Advanced Practice Nurses: Enhance Prescriptive Practice and Access to Care

On Tuesday January 22, 2013, the Massachusetts Coalition of Nurse Practitioners hosted a State House rally to announce the details of proposed legislation that will redefine advanced practice nursing in Massachusetts. HD 986/SD1455 “An Act Improving the Quality of Health Care and Reducing Costs” to extend NP and CRNA prescriptive practice and autonomy to be commensurate with their rich training and education. The House Bill sponsor is Representative Kay Khan, while Senator Richard Moore is the Senate sponsor.

MARN members joined the MCNP leadership team, other representatives from the Massachusetts nursing community and key legislators discussed the contributions and value of advanced practice nursing across the health care continuum. The program included an overview of MCNP’s 2013 proposed legislation that will seek modernization of the Massachusetts advanced practice nursing statutes to enhance prescriptive practice and access to care. This was a forum to share ideas and strengthen alliances and a great opportunity to meet with legislators to educate them about the role of a nurse practitioner. The meeting concluded with a reception at Scollay Square Restaurant.

2013 MARN Living Legends

Dr. Jacqueline Fawcett, PhD, RN, FAAN

Dr. Jacqueline Fawcett, PhD, RN, FAAN, is certainly a Living Legend in nursing. In a career spanning almost fifty years, Dr. Fawcett has championed nursing practice and the development of nursing theory locally, nationally and internationally. A renowned writer, thinker, teacher, administrator, mentor and leader in nursing, she has taught, conducted researched, and led important nursing initiatives at the University of Pennsylvania, the University of Massachusetts in Boston College of Nursing, University School of Nursing and the University of Connecticut, New York University, and many others.

Recognized as an educator, she was a staff nurse, head nurse and supervisor in various pediatric nursing settings for almost twenty years. In the classroom and provided clinical instruction in pediatric nursing for 30 years. Prior to becoming a noted pediatric nursing clinician, educator, mentor, author and an ANA member for over 60 years. A former professor at both Boston University School of Nursing and the University of Massachusetts in Boston College of Nursing, she taught baccalaureate nursing students in the classroom and provided clinical instruction in pediatric nursing for 30 years. Prior to becoming an educator, she was a staff nurse, head nurse and supervisor in various pediatric nursing settings for almost twenty years.

Known to many MARN members, colleagues and former students as “Sippy,” she consistently championed the cause of pediatric nursing in Massachusetts, nationally and internationally. Dr. Fawcett is certainly a Living Legend in nursing. In a career spanning almost fifty years, Dr. Fawcett has championed nursing practice and the development of nursing theory locally, nationally and internationally. A renowned writer, thinker, teacher, administrator, mentor and leader in nursing, she has taught, conducted researched, and led important nursing initiatives at the University of Pennsylvania, the University of Massachusetts in Boston College of Nursing, University School of Nursing and the University of Connecticut, New York University, and many others. In the classroom and provided clinical instruction in pediatric nursing for 30 years. Prior to becoming an educator, she was a staff nurse, head nurse and supervisor in various pediatric nursing settings for almost twenty years.

Gladys Scipien, MS, RN, FAAN

Gladys M. Scipien, MS, RN, FAAN, is a noted pediatric nursing clinician, educator, mentor, author and an ANA member for over 60 years. A former professor at both Boston University School of Nursing and the University of Massachusetts in Boston College of Nursing, she taught baccalaureate nursing students in the classroom and provided clinical instruction in pediatric nursing for 30 years. Prior to becoming an educator, she was a staff nurse, head nurse and supervisor in various pediatric nursing settings for almost twenty years.

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2013 MARN Living Legends continued on page 12

Advanced Practice Nurses continued on page 4

This is the most significant legislative agenda to impact advanced practice nursing in Massachusetts since the passage of prescriptive authority.
When the Patient is a Nurse

Gino Chisari, RN, DNP, President

Several weeks ago I got a call from the caretaker at my father’s assisted living facility telling me that Dad was “not himself.” Dad suffers from dementia and has been slowly losing cognitive function, especially over the past few months. The news though sudden, was not unexpected or surprising. I rushed to Dad’s side to find him in clearly in need of immediate medical intervention. My “nursing self” assessed that the end of his life was near and questioned whether or not acute medical intervention was really necessary. As Dad’s son, I did what most concerned family members would do and called for an ambulance to take him to the hospital.

We arrived at the hospital and I was immediately struck by how genuinely wonderful and caring the nurses were to me. It was such a relief to find nurses who understood how difficult this is on a child—especially when that child is a nurse. They recognized his mental state, and provided expert care to keep him safe and distracted during their thorough assessment. Most importantly, they recognized my struggle to surrender control of my father’s care to them. They patiently endured my interruptions, validated the “good care” I provided for him over the past 7 years, and they didn’t assume that because I am a nurse, I understood what was going on. Most importantly, they respected my nursing knowledge and sought to incorporate me into the discussion about plans of care.

Dad was diagnosed with influenza. I remembered my early days as a nurse when more experienced nurses would exchange these “knowing looks” when an elderly patient was admitted with the flu, signifying that aggressive care would be a waste of time. Thankfully as I witnessed the interactions between Dad’s nurses, there was only sincere interest to make both my father and me comfortable.

Dad was transitioned to a long term care facility, where I’m happy to report he is doing well and easily adjusted to his new home. Throughout the experience I was touched by the human connection the nurses made with me. Almost every nurse I met said the same thing to me, “This must be so hard for you.” It was so gratifying for me to be cared for by my colleagues and peers and to be able to trust that all would be well in my absence. This experience reaffirmed my belief that our profession is stronger than ever. I have never been more proud of being a nurse!

