is handicap accessible, and there is a ramp into the entrance. The museum is located near the parking lot.

The museum is easy to find. From Route 495, take exit 33 and drive one mile north to the Tewksbury Hospital campus. From the Tewksbury Hospital parking lot, walk west (right) to the first building on the left. The museum is the building at the end of the walkway.

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For years, I travelled the country with Professor Mary Anne Garrigan of Boston University to encourage nurses to contribute their papers to the Nursing Archives at Boston University developed and sponsored by Mary Anne. Today I am trying to carry on her work by serving on the Board of Directors at the Massachusetts Public Health Museum.

I see our future in Nursing as evolution, not revelation. Nursing is at the forefront of the promotion of wellness, and excellence in health care. Nurses are in the best position to offer valuable insights and must participate in the promotion of high quality, cost effective care towards attaining a better health care system.

I urge nurses to join me in preserving and celebrating our contributions to protect the public's health. I invite students and teachers to visit the museum. You will be inspired. You can become a member or a volunteer. For more information, visit our website: www.publichealthmuseum.org or contact us at 978-851-7231, ext. 2686.
Save the date!

Practice of Wise Leadership:
A 2 Day Advanced Health Care Leadership Program
October 20 and 21, 2011
8:00am-4:30pm
Newton, MA

This unique, time tested program presented by Mary J. Connaughton, RN, MS, and Jim Hassinger, EdM, provides diagnostic tools and practical skills to expand leadership capability for novice and seasoned leaders. Participants report immediate and lasting changes in their ability to manage difficult situations and communicate more effectively.

Fee: $795 (for 2 days)
Registration Information:
visit www.connaughtonconsulting.com
or call 617-224-5478
Number of contact hours: 11.75

Willing to Lead…
Let’s Chart the Course
October 4, 2011
8:00am-4:30pm
Newton, MA

This program, presented by Mary J. Connaughton, RN, MS, is designed for nurse leaders with significant responsibility but little formal authority …resource/charge nurses, supervisors, etc. The program will provide diagnostic tools to assess leadership strengths and areas needing improvement. You are not alone...come and learn with new colleagues!

Fee: $225
Registration Information:
visit www.connaughtonconsulting.com
or call 617-224-5478
Number of contact hours: 5.5

Talk Like a Leader . . .
Why Not Make Communication Your Strong Suit?
October 5, 2011
8:00am-4:30pm
Newton, MA

The second in a series of leadership programs for health care leaders in non-managerial roles, presented by Mary J. Connaughton RN, MS. This program offers intensive coaching to identify barriers to effective communication and practicing skills to overcome them.

Pre-requisite: prior attendance at the “Willing to Lead” Program (see above)
Fee: $225
Registration Information:
visit www.connaughtonconsulting.com
or call 617-224-5478
Number of contact hours: 5.5

End of Life Issues: Decision, Cost and Ethical Dilemmas
October 26, 2011
6:30-8:30pm
Regis College, Upper Student Union Lounge, Alumnae Hall
235 Wellesley St.
Weston, MA. 02493

Families faced with end of life issues of a loved one have difficult financial, emotional and ethical decisions to consider. The more ill the individual becomes, regardless of age, the level of high-tech treatment increases and dramatically escalate the cost of health care. What type of treatment is in the best interest of the patient, family and health care system?

Fee: None
Registration Information:
email Presidents.lectureseries@regiscollege.edu
Telephone 781-768-7120
Number of Contact Hours: 2

The Emotional and Physical Cost of Sports Injuries
November 16, 2011
6:30-8:30pm
Regis College, Upper Student Union Lounge, Alumnae Hall
235 Wellesley St.
Weston, MA. 02493

Sports Injuries affect both the young and older athlete. The prevention of common childhood injuries will be discussed including research that examines athletes and non-athletes who have suffered from repetitive head trauma. Post-concussion syndrome and treatment will also be presented.

Fee: None
Registration Information:
email Presidents.lectureseries@regiscollege.edu
Telephone: 781-768-7120
Number of Contact Hours: 2

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

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 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@nepiplus.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
Contact us at: 617-990-2856 or info@MARNonline.org

The following continuing nursing education activities were approved by an organization which is NOT the Massachusetts Association of Registered Nurses, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
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.

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.

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!

Congratulations to MARN Board of Directors member, Dr. R. Gino Chisari who was featured on the cover of the July/August 2011 edition of Nursing Spectrum. Gino was one of six New England nurses to receive an award. He was recognized for his work as the Director of The Norman Knight Nursing Center for Clinical and Professional Development.

Congratulations are also in order to Patricia Ide, Patricia Lincoln, Natalie Harris, Miriam Greenspan, and Christine Waszynski for their work in nursing.

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 for more information.

