

MARN

MAssachusetts Report on Nursing

MARN is the Massachusetts Affiliate of the American Nurses Association

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ANA Presidents
 (Past & Present) Visit
 Boston Health Care
 for the Homeless
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2013 Living Legends and Excellence in Nursing Awards Dinner Friday, April 26, 2013 Lombardo's Randolph, MA

Join MARN as we celebrate the BEST in Nursing in Massachusetts!
Cocktail Reception
 6:00 pm – 7:00 pm
Dinner and Awards Ceremony
 7:00 pm – 9:30 pm

- Living Legends in Massachusetts Nursing**
 Jacqueline Fawcett, PhD, RN, FAAN
 Gladys Scipien, MS, RN, FAAN
2011 President's Award
 TBA
- Excellence in Nursing Research**
 Inge Corless, PhD, RN, FAAN
- Excellence in Nursing Education**
 Susan Rowen James, PhD, RN
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- Excellence in Nursing Practice**
 Roger Blanza, RN, BSN
- Ruth Lang Fitzgerald Memorial Scholarship**
 Elizabeth Kinsella, RN, ADN, BSN, BS
- Arthur L. Davis Publishing Agency Scholarship**
 Gail Slotnick, MBA, RN-BC
- Mary A. Manning Nurse Mentoring Award**
 Barbara Wolfe, PhD, APRN, CS, FAAN
- Loyal Service Award**
 Gayle Peterson, RN

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 commiserate 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

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



CAPN Nurse's Hall: from left to right Margaret Ackerman, NP; Donnell Carter, CRNA; Julieanne Nemes-Walsh, NP; Barbara Rosato, NP; Stephanie Ahmed, NP

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.

Advanced Practice Nurses continued on page 4

2013 MARN Living Legends

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 Connecticut, New York University, the University of Pennsylvania, the University of Massachusetts, and many adjunct and visiting professor appointments in the United States and Canada.

Over her long and illustrious career, Jacqui is probably best known for work

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.

Known to many MARN members, colleagues and former students as "Sippy," she consistently

2013 MARN Living Legends continued on page 12

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Go to: www.MARNonline.org or see page 15 to complete the application.

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President's Message

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.

After a several day inpatient stay, 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



Dr. Gino Chisari

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.



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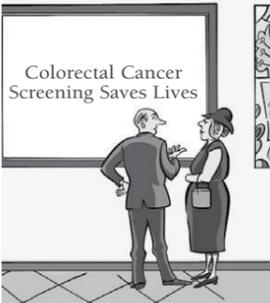
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**Massachusetts Association of Registered Nurses
2013 Health Policy Committee Legislative Forum**

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:
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Fee: \$10.00 students
\$35.00 for MARN Members
\$50.00 for all others
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Annual Spring Convention
Saturday, April 27, 2013

**Lombardo's
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**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:
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MARN Members: Awards Dinner, \$75
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\$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

**(Conference fee includes
continental breakfast and lunch)**
Register on-line at: www.MARNonline.org

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ANCC contact hours pending approval by
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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
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Vendor/Exhibitor Opportunities

**Do you know a vendor/exhibitor that may be
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Please contact Lisa Presutti at
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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?

- Advanced Practice Nurses (APRNs) will be able to practice to the full extent of their education and training and will not be restricted by mandatory collaborative



**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.

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 practice.
- 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.

- 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 legislature.”

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.

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.

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AN ACT IMPROVING THE QUALITY OF HEALTH CARE AND REDUCING COSTS
Fact Sheet

Nurse Practitioners (NPs) and Certified Registered Nurse Anesthetists (CRNAs) have been recognized nationally and in Massachusetts as Advanced Practice Nurses for more than forty years. NPs and CRNAs are responsible for the care they deliver; must adhere to national professional standards; and retain their own professional malpractice.

Since the early 1990s, NPs have been able to independently 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 patients in their care.

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 prescription practices for CRNAs and NPs, and requires an agreement between the APRN and the physician for practice guidelines, is: ineffective, arbitrary, inefficient and no longer rational.

In 2010, the Institute of Medicine along with the Robert Wood Johnson Foundation and the National Council of State Boards of Nursing recommended that:

- Nurses should practice to the full extent of their education and training;
- Boards of Nursing should be solely responsible for licensing APRNs;
- The cost of care is increased and much time is wasted by unnecessary physician supervision, and by duplication of services resulting from required “confirming” visits with a physician and co-signatures for prescriptions or orders. APRNs should be licensed as independent practitioners with no regulatory requirements for collaboration, direction or supervision from physicians.