So the next time you care for a patient or family member who is a nurse; remember they are not just like everyone else...they are one of us. They may struggle to separate their “nursing self” from their “family member self” although they know they must. They need our permission to turn off the “nurse in them” and allow you to take care of our loved ones. Offer them the opportunity to vent frustration, anxiety, interrupt and ask questions. Allowing them to do so will promote trust so they can let you do what you do best be a nurse.

To all the nurses who care for us and those we love: Thank you for being there and allowing us to be both the nurse and family member.
March 2013

Massachusetts Association of Registered Nurses
2013 Health Policy Committee Legislative Forum
When: Friday, March 22, 2013
Where: Great Hall - Boston State House
Time: 8:30 AM – 1:00 PM

Nurse Advocacy Through the Legislative Process – Addressing Workplace Issues and Scope of Practice

Featured speakers
Representative Kay Khan
Representative Ellen Story
David Yamada, Professor of Law and Director, New Workplace Institute, Suffolk University Law School

This educational program will introduce and educate nurses on the legislative process. How nurse advocacy can advance legislation that affects our work environment, scope of practice, and ultimately, our patients.

Registration Information
For credit card payments, please go to www.MARNonline.org
Or: Mail registration form and check to:
MARN, PO Box 285, Milton, MA 02186
Fee: $10.00 students
$35.00 for MARN Members
$50.00 for all others
No Registrations at the door

Name: ______________________________________
Organization/Institution: ______________________________________
Address: ______________________________________________________
Email: ____________________________________________ Phone: ________________

Massachusetts Association of Registered Nurses
www.MARNonline.org
(617) 990-2856

THIS EDUCATIONAL ACTIVITY IS PENDING APPROVAL BY THE RHODE ISLAND STATE NURSES ASSOCIATION WHICH IS ACCREDITED AS AN APPROVER OF CONTINUING NURSING EDUCATION BY THE AMERICAN NURSES CREDENTIALING CENTER’S COMMISSION ON ACCREDITATION

*MARN is the Massachusetts affiliate of the American Nurses Association
ANCC contact hours pending approval by Rhode Island State Nurses Association
*100% attendance and Program Evaluation required

Annual Spring Convention
Saturday, April 27, 2013
Lombardo’s
Randolph, MA

The Impaired Clinician - from Recognition to Rehabilitation
This program will provide participants information regarding recognition, impact, interventions and available resources for impaired clinicians, colleagues and the public.

Keynote Speaker:
Susan Krupnick, MSN, PMHCNS-BC, ANP-BC, C-PREP
Psychiatric Consultation Liaison Nurse, St. Elizabeth’s Hospital, Boston.

Conference Faculty:
Gilda Cain/Hurdle, RN
Nurse Manager, VA Boston Healthcare System
Douglas McLellan, MEd, RN
Board of Registration in Nursing SARP Program
John Murray, PhD, RN
Past member ANA Ethics Advisory Board, Past President of the Federal Nurses Association
Donna White RN, PhD, CS, CADAC
Addiction Specialist for the Lemuel Shattuck Hospital, a Public Health Hospital for the Commonwealth of Massachusetts

Registration and Continental Breakfast begins at 7:30 a.m.
MARN Business Meeting 7:45 a.m. (breakfast will be served)
Program begins at 9:30 a.m.
Lunch is scheduled for 11:45 a.m.
Location: Lombardo’s, Randolph, MA

Registration Information
Please include check or money order made out to MARN for the exact amount or you may choose to register and pay by credit card online at www.MARNonline.org
Return registration form and check to:
MARN, PO Box 285, Milton, MA 02186.

MARN Members:
Awards Dinner, $75
Convention, $90
$165 Awards Dinner and Convention

Non-Members:
Awards Dinner, $85
Convention, $125
$210 Awards Dinner and Convention

MaSNA Members:
Convention Only $50
FT/Student Rate: Convention Only $55
PT/New Grads*: Convention Only $75

*100% attendance and Program Evaluation required

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Call for Posters –
All convention participants are welcome to submit an abstract for poster presentations. Posters will be displayed in the exhibit area to increase visibility and opportunities to interact with attendees. All abstracts will be reviewed by the Conference Committee. To submit an abstract and for guidelines, go to www.MARNonline.org

Vendor/Exhibitor Opportunities
Do you know a vendor/exhibitor that may be interested in joining our Spring Conference?
Please contact Lisa Presutti at lpresutti@MARNonline.org

MARN is the Massachusetts affiliate of the American Nurses Association
ANCC contact hours pending approval by Rhode Island State Nurses Association
*100% attendance and Program Evaluation required
www.MARNonline.org

Sponsor a Nursing Student –
Sponsor a nursing student to attend the 2013 MARN Spring Convention. Your sponsorship will provide the opportunity for novice future nurses to hear from nurse experts and network with nurses who share their passion for the profession. The names of all sponsors will be listed in the MARN Newsletter.
$55 FT Student sponsorship, $75 PT/New Grad* sponsorship
*New Grad = Nurse in practice less than 12 months
Advanced Practice Nurses continued from page 1

"Changing the Language … Not the Care"

By contemporizing the Massachusetts Nurse Practice Act, existing barriers to advanced practice nursing will be removed and patients will have enhanced access to high-quality, cost-effective health care.

Specifically this legislation will seek to:
- Remove physician supervision of prescriptive practice.
- Remove the collaborative practice mandate.
- Remove dual promulgation of advanced practice nursing regulations by the Board of Registration in Medicine.

This proposed legislative agenda is not unique to Massachusetts. Spurred by the recommendations cited in the Institute of Medicine’s Future of Nursing Report (http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx) similar movements are happening across the country. Such statutory changes are also supported by the Robert Wood Johnson Foundation, the American Association of Retired Persons (AARP), the American Academy of Nurse Practitioners, the American Nurses Association, the National Council of State Boards of Nursing and numerous other specialty organizations.