MEMBER BENEFITS

Your guide to the benefits of ANA/MARN membership...

It pays for itself

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 nursebooks.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.

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.
• Free access to MARN’s Member-Only Listserve

Dell Computers—MARN and ANA 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.
• 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 needs through Kalbloom.

MARN Membership Campaign Kick-off “1000 and Beyond in 2011”

In honor of the 10 year anniversary of MARN, the Membership Committee is launching a special membership campaign. The goal is to increase membership above 1,000 before 2012. In order to help us meet that goal, we are seeking members to sign-up as MARN Membership Ambassadors. Each Ambassador will receive via e-mail a Membership Toolkit and regular communications about the membership campaign. There will be prizes for Ambassadors who bring in the most members:

1st Prize: IPAD II
2nd Prize: IPOD Touch
3rd Prize: IPOD Shuffle

There will also be a $100 prize for the 1000th member.

Sign-up to be a MARN Membership Ambassador Today!!
Go to www.MARNonline.org.

while you are there, please take our member survey so that we can better meet your member needs!

At MARN, we care about our members. Help us to make 1,000 and Beyond in 2011!

RNs needed to administer the Mass MAP certification test. Must be RN with one year experience. Part Time/flexible hours. Send resume to: Jen Underwood, Director 333 Oakland Ave. Findlay, OH 45840

Psychiatric Nurse

Geriatric Psychiatric Nurse. Part-time, 6:30 am to 2:30 pm, Monday thru Friday days. Apply to: Nancy Willard, RN, Community Counseling Corp., 333 Oakland Ave., Findlay, OH 45840

Interested applicants, please contact Paula Brown, LMHC at PBrown@comcounseling.org

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• Conferences and educational events at the national and local level offered at a discount to members.
• Member discounts on nursebooks.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.

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.
• Free access to MARN’s Member-Only Listserve

Dell Computers—MARN and ANA 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.
• 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
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At MARN, we care about our members. Help us to make 1,000 and Beyond in 2011!
Gertrude Weld Peabody (1877-1938): Ally Of Instructive District Nurses

Mary Ellen Doona

As the daughter of a Harvard minister/professor, the sister of a Harvard educated doctor and the niece of a Harvard president, Gertrude Weld Peabody (1877-1938) had a family background that was deeply invested in the work of public benevolence to be sure. It was also a response to the moral issues of industrialized society. Her brother, Dr. Francis Peabody, epitomized the emergence of the public's awareness of the power of nursing in the future of nursing in Massachusetts, go to the Strategic Plan and to become a part of developing patients we care for.

The questions many of the opportunities are endless. There is so much to do! Our future plans are bold but we need YOU to make them a reality. We must all come together to do the good work on behalf of nurses in Massachusetts and the patients we care for.

Leadership

Are the best and the brightest nurses assuming leadership roles in the organization and at the bedside? Do we provide enough opportunity for nurses to volunteer for service projects to increase the public’s awareness of the power of nursing in our communities? Is it time to develop a Volunteer Committee to act as a source of volunteer opportunities for nurses, within MARN, our workplaces and our communities?

Practice

Are we doing all that we can to disseminate information about best practice? Do nurses know and use the American Nurses Association (ANA) “Code of Ethics” and “Scope of Practice” materials in their practice to improve care?

The questions many are the and opportunities are endless. There is so much to do! Our future plans are bold but we need YOU to make them a reality. We must all come together to do the good work on behalf of nurses in Massachusetts and the patients we care for.

Are we providing information about the 2011-2012 Strategic Plan and to become a part of developing the future of nursing in Massachusetts, go to the MARN Website at www.MARNonline.org.

Tara Tahan, Karen Manning and Susan Conrad working together on plans for a bright future.

Tara Tahan, Karen Manning and Susan Conrad working together on plans for a bright future.

Longwood Avenue. Its laboratories at the Boston City Hospital. Her uncle, Charles Eliot, transformed liberal education at Harvard and in 1906 opened the new Harvard Medical School along Longwood Avenue. For the first time, patients were cared for by a team of professionals who worked together to create a comprehensive approach to patient care. Costs were partly defrayed by the Rockefeller Foundation.

Ally Of Instructive District Nurses

Gertrude Weld Peabody

As the daughter of a Harvard minister/professor, the sister of a Harvard educated doctor and the niece of a Harvard president, Gertrude Weld Peabody (1877-1938) had a family background that was deeply interested in the work of public benevolence to be sure. It was also a response to the moral issues of industrialized society. Her brother, Dr. Francis Peabody, epitomized the emergence of the public’s awareness of the power of nursing in the future of nursing in Massachusetts, go to the Strategic Plan and to become a part of developing patients we care for.