The goals of AN ACT IMPROVING THE QUALITY OF HEALTH CARE AND REDUCING COSTS are to:

1. Remove the mandate of supervision by physicians for the prescriptive practice of the NP and CRNA;
2. Remove the mandate for practice guidelines with a physician;
3. Provide the sole authority for the regulation of NPs and CRNAs to the Board of Registration in Nursing;
4. Remove restrictive time limitations on writing prescriptions for the CRNA; and
5. Update the Nurse Practice Act to reflect that NPs and CRNAs not only order tests and therapeutics, they also interpret them in order to best treat the patient.

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

Editorial

Now is the time...

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

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 be in a position 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 **MA**ssachusetts **R**eport on **N**ursing 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

TITLE

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 continual quality improvement efforts. 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 info@marnonline.org. Once the application is received it is assigned to a 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.

These are the areas the peer reviewers look at when considering whether the standards have been met by a continuing nursing education applicant.

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 agency or job specific? Can the information learned be transferred to another job in another agency? Is it targeted at one specific type or brand of equipment?

Continuing Education vs. Basic Education

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?

Educational Design

The educational design is a blue print 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 Gibbs at jgibbs@marnonline.org or Sandra Reissour at sreissour@marnonline.org or the nurse peer review leader, Judy Sheehan at jsheehan@marnonline.org.



Faculty Opportunities - Fall 2013

Assistant Professor – Associate Degree Nursing

Supervision and evaluation of students in a team-taught nursing program to include simulation lab experiences.

Required Qualifications: A Master's degree in nursing with current Massachusetts Registered Nurse License. Minimum 5 years recent clinical experience within the past 8 years. Background appropriate to teach Maternal/Child Health and Fundamentals of Nursing.

Assistant Professor – Practical Nurse Certificate/Program Coordinator

Responsible for the organization, implementation, review, continued development, and general effectiveness of the Practical Nurse Certificate Program to assure attainment of standards set by Massachusetts Board of Registration in Nursing for program approval. Additionally, teach the equivalent of three courses per semester.

Required Qualifications: Current Massachusetts Registered Nurse licensure; Master's degree in Nursing, minimum of five years recent full-time nursing experience, or its equivalent, within the last eight years, with at least three years of experience in nursing education; knowledge of nursing regulation policies and guidelines, governance, and regulatory agencies.

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Clio's Corner



Cadet Nurse Corps

Mary Ellen Doona

In 1940 as war raged in Europe with country after country having already fallen under Hitler's fascism and Britain besieged, the unspoken fear was that the United States would be next. America was still at peace but as the *American Journal of Nursing's* editor remarked, "The very air is supercharged with tragedy."¹ "Nursing in Democracy" was the theme of the American Nurses Association's Convention that May in Philadelphia where nurses listened to President Franklin D. Roosevelt's radio speech calling for national preparedness. By July the ANA, the National League for Nursing Education and the National Organization of Public Health Nursing had established the Nursing Council for National Defense. At its first meeting in New York in July 29, 1940, the Council along with the Association of Collegiate Schools of Nursing and the National Association of Colored Graduate Nurses urged nursing organizations at the federal level, such as those with the Veteran's Administration, the American Red Cross, and the armed services, to join in creating nursing's concerted response to the President's request.



With Children's Hospital's Stella Goostray heading the Council, Massachusetts was well represented. She and her colleagues anticipated that once the United States entered the war the demand for nurses might undermine the gains the profession had made in establishing educational standards. The Council feared that nursing programs would be shortened. If education were compromised, nursing care would be as well, for students provided 80% of that care.

After Pearl Harbor in Hawaii was bombed, December 7, 1941, and the United States entered the war, an existing nursing shortage intensified.

Graduate nurses left hospitals to care for workers in the rapidly increasing numbers of defense plants. Other graduates left hospitals to enlist in the Army Nurse Corps and the Navy Nurse Corps. The late Ruth Smith who served in the Army Nurse Corps remembered the hospital administrator warning her and others that if they left, they would never get their jobs back. This was no empty threat given the scarcity of jobs in an America that was still climbing up from the Depression. The exodus of nurses from hospitals made nursing students and their care even more important.

Sensitive to the urgent need for nurses to care for soldiers as well as civilians, Congress created the United States Cadet Nurse Corps on June 15, 1943. The Massachusetts section of the Nursing Council for National Defense helped to recruit applicants with the help of alumnae associations, nursing organizations and teachers. "Join the Drive for Victory," one poster urged young women. Another shouted BECOME A NURSE. YOUR COUNTRY NEEDS YOU! The Cadet Nurse Corps' poster stated: "Your Country needs you so urgently that the Government [has] made immediate financial aid available."