What Will Changing the Language Accomplish?
- **APRNs** will be able to practice to the full extent of their education and training and will not be restricted by mandatory collaborative practice agreements that support billing rather than high quality patient care.
- APRNs will be recognized for the care they provide which will allow for transparency related to patient outcomes and cost savings.
- APRNs will no longer be restricted by cumbersome regulatory requirements that require physician oversight of prescriptive practices.
- Regulations affecting APRN practice will be promulgated by the Board of Registration in Nursing, the DPH agency that licenses nursing professionals, rather than jointly with the Board of Registration in Medicine.

How Will Advanced Practice Nursing Care Remain the Same?
- APRNs will continue to provide high quality, cost-effective health care in a variety of health care settings.
- APRNs will continue to receive advanced education and training and satisfy rigorous certification and credentialing requirements.

**The goals of AN ACT IMPROVING THE QUALITY OF HEALTH CARE AND REDUCING COSTS**

In 2010, the Institute of Medicine along with the Robert Wood Johnson Foundation and the American Association of Retired Persons (AARP), the American Academy of Nurse Practitioners, and the American Nurses Association, issued recommendations that will be the cornerstone of the legislation.

For over 20 years, the MGLs have tied the Massachusetts Board of Registration in Nursing to promulgating regulations jointly with the Massachusetts Board of Registration in Medicine for NPs and CRNAs. This antiquated mandate, which requires physician supervision of prescriptive practices for CRNAs and NPs, and requires an agreement between the APRN and the physician for practice agreements that support billing rather than high quality patient care.

Since the early 1990s, NPs have been independently billing third party payers and have been able to bill third party payers and write prescriptions. In 2008, the legislature recognized the NP as a primary care provider that beneficiaries can choose. Further in 2012, the legislature mandated that all beneficiaries must choose a primary care provider and that all licenses must be able to practice to the full extent of their scopes of practice. Further NCQA recognizes that NPs can lead patient centered medical homes.

On January 1, 1989 CRNAs became the first nursing group that could be paid directly for their services under Medicare and have been independently billing third party payers since that time. CRNAs added prescriptive authority in 2010, increasing their capacity to more fully serve the beneficiaries can choose. Further in 2012, the legislature mandated that all beneficiaries must choose a primary care provider and that all licenses must be able to practice to the full extent of their scopes of practice. Further NCQA recognizes that NPs can lead patient centered medical homes.

For more information contact: Craven & Ober Policy Strategists, LLC at 617-523-6501

**MCNP & MANA Presidents:**
Barbara Rosato, NP and Donnell Carter, CRNA.

Senator Richard Moore and Rep Stephen Walsh, nominated for the 2013 AANP NP State Advocate award to be given in June.

• APRNs will continue to consult and collaborate (when necessary) with other members of the health care team including physicians and non-physician health care providers.
• APRNs may continue to practice in and be employed by health care institutions and group practices.

MARN Board Director, Beth Kinsella, RN, BS attended the conference with MARN Executive Director Diane Jeffery. Kinsella reports, “As a member of MARN I was warmly received and I had the pleasure of meeting Barbara Rosato, MCNP president, and Gloria Craven, MCNP & MARN Political Consultant. They were both very appreciative of MARN’s support of this important piece of legislation.”

The presenters all stressed the importance for all nurses to contact their senators and representatives as soon as possible to educate them and to enlist their support.
The inauguration of President Obama is over and the referendum for improved health care seems clear. The Affordable Care Act (I abhor the term "Obamacare") roll-outs are proceeding and nurses continue to work round the clock to affect the greatest change. The ANA is at the forefront of ensuring that the contributions and talents of nurses are appropriately recognized and utilized. In our own Commonwealth, Nurse Practitioners are on the move… with new legislation introduced in January 2013 that will remove barriers to NP practice and allow all nurses to work at the full extent of their training, experience and expertise (read about this in the article on page 4). Nurses in great position to effect change…all we have to do is ACT!

Be sure to read the articles in this edition of the Massachusetts Report on Nursing that invite you to contribute on several levels…joining ANA/MARN (see application on p 15), becoming more active on a MARN committee (see p 14), contacting State and National legislators (see pages 8 & 9), or striving for excellence in your work (see CE unit on p 5). Now is the time to make a commitment to yourself and to the patients you serve. The MARN leadership team looks forward to working with you!

We are also looking forward to our annual Awards Celebration and Annual Meeting that will be held at Lombardo’s in Randolph on April 26-27, 2013. Registration information can be found on p 3. This is our opportunity to celebrate and plan for a fruitful future so we hope to see you then. Best wishes for a warm and productive Spring.

The Continuing Education Unit

In order to save space, 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.

Processing Fee: MARN members: $25
Non-MARN Members: $35

TITL E
Are You Prepared to Prevent Medical Errors?

INDEPENDENT STUDY
This independent study has been developed for nurses to better understand the public’s perception of nursing 1.19 contact hours will be awarded for successful completion of this independent study.

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 July 15, 2014.

Nursing Continuing Education Activity Review Process

by Judy Sheehan, MSN, RN
Nurse Peer Review Leader, MARN CEC

The American Nurses Credentialing Center (ANCC) defines standards for nursing continuing education based on research, review and recommendations of experts. The Massachusetts Association of Registered Nurses (MARN) is accredited by the ANCC as an approver of continuing nursing education (CNE) and promotes these standards through the peer review process. It is through this process, that volunteer nurse educators, review applications made by individuals and organizations and determine if the ANCC standards have been met. Once it has been determined that the educational program reflects the standards determined by ANCC, nursing contact hours may be offered to participants at the program. A program seeking approval for nursing contact hours is submitted to the MARN approver unit using the official application form. This form is available from infoce@marnonline.org. Once the application is received it is assigned to volunteer nurse peer reviewer. This peer reviewer assesses the application to determine whether the activity meets criteria. Once a decision has been made, a recommendation comes before the committee to either approve or deny the application. An application that is denied may be appealed by following the MARN approver unit appeal process. If an appeal is sought, the application will be reviewed by another peer reviewer along with the nurse peer review leader and a letter will be sent to the applicant apprising them of the final decision. The committee meets monthly either in person or in a conference call and the nurse peer review leader maintains ongoing communication with the ANCC.