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Terry Fulmer Speaks at Annual Meeting

Terry Fulmer, the accomplished practitioner, academic and researcher on acute care for the elderly, elder abuse and neglect, spoke at the Nursing Archives Associates Annual Meeting held May 2, 2011 in the Metcall Trustee Ballroom of the John and Kathryn Silber Administrative Center at Boston University. An attentive audience of all ages from all areas of nursing, among whom were a group of nursing students from Salem State University and Fulmer’s daughter who practices in Boston, listened as Fulmer discussed the Institute of Medicine’s Report on “The Future of Nursing: Leading Change, Advancing Health.” An elegant reception of hors d’oeuvres and wine preceded and followed the presentation.

Second President of the Nursing Archives Associates dead at 97

Alice Davis Seale, who became the second president of the Nursing Archives Associates in 1970, died Tuesday July 5, 2011 at the age of ninety-seven. The Worcester native was educated for nursing at the Worcester City Hospital School of Nursing and at Boston University where she earned a bachelor’s degree in nursing and a masters degree in public health nursing. Her practice spanned teaching a mother that the new wonder drug, penicillin, would prevent rheumatic fever damaging her son’s heart, to teaching nurses throughout the State how to implement Medicare regulations.

Davis Seale was well known to public health nurses, especially Minnie Cohen and other nurses of the Visiting Nurses Association of Boston; as well as Catherine Tinkham’s public health students at Boston University. Davis Seale served all nurses throughout the Commonwealth during her 1953-55 presidency of the ANA-affiliated Massachusetts Nurses Association.

A happy woman, Davis Seale loved telling how her cocker spaniel played Cupid bringing her together with Dr. Earl Seale. Their love-filled marriage lasted thirty-seven years.

Gallagher Receives Carter Award

Diane Shugrue Gallagher accepts the Lillian Carter Award from President Jimmy Carter as Peace Corps Deputy Director Carrie Hessler-Radelet looks on.

Diane Shugrue Gallagher accepted the Lillian Carter Award from President Jimmy Carter at ceremonies held May 18, 2011 at the Carter Center in Atlanta, Georgia. Named for the President’s late mother who was a Peace Corps Volunteer when she was sixty-eight years of age, the Award is given to those who are over the age of fifty when they volunteer. Gallagher learned Portuguese and then served in the Republic of Cape Verde, West Africa for two years where she started a women’s sewing association, established a library for children and taught English to businessmen. Among the dignitaries in the audience were three of Gallagher’s four children. All celebrated the fiftieth year of the Peace Corps Volunteers who as Gallagher said, do “the best that we can for as many as we can to make the world a better place.”

When she is not accepting awards, Gallagher is the Nursing Archivist at the History of Nursing Archives at the Howard Gotlieb Archival Research Center at Boston University where she tends the Massachusetts Registered Nurses Association Collection.

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MARN President Speaks Out: 
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

On May 16, 2011 MARN President, Anne Manton provided testimony to the Joint Commission on Health Care financing. Here are excerpts from her testimony.

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.

1. 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. 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.

2. Nurses must be included as members of all 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. Regardless of good intentions, a plan or plans that are developed in the absence of a multitude 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.

3. 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 medical 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.
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 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.

Developing a Nursing IQ – Part I

Characteristics of Critical Thinking: What Critical Thinkers Do What Critical Thinkers Do Not Do

This independent study was developed by: Barbara G. Walton, MS, RN, NurseNotes, Inc.

This independent study has been developed to provide nurses with an overview and introduction the characteristics of critical thinking. 1.47 contact hours will be awarded.

The Ohio Nurses Association (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Expires 7/2013. Copyright © 2009, 2011 Ohio Nurses Association.

What Would It Take??

What would it feel like?
To walk into a room and be recognized by name
To receive a hug so enveloping instant energy is assured
To see a patient smile despite relentless pain

What would it mean?
To know all your patients were highly satisfied
To achieve the highest scores on every quality metric
To be recognized by all for excellent and compassionate care

What would it take?
To harness your passion
To attune to your calling
To never stop learning
To create a joyful environment
To make all your colleagues and patients feel valued and important

Nurses at their best can realize all these things
Nurses create the possibilities
experience the feelings
focus on the meanings,
and make things happen
Nurses have what it takes...

Margie Hamilton Sipe, MS, RN
Nurses’ Week 2011

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Search for Balance

Find your perfect nursing career on nursingALD.com
Registration is free, fast, confidential and easy! You will receive an e-mail when a new job posting matches your job search.
The Practice Doctorate: Implications for Advanced Practice Nursing

FAQs about the DNP

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 practice 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 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 doctors 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/DNPProgramList.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


Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP is the President, Fitzgerald Health Education Associates, Inc., North Andover, MA, and is a Family Nurse Practitioner, Adjunct Faculty, Family Practice Residency at Greater Lawrence (MA) Family Health Center.
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