The Cadet Nurse Corps appealed to young women who wanted to be part of the war effort. It also spoke to their sense of style. Along with having tuition, books and housing paid for, the poster promised potential applicants that they would love the "attractive uniforms" that "fashion experts" had designed for the Corps. Clinical uniforms, a street uniform, topcoat, hat and purse made up the ensemble. The Maltese Cross served as the insignia for the Cadet Nurse Corps. It distinguished each student as part of the war effort and linked her to the Knights of St. John who cared for Crusaders from nursing's long ago past.

A monthly stipend added another inducement. During the first nine months as Pre-Cadets mastered the sciences, they would receive \$15 a month; during the next 15-20 months while mastering the nursing curriculum and clinical practice, Junior Cadets received \$20 a month; and, from then until graduation, while they were

Clipping courtesy of Janet S. Burke RN



THESE THREE MEMBERS of the U.S. Cadet Nurses Corps at the Cambridge City Hospital are taking their place among the 3341 new students needed to fill the Massachusetts quota. Under this program more graduate nurses will be released for service in the Army and Navy, returning veterans will be assured of adequate nursing care, and civilian hospitals will be more ably staffed to care for the community needs. The girls are, l. to r., Barbara Sullivan and Gertrude Scannell, in the hospital uniform, and Mary Gryniewicz in street uniform.

Senior Cadets, they would receive \$30 a month (The 1945 minimum wage of forty cents per hour provides a comparison). The usual three-year program was completed in 24 to 30 months, accelerated to be sure, but also enhanced by federally funded faculty and equipment.

For the last 6-8 months Senior Cadets practiced in military settings, such as the Veterans' Administration Hospitals and Fort Devens or in civilian hospitals. Thus they fulfilled their pledge to the Cadet Nurse Corps and satisfied the 36 month Board of Registration in Nursing requirement. Students though they were, Cadet nurses ensured care from a professional perspective in hospitals increasingly staffed with aids and volunteers.

Sixty-four years later many of those Cadets are octogenarians. Shirley A. Harrow gathered twenty-two of them in Quincy this past summer. Among the former Massachusetts Cadets were: Alfa Zalfa Norman of Boston City Hospital School of Nursing; Kitty Larkin Carbone of Lawrence Memorial Hospital School of Nursing; Dorothy Harrington Hall of Massachusetts General Hospital School of Nursing; Dorothy Griffin Utz, Betty Jeffer Truax, and Elizabeth Damon Beecher of Massachusetts Memorial Hospital School of Nursing; Jennie Kleczek Burns and Jan Greenberg of Newton Wellesley Hospital School of Nursing; Marie Fehlow and Rosemarie Battaglia of Quincy City Hospital School of Nursing; and, Charlotte Savage Bourne of Salem Hospital School of Nursing.² They were among the 3341 Massachusetts women who answered their country's call. By the time the Cadet Nurse Corps program ended in 1948 125,000 Cadets had graduated into the profession.

¹ Mary Roberts, "Federal Legislation-and the World We Live in," *American Journal of Nursing*, (February 1940): 176.

² Emily Sweeney, "Reunited, 22 nurses recall WW II experiences," *Boston Globe* August 2012.

[HTTP://uscadetnursesorg/people](http://uscadetnursesorg/people).

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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 process amid chaos, overwhelming busyness and demands. It requires new strategies to create caring relationships, environments, and work cultures. Combining Nursing Science with Caring Science strengthens our work. Nurses have the power to reclaim the caring heart of nursing.

Watson Caring Science Institute (WCSI) is the international, nonprofit organization founded by Dr. Jean Watson, Nursing Theorist and Leader, in 2007 to advance the philosophies, theories, and practices of Human Caring. Many hospitals have adopted Dr.

Watson's Theory of Human Caring/Caring Science as a Model of Practice. Nurses know the importance of sharing and networking in improving caring practice. Regional Caring Coalitions have sprung up around the country (Northern California, Florida/Georgia, North and South Carolina, New York/New Jersey/Pennsylvania, and Chicago.). These grass-root Coalitions 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.