There are the areas the peer reviewers look at when reviewing the applications:

Continuing Education vs. In-service Education
Nursing continuing education activities are designed to improve knowledge, skills and/or practice and are based on the best available evidence or evidence based practice. In-service education or training is job related, usually competency based and employer sponsored. A rule of thumb used during the peer review process is transferability. Is the information learned transferred to another job in another agency? Is it targeted at one specific type or brand of equipment?

Educational Design
The educational design is a blueprint for the learning activity and the peer reviewers look for consistency, cohesiveness and content quality. The reviewers will consider whether the objectives are measurable, realistic and achievable and if the teaching methods are appropriate for the objectives. The credentials of the speaker will be reviewed as will the length of time allocated for each objective. Timing is particularly important if a learner is to have adequate time to understand and process the information provided. Adult learning principles are preferable to straight didactic approaches as participants are more likely to succeed at learning when actively engaged in the process. In addition, in order to have confidence in the validity and reliability of the content the reviewers want to be sure the material was developed free from commercial interest and will be presented free of bias.

If you are a nurse educator and interested in participating in some or all of the committee work, please let us know at info@marnonline.org. If you have additional questions, please feel free to contact one of the co-chairs, Jean Gibb at jgibbs@marnonline.org or Sandra Reissour at sreissour@marnonline.org or the nurse peer review leader, Judy Sheehan at jsheehan@marnonline.org.

R EPORT ON NURSING
March 2013
www.berkshirecc.edu
1350 West St., Pittsfield, MA 01201
Berkshire Community College is an equal opportunity employer and educator.

Assistant Professor – Associate Degree Nursing
Supervision and evaluation of students in a two-year, nursing program to include simulation lab experiences.
Required Qualifications: A Bachelor’s degree in Nursing from an accredited institution, with at least two years recent clinical experience with the last 2 years administrative. Must be licensed as a RN in Massachusetts, or be eligible for and able to pass, the NCLEX examination.

Assistant Professor – Practical Nurse Certificate/Program Coordinator
Responsibilities include: planning, implementation, evaluation, and coordination of instruction in the Practical Nurse Certificate Program. Minimum of two years recent full-time practical nursing experience.
Required Qualifications: Current Massachusetts Registered Nurse license, Bachelor’s degree in Nursing, minimum of five years recent full-time practical nursing experience, or its equivalent. Minimum of five years recent full-time practical nursing experience, or its equivalent.

INDEPENDENT STUDY

Continuing education for nurses should do just that: continue the nurse’s education. This means that the information must be new information and not a targeted review of a nurse’s past education. There are a variety of areas taken into account by the nurse peer reviewers when considering this question: How is the target audience described? What is the gap in knowledge? How was the gap in knowledge identified? What is the overall goal of this educational activity?

The Massachusetts Association of Registered Nurses (MARN) is accredited by the ANCC as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
the war, an existing nursing shortage intensified. December 7, 1941, and the United States entered
students provided 80% of that care.
programs would be shortened. If education were
standards. The Council feared that nursing
represented. She and her colleagues anticipated
concerted response to the President’s request.
the armed services, to join in creating nursing’s
Health Nursing had established the
National Organization of Public
ANA, the National League
Reclaiming the Heart of Nursing:
Calling Nurses to Explore Watson’s Caring Science as a Model of Practice

A. Lynne Wagner, EdD, RN, MSN
Nurse Educator/Consultant of Mentoring Programs
Faculty, Watson Caring Science Institute

Mary Mullany, DNP, APRN-BC
MetroWest Medical Center
Senior Director, Behavioral Medicine

Are you a nurse who wants to reconnect with your core value of nursing as a healing profession? Do you want to restore the ethic of caring in health care systems? Come join us for an informational networking gathering of nurses in Massachusetts to explore Watson’s Caring Science. Transform your nursing practice with caring-healing approaches that center on caring for yourself, colleagues and patients!

The health care system is in crisis, facing immense economic challenges, personnel shortages, moral dilemmas, and burnout of health care providers. Daily debates rage about deep philosophical and practical questions on the very essence of health care delivery. Nurses must explore, on personal and professional levels, why they came to nursing and why they stay. Nurses know that caring is the essence of our profession. One key motivation in becoming a nurse is our need to make a difference in people’s lives through loving care, competent technical skills and evidence-base practice. However, keeping your heart and the art of nursing alive and well is a creative active base practice. However, keeping your heart and care, competent technical skills and evidence-based practice, make a difference in people’s lives through loving care.

Watson Caring Science Institute (WCSI) is the international, nonprofit organization founded by Dr. Jean Watson, Nursing Theorist and Leader, in 2007. These grass-root organizations are led by graduates and leaders from the 6-month educational Caring Coach Education Program (CCEP) offered by WCSI and accredited by the American Nurses Credential Center (ANCC). The program prepares, inspires, and empowers nurses to be change-agents, role models and leaders in restoring the heart of nursing and health care. There are now several graduates and a Faculty member from the Coach Program in Massachusetts who want to offer a venue for gathering an informal coalition of nurses committed to creating and sustaining caring practices for self, work environments and patient/family care in Massachusetts.

Dr. Lynne Wagner’s nursing career spans over 40 years. She has worked as a staff nurse, in-service staff educator, family nurse practitioner, and for 20 years, a nursing Professor Emerita at Fitchburg State University. Presently, Dr. Wagner works as a Nurse Consultant facilitating the development of mentor programs and workshops on, mentoring, storytelling, aesthetic interpretation of practice, and application of the Watson Human Caring Theory/Caring Science. She is a Faculty member at Watson Caring Science Institute and past Director of the Caritas Coach Education Program. Her published works focus on mentoring and how nurses develop caring-self. She has presented nationally and internationally.

Dr. Mary Mullany, a recent graduate of the WCSI’s Caritas Coach Education Program, currently is Senior Director of Behavioral Medicine at Metrowest Medicine Center in Natick implements Watson’s Caring Science into the work of the nurses providing the direct care for patients. She also serves as clinical faculty at Boston College and MGH-HIP. Her research interests include a focus on healthcare design, creating a healing environment for both nurse and patient.

If you are interested in joining the initial gathering and dialogue around Caring Healing Practices for self, each other, and patients that will transform nursing practice and work environments, please contact Lynne Wagner (Lynnewagner@comcast.net) or Mary Mullany (mary.mullany@mwmc.com). We anticipate meeting informally 3 or 4 times a year and creating a website/chat room for continued dialogue.

“We are the light in institutional darkness, and in this model we get to return to the light of our humanity……Transforming Health Care, one person, one system at a time.” (Dr. Jean Watson)
Common Health for the Commonwealth
by Susan H. Servais, Executive Director, Massachusetts Health Council

The MA Health Council released its health status indicator report, Common Health for the Commonwealth: Massachusetts Report on the Preventable Determinants of Health 2012 at the State House with the help of Senator Chandler and Representative Lewis. The media coverage was outstanding and very important as it was their attention to the report that assisted the MA Health Council in getting their prevention message out! With the number of times the media mentioned “preventable” in their coverage of our report data, we are optimistic that we sold folks on the concept of prevention!!! From the highest level of government to the advocacy groups that share our concern, responses to our report show that we have hit the target and I have no doubt we will see more attention being paid to addressing the preventable issues that create illness in our communities, and more attention to funding prevention.

Thank you, MARN members, as your support of the MHC is what enables us to produce reports like this. You can be proud to be associated with “Common Health for the Commonwealth”!

For more information about the work of the MA Health Council and to get involved go to http://www.mahealthcouncil.org/makeadonation.htm

Follow us on Facebook or on Twitter @ mahealthcouncil

PREVENTION TODAY FOR A LIFETIME OF HEALTH!
92 Years of cooperative action to prevent illness and improve health and wellness.

The Massachusetts Health Council is a nonprofit organization whose mission is to promote and protect the health of the residents of the Commonwealth.

New Legislators...New Session...New Opportunities to Build Relationships

As 2013 is unfurled, many in the nursing community are eager to learn how pending laws might affect their practice. The most effective way for you as a nurse to influence legislation, is for you to build a relationship with those elected to serve. This article, in part taken from the State House News Service published on December 28, 2012, will give you a sense of the newly elected lawmakers and their backgrounds. Whether your state representative or state senator is a freshman or seasoned lawmaker, you are encouraged to contact them, introduce yourself and your area of practice or interest and offer your assistance as they move forward in examining laws that affect you and your patients.

The new members of the Senate are:

- **MICHAEL BARRETT (D-Lexington)**
  3rd Middlesex District, succeeding Sen. Susan Fargo (retired).
  Former state senator (1987 to 1994) and former state representative (1981 to 1986). Small business owner. Received his undergraduate degree at Harvard University and a law degree from Northeastern University School of Law.

- **KATHLEEN O'CONNOR IYES (D-Newburyport)**
  1st Essex District, replacing Sen. Steven Baddour.
  City councilor in Newburyport since 2008. Worked as the deputy campaign manager for Treasure, Steve Grossman when he ran for governor in 2002. Received her law degree from Pace University Law School and an undergraduate degree from Mount Holyoke College.

- **SEN. JOAN LOVELY (D-Salem)**
  2nd Essex District, filling the seat left by retired Senate Majority Leader Frederick Berry.
  Salem City Councilor since 1998. Former aide to former Rep. Michael Ruane. An attorney and realtor. Received her law degree from the Massachusetts School of Law and her bachelor's degree from Salem State University.

The new members of the House of Representatives are:

- **CLAIREE CRONIN (D-Plymouth)**
  An attorney and mediator, and former legislative aide to Gov. Edward King. Received her bachelor's degree from Stonehill College and a law degree from Suffolk University School of Law.

- **JOSH CUTFLET (D-Duxbury)**
  6th Plymouth District, succeeding Rep. Daniel Webster, who dropped out of the race after winning the primary.
  Former member of the Hull Board of Selectmen and the Duxbury Planning Committee. Received his bachelor's degree from Skidmore College and a law degree from Suffolk University Law School. Working toward a master's in public policy at UMass Dartmouth.

- **MARGARIE DECKER (D-Cambridge)**
  A member of the Cambridge City Council. Received her bachelor's degree from the University of Massachusetts/Amherst and a master's degree from the Kennedy School of Government at Harvard University.

- **DIANA DZIOCLI (D-Methuen)**
  Former aide to Rep. Paul Adams. Owns a small business. Received an associate's degree from Middlesex Community College and a bachelor's degree from Wellesley College.

- **DANIELLE GREGOIRE (D-Marlborough)**
  4th Middlesex District. Defeated Republican Rep. Steven Levy
  Held the seat from 2009 to 2010 before Levy unseated her. Received a bachelor's degree from St. Anselm College and a law degree from Suffolk University Law School.