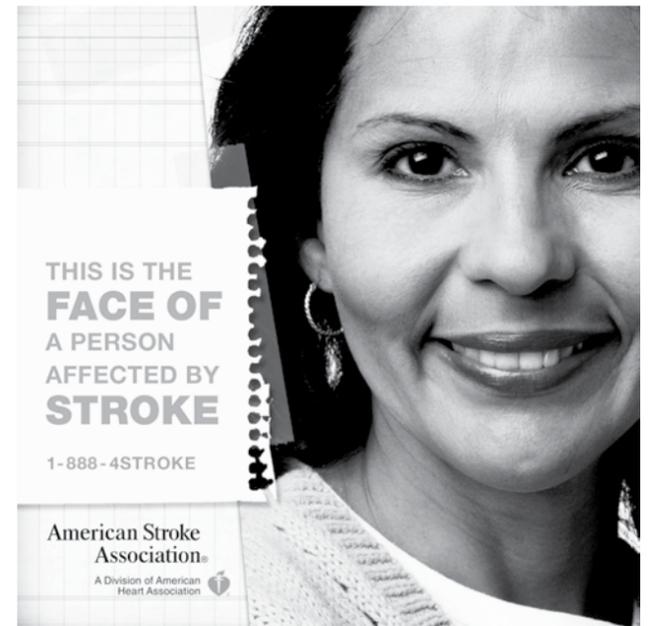
Dr. Lynne Wagner's nursing career spans over 40 years. She has worked as a staff nurse, in-service staff educator, family nurse practitioner, and for 20 years, a nursing Professor Emerita at Fitchburg State University. Presently, Dr. Wagner works as a Nurse Consultant facilitating the development of 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 Medical 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-IHP. 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.

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

by Craven & Ober Policy Strategists, LLC

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.



MARN Executive Director, Diane Jeffery represents MARN at the release of the Commonhealth for the Commonwealth report. Susan Servais, Executive Director of the MA Health Council is at the podium.

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>

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

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 IVES (D-Newburyport) 1st Essex District, replacing Sen. Steven Baddour.	City councilor in Newburyport since 2008. Worked as the deputy campaign manager for Treasurer, 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:

CLAIRE CRONIN (D-Plymouth) 11th Plymouth District, succeeding Rep. Geraldine Creedon, (retired).	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 CUTLER (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.
MARJORIE DECKER (D-Cambridge) 25th Middlesex District, succeeding Rep. Alice Wolf, (retired).	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 DIZOGLIO (D-Methuen) 14th Essex District. Defeated Rep. David Torrisi in the primary	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) 15th Worcester District. Succeeds former Rep. Vincent Pedone, who left for a position in the private sector.	Director of the Pleasant Street Neighborhood Network Center.
BRIAN MANNAL (D-Centerville) 2nd Barnstable District. Defeated Rep. Demetrius Atsalis in the primary.	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.

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Get ready to make a difference.

New Members of the House of Representatives continued on page 9

New Members of the House of Representatives continued from page 8

LEONARD MIRRA (R-West Newbury) 2nd Essex District. Succeeds Rep. Harriett Stanley (retired)	Small business owner. Received his bachelor's degree from Boston College. Served on the Groveland Conservation Commission and the West Newbury Capital Improvements Committee.
FRANK MORAN (D-Lawrence) 17th Essex District. Succeeds Rep. Paul Adams, who ran unsuccessfully for the Senate.	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.
DAVID ROGERS (D-Cambridge) 24th Middlesex District. Succeeds William Brownsberger, who left the House after he won a special election for a Senate seat.	Works as general counsel at AW Chesterton, a global manufacturer of mechanical sealing devices. He received his bachelor's degree from Ithaca College and a law degree from American University.
JEFFREY ROY (D-Franklin) 10th Norfolk District. Succeeds Rep. James Vallee, who left the position	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.
ALAN SILVIA (D-Fall River) 7th Bristol District. Beat Rep. Kevin Aguiar in the primary.	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.
AARON VEGA (Democrat-Holyoke) 5th Hampden District. Succeed Rep. Michael Kane, who resigned from the House.	Owner of Vega Yoga and Movement Arts. Received a degree from Holyoke Community College.
JONATHAN ZLOTNIK (Democrat-Gardner) 2nd Worcester District. Beat Republican Rep. Richard Bastien.	Received his bachelor's degree from the UMass Lowell.

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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.

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 Marriot 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, PhD, CRNP, nurse practitioner for the percutaneous dilational 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.

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

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SAVE THE DATE

MARN 2013 *Living Legends in Nursing*
&
Annual Awards Banquet
Friday, April 26, 2013
&
Annual Spring Convention
Saturday, April 27, 2013

"The Impaired Clinician: Practice and Ethical Implications for Nursing and the Healthcare Team"

Lombardo's
Randolph, MA

Update on Massachusetts and National Health Care Reform/ Impact

March 27, 2013

Time: 6:30-8:30 pm

Regis College, Alumnae Hall, Upper Student Union Lounge
235 Wellesley St., Weston, MA 02493

This lecture will focus on where we are going with cost containment in health care. The Affordable Health Care Act will be discussed in relation to its impact on quality of care, health care providers, clients and families. Come and hear the experts!