- **KENNETH GORDON (D-Bedford)**
  21st Middlesex District. Succeeds Rep. Charles Murphy (resigned)
  An attorney and member of the Bedford Zoning Board and Bedford Cultural Council. Received his bachelor's degree from Northeastern University and a law degree from Suffolk University.

- **PAUL HEROUX (D-Attleboro)**
  2nd Bristol District. Beat Republican Rep. George Ross
  A crime policy and government performance consultant and freelance columnist. Received his bachelor's degree from the University of Southern California, holds master's degrees from the London School of Economics, one in criminology from the University of Pennsylvania and another in public administration from Harvard University.

- **MARY KEEFE (D-Worcester)**
  Director of the Pleasant Street Neighborhood Network Center.

- **BRIAN MANNAL (D-Centerville)**
  An attorney in private practice and former staffer on the 2000 Bush presidential campaign and a staff member of the Massachusetts House of Representatives. Received his law degree from Capital University Law School and bachelor's degree from College of Wooster in Ohio.

TIRED OF THE ORDINARY?
DO SOMETHING EXTRAORDINARY.

Volunteers are needed to:
• ASSIST neighbors during natural disasters
• SUPPORT AND IMPROVE public health

Find out how you can help at maresponds.org

MA Responds is a partnership that integrates local, regional, and statewide resources to train and mobilize volunteers when needed.

For more information, contact the Massachusetts Department of Public Health at maresponds@state.ma.us or (817) 624-5193.

Get ready to make a difference.
New Members of the House of Representatives continued from page 8

<table>
<thead>
<tr>
<th>Name</th>
<th>District</th>
<th>Successed</th>
<th>New Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEONARD MIRRA</td>
<td>R-West Newbury</td>
<td>Rep. Harriet Stanley (retired)</td>
<td></td>
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<tr>
<td>DAVID ROGERS</td>
<td>D-Cambridge</td>
<td>Succeeds William Brownsberger, who left the House after he won a special election for a Senate seat.</td>
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<tr>
<td>JEFFREY ROY</td>
<td>D-Franklin</td>
<td>Rep. James Valle, who left the position</td>
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<tr>
<td>ALAN SILVIA</td>
<td>D-Fall River</td>
<td>Beat Rep. Kevin Aguiar in the primary.</td>
<td></td>
</tr>
<tr>
<td>AARON VEGA</td>
<td>Democrat-Holyoke</td>
<td>Succeeds Michael Kane, who resigned from the House.</td>
<td></td>
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</tbody>
</table>

Small business owner. Received his bachelor's degree from Boston College. Served on the Groveland Conservation Commission and the West Newbury Capital Improvements Committee.

A real estate broker and President of the Lawrence City Council. Has served on the City Council since 2007. Received a certificate in electronic technology from RETS Technical Center.

Works as general counsel at AW Chesterton, a global manufacturer of mechanical sealing devices. He received his bachelor's degree from Binghamton University and a law degree from American University.

An attorney who has served on the Franklin Town Council since 2011. A member of the Franklin School Committee from 2000 to 2011. Received his bachelor's from Bates College and a law degree from Boston College Law School.

A U.S. Marine, a former Fall River police officer and small business owner. Chairs the Fall River Planning Board. Received his bachelor's degree from Northeastern University and a master's degree from Salve Regina University.

Owner of Vega Yoga and Movement Arts. Received a degree from Holyoke Community College.

Received his bachelor's degree from the UMass Lowell.

Kathleen McDonough, RN, MS
President and CEO

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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.

Allergies and Celiac Disease
April 24, 2013
Time: 6:30-8:30 pm
Regis College, Alumnae Hall, Upper Student Union Lounge
235 Wellesley St., Weston, MA 02493

Almost any substance, food, additives, pollen and cosmetics can be an allergen, and always involves the immune system. This lecture will focus on different types of allergies including Celiac Disease and its diagnosis and treatment. Come and talk with the expert panelists.

Fee: none
For More Information
Contact us at 781-768-7120 or E-mail: presidents.lectureseries@regiscollege.edu

Online registration:
www.registowertalk.net/NHCR12
Co-Sponsored with Harvard Pilgrim Health Care
Contact Hours: 2

MARN Member Appointed to Behavioral Health Task Force

Karina Narkun, BSN, RN-BC has been appointed to represent MARN on the Behavioral Health Task Force by the Commissioner of the Massachusetts Department of Mental Health, The Health Care Cost Containment Bill, Chapter 224 of the Acts of 2012, signed by Governor Patrick in August 2012 established the Behavioral Health Task Force to advise the Health Policy Commission and the Legislature on a range of important issues concerning the provision and integration of behavioral health services in the Commonwealth.

Ms. Narkun, who is ANCC certified in Psychiatric and Mental Health Nursing, is presently the Clinical Practice Leader for the inpatient acute geriatric medical psychiatric program at Hallmark Health System. She will work with other members of the Task Force to develop its findings and recommendations for proposed legislation and regulatory changes to The Health Policy Commission, and House and Senate committees.

Massachusetts Pulmonary Section/ American Lung Association Annual Meeting

An In Depth Examination of Tracheostomy
by Sarah Phillips, Director of the Medical & Scientific Branch

Recognizing that percutaneous tracheostomy can lead to complications, decreased quality of life and poor outcomes for patients, the Massachusetts Pulmonary Section has decided to take on this important topic at the upcoming Annual Meeting at the Boston Marriott Hotel in Newton on April 3, 2013. Mary V. Hanley, MA, RN, Chairperson of the Nursing Practice Committee and Nurse Planner for the MPS Annual Meeting said, “We realized that our inter professional audience of nurses, respiratory therapists and pulmonary physicians were very interested in evidence based protocols developed by a nationally recognized interdisciplinary team of clinicians and researchers.”

Johns Hopkins Hospital in Baltimore has a gold standard tracheostomy program which includes not only surgeons and otolaryngologists, but also nurse practitioners, nurses, speech and swallowing pathologists, respiratory care practitioners, and other healthcare professionals and educators who work collaboratively to provide the most comprehensive multidisciplinary care possible for patients. Vinciya Pandian, PhDc, CRNP, nurse practitioner for the percutaneous dialational tracheostomy service at Johns Hopkins, and a PhD candidate at the John Hopkins School of Nursing will present a lecture on the latest trends in tracheostomy care and the best use of the Hopkins Model in our own clinical settings here in Massachusetts.

Mary Hanley added “Vinciya Pandian is dedicated to coordinating all facets of managing tracheostomy patients, including patient quality of life issues, at Johns Hopkins Hospital and we are delighted that she has agreed to share this vital information with us at our April meeting.”

Tracheostomy care is just one of the important topics highlighted at the Massachusetts Pulmonary Section April Meeting. Other topics include CT screening for lung cancer, genetics of pulmonary disease and interventional pulmonology.

For more information about the Meeting contact The Massachusetts Pulmonary Section contact Sarah Phillips at the American Lung Association of the Northeast at sphillips@lungne.org or telephone 781-314-9003 for more information. You can also register for the meeting at MassPulmonary.org.
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The MARN Career Center works with members, job seekers, and employers to create the most trusted resource for top jobs and qualified talent in the nursing community throughout Massachusetts.

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- Create an anonymous profile and resume to quickly apply for jobs and have employers come to you
- Receive Job Flash emails twice a month
- Network more effectively and become a valuable resource to your peers
- Post your own open positions

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- 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.
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- Free subscription to the MAssachusetts Report on Nursing – a $20 value
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- Access to the new Members Only web site of NursingWorld.org
- Free access to MARN’s Member-Only Listserve

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We also welcome any pictures that show MARN members in action...at work or at play. Interested persons, please contact Myra Cacace at myra@netplus.com.

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

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.
Jacqueline Fawcett continued

on the development of nursing knowledge and theory. Working with an international team of colleagues, she has an extensive program of scholarly work in meta-theory and the application of the Roy Adaptation Model. Author of several texts focused on conceptual models of nursing, Dr. Fawcett is recognized internationally for her meta-theoretical work. Fawcett’s meta-paradigm serves to define an entire world of thought and includes four basic concepts: health, person, environment and nursing. She has applied theoretical models to women’s health notably surrounding their adaptation after Caesarean birth. Jacqui’s scientific output is impressive: more than 300 lectures and conferences, 175 scientific articles, 80 chapters and 16 books. Her first book, Analysis and Evaluation of Conceptual Models of Nursing, has been translated into Finnish, Japanese, and German.

Dr. Fawcett has served as a mentor to nursing students, researchers and faculty for five decades, edited numerous scholarly journals, and served as consultant and mentor in many health research, professional and academic organizations. Those include: The American Nurses Association, National Center for Nursing Research, the American Academy of Nursing, Sigma Theta Tau International, the Institute for Nursing Healthcare Leadership, the National League for Nursing, Nursing Research Council at Winchester Hospital, and the Dana-Farber Cancer Institute.

Dr. Fawcett was quoted as saying that “I am just an ordinary person who has had extraordinary opportunities because I had great mentors.”

Gladys Scipien continued

went the extra mile to provide individualized critical thinking and clinical skills and she served as a role model and mentor to the faculty colleagues with whom she worked. Woe was the student who dared come to a clinical setting without thoroughly preparing for care of her or his assigned patients! Note that “patients” is plural—Sippy believed in preparing students for real world clinical practice, so students might be assigned 2 or 3 patients, not just one.

Gladys Scipien channeled her passion for the care of children and families into the publication of Comprehensive Pediatric Nursing, an innovative textbook she and her editorial board specifically designed address a gap in the quality and relevance of pediatric nursing textbooks in the 1970’s. Her new approach represented a complete transformation in the way nursing knowledge was presented in this new framework of a multi-edited, multi-authored textbook. Each chapter placed an emphasis on nurse as manager of care, educator of patient/family and core member of the interdisciplinary team, an innovative approach in that era. She sought nurses from throughout the country with specialized knowledge and clinical expertise to be chapter authors—an approach not previously used in pediatric nursing textbooks. She identified expert nurses who might not have previously published and inspired them to produce their best work, thereby mentoring dozens of beginning nurse authors who have since gone on to further publishing, leadership in clinical settings, academia and professional nursing organizations.

Ms. Scipien also initiated a scholarly pediatric nursing journal in 1976, entitled Issues in Comprehensive Pediatric Nursing. For several years, she served as chief editor of this professional refereed journal, an early example of the evidence-based approach to practice that is familiar today. Articles were sought from expert nurses and they were well researched, focusing on newly emerging and specialized aspects of pediatric clinical practice.

Gladys Scipien earned her BSN at Adelphi University and an MS at Boston University School of Nursing. She was inducted into the American Academy of Nursing in 1978 and was appointed to the Adelphi University Academy of Distinction in 1980. A past president and board member of the former Theta Chapter, Sigma Theta Tau, at Boston University, she was honored with Theta Chapter’s Mary Ann Garrigan Award for Excellence Among Contemporary Nursing Leaders. Now in retirement, she continues her contribution to the profession by serving on the executive board of the Nursing Archives Associates at Boston University’s Howard Gollieb Archival Research Center.