Fee: none

For More Information

Contact us at 781-768- 7120 or E-mail:

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Online registration:

www.registowertalk.net/NHCR12

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Contact Hours: 2

MARN Member Appointed to Behavioral Health Task Force

Karin 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.



Bulletin Board

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.

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- Access to the new [Members Only](#) web site of NursingWorld.org.
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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@net1plus.com.



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

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2013 MARN Living Legends continued from page 1

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 Caesarian 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 clinical experiences that challenged students' 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 Gotlieb Archival Research Center.

Presidents Past & Present Visit Boston Health Care for the Homeless

A cold day in January was made warmer for the staff of Boston Health Care for the Homeless when past ANA President Barbara Blakeney and President Karen Daley made a short visit to encourage their hard but satisfying work.



ANA President Karen Daley with MARN Past-President, Toni Abraham & ANA Past President Barbara Blakeney.



Toni Abraham, Barbara Blakeney, Karen Daley, Pooja Bhalla, (COO), Cheryl Kane, RN Director of Nursing at Barbara McInnis House & Barbara Giles



Karen with new RN graduate, Carolyn Matheson



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GOOD TO GO

Lessons Learned in Swaziland (3)

By Aisha Ellis BA MA, RN

(with special thanks to travelling companions for their insightful input: Inge B. 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



Martha Dietz Loring; Dr. Inge Corless; Allison Rhodes; Patty McCarthy; Alexandra McCaffrey; Aisha Ellis

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 mothers2mothers (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, advisees, mentees, mentors, professors, patients, and all people everywhere connected by faith.



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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 a healthcare system. CNLs are charged with treating new problems related to caring for an aging population, dealing with issues such as chronic illness, socioeconomic related health disparities, and an increasing emphasis on health promotion and the prevention of disease. The CNL's education focused on addressing the national patient safety goals, created by The Joint Commission, and preceded the Center for Medicare and Medicaid's (CMS)

payment and subsequent limitation of payment for performances based on nursing sensitive quality measures. Based on these ideas, and on the notion that nurses must remain lifelong learners, the American Association of Colleges of Nursing (AACN) identified a need to educate future practitioners to bring a focus on quality improvement, and accountability for healthcare outcomes to the point of care. The CNL, as a master's prepared generalist, is able to design, implement and evaluate client care while working with the healthcare team, and possesses 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 the care environment, and an emphasis on clinical outcomes at the unit level that differentiates the CNL from the CNS. While the CNS has a specialist focus, typically on patients with similar problems (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.

An Invitation for MARN Members!

Become an active member— Join a MARN Committee today!

Are you a MARN member who is looking for a way to become more involved in the organization? Do you have a special talent or interest? Can you find the time to work on a one time only project? If you are looking for new opportunities, then we are looking for you! Listed below are the descriptions of the various active committees for the Massachusetts Association of Registered Nurses (MARN).

MARN Continuing Education Committee: The Massachusetts Association of Registered Nurses, Inc. is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This committee plans and executes an Annual Provider Forum, writes quarterly newsletter articles, and functions as the MARN Approver Unit in reviewing provider and activity applications for continuing education credit. Meets monthly on the first Wednesday morning of each month (9am–12pm).

MARN Conference Committee: Plans and executes Annual Spring Conference & Business Meeting and Annual Fall Conference. Focused on topics of clinical relevance. Responsibilities include site selection, speaker selection, developing contact hour application, assisting with marketing and on-site registration. Meets monthly by teleconference and/or email to plan.

MARN Awards Committee: Develops criteria for and selects winners for three annual nursing excellence awards, two scholarship awards and Living Legend awards. Meets quarterly by teleconference and email and once/year in person to prepare for Awards Luncheon/Dinner. Members expected to attend Annual Meeting and Awards Luncheon/Dinner during the Spring Convention.

MARN Bylaws Committee: Reviews MARN Bylaws annually to create and propose changes and additions as suggested by the membership and/or Board of Directors and to maintain compliance with ANA Bylaws. Meets in person as necessary (usually once per year) and by teleconference and email as necessary to prepare for Annual Meeting.

MARN Health Policy Committee: Reviews proposed legislation and health policy issues for recommendation to the Board of Directors. Provides analysis to the Board and the membership for recommendations; will also be meeting with legislators. Meets monthly on the first Tuesday evening of each month by teleconference (7-8pm) and quarterly in person.

MARN Membership Committee: Develops new membership initiatives, reviews membership statistics, and contacts new members to welcome them to the Association. Presents to