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Lessons Learned in Swaziland (3)

By Aisha Ellis BA MA, RN

(with special thanks to travelling companions for their insightful input: Inge R. Corless, PhD RN, FAAN; Martha Dietz Loring BA RN; Ali Rhodes BA RN; Patty McCarthy BA RN; Alexandra McCaffrey BA RN)

As a black woman, touching down on the continent of Africa, I had a feeling I could never put into words. Working and learning side by side with Swazi nurses gave me many fond memories that will resonate with me for the rest of my life…showing me that nurses can learn so many important things from one another.

My memorable moments were not all heavy with death and analysis. My fondest memories are of time spent on the pediatric floor. Ninety-eight percent of the children on the unit were accompanied by their parents. There were places on the floor covered with cardboard mats for sleeping. We saw nurses teaching mothers and fathers how to care for their children. Although we did not offer traditional nursing care to the children on this ward, we did engage in play therapy and brought balloons to the youngsters. I will never forget their smiles.

My international clinical experience went beyond the hospital and expanded into observing the community and talking to its members. It was during these discussions that I felt I learned the most important lessons. One time in particular was over dinner with a Swazi activist performance artist and playwright. As we broke bread, he shared his vision of Swaziland and discussed how he uses the stage as a vehicle for education and community discussion of social issues including HIV/AIDS. We discussed Swazi views of religion, polygamy, human rights, gender roles and stigma as it relates to HIV and health. He shared with us an acronym that sums up the distrust that some people in Swaziland have for the U.S. - AIDS: America’s Idea for Discouraging Sex. This sparked plenty of conversation about the history of colonialism and its relation to the continent of Africa. This discussion was a reminder of the need to build bridges of trust between those with whom we collaborate.

The lack of trust toward Americans on the part of some of the Swazi people made it difficult to convey messages or to promote meaningful dialogue. I experienced this first hand when I was presenting a self-esteem workshop to mothers/mothers (m2m), a peer group developed to prevent mother-to-child transmission of HIV. The women were reluctant to speak, to share their opinions. I thought this was understandable as this was their first time meeting me and I was not a Swazi woman. I later found out that the women of Swaziland are not socialized to share their opinions, nor are they encouraged to explore their individual interests. This fact, and the question of trust, may have contributed to their disinclination to speak. I found this most difficult.

Having the opportunity to meet nurses, patients, and parents in Swaziland helped me to realize the importance of trying to understand differences in social norms and customs to better anticipate their impact on health. This international experience has changed me in so many ways and will remain with me as I continue my nursing career.

Traversing the Spaces In-between

By Margie Hamilton Sipe, MS, RN, NEA-BC, in honor of Nurses’ Week 2012

The journey continues
I try to be open—to take it all in—
To consider—to reformulate and refine—and to add what “feels right.”
Doing so makes me feel more whole and full of wonder
Re-energized and ready to take advantage of the many new ideas.
My newly defined persona is more expansive and as such is able to reach out and engage
As I gather in, the spaces seem to shrink and I can almost touch.
...So much is there, just for the taking
Am I worthy to partake I ask—maybe, but only if I let down my guard,become vulnerable
and am willing to change.
Like drops of rain that spatter around us—some drops touch us
and roll off and others linger a while.
Sometimes I want to slow it down—allow more time for absorption.
I am not sure I have discerned all that is important
Thus I must keep seeking and hopefully finding more uncharted spaces
Remembering always to linger for a moment and listen and feel
Spaces filled with humility, grace, beauty, and crazy innovative thoughts
Courageous premises sprinkled with the dichotomies of frustration paired with resiliency
The places of many new possibilities—
Chances to learn some more, create new paths and be transformed.

With gratitude to those who have filled my spaces: family, friends, colleagues, spiritual leaders, advisers, mentees, mentors, professors, patients, and all people everywhere connected by faith.
The Role of the Clinical Nurse Leader in Practice

Martin J. Lantieri RN MSN

The Clinical Nurse Leader (CNL) combines an expertise in clinical assessment with an understanding of organizational and fiscal responsibility to ensure measurable improvements to the quality of nursing practice, primarily at the micro systems level. The CNL is a skilled communicator who ensures that nursing practice is evidence based, technologically informed, and patient centered, in order to educate staff members, patients and families towards achieving self-care for all people of all social backgrounds.

Origin of the Role
The role of the CNL, created in 2004, was developed in direct response to reports from the Institute of Medicine (IOM) calling for repairs to the healthcare system. CNLs are charged with the responsibility of implementing and evaluating client care while working with the healthcare team, and possessing a unique, competency based skill set which includes leadership for use in any micro system in any healthcare setting.

Differentiating the CNS and CNL roles
It is this emphasis on practice at the micro system level that differentiates the CNL from the Clinical Nurse Specialist (CNS). The CNS is an advanced practitioner who addresses issues pertaining to patient care and healthcare systems through the use of evidence based practice and quality and safety initiatives as well as clinical expertise within a macro system. The CNL collaborates inter-professionally in the management of specific patient population as a patient advocate and skilled communicator capable of implementing macro system changes at the micro system level through unit-based education and leadership. It is this focus on nursing leadership, management of care and system level that differentiates the CNL from the CNS. While the CNS has a specialist focus (e.g. oncology, cardiac), the CNL has a generalist knowledge that is appropriate for any clinical setting.

For more information on the CNL role, please see http://www.aacn.nche.edu/cnl/about. For more information on the two CNL programs in Massachusetts, please contact Curry College or the University of Massachusetts Amherst.

Martin J. Lantieri RN MSN graduated from Curry College's MSN CNL program, completing the program's requirements in December of 2012.
The Nursing Department at Worcester State University is pleased to invite applications for these tenure-track nursing faculty positions in Adult Health Nursing and Maternal Child Health beginning September 1, 2013. An earned doctorate in nursing or a related field is preferred for tenure-track candidates. Candidates must have a master’s degree in a related nursing specialty and must be eligible for RN licensure in Massachusetts. Teaching experience in higher education is preferred.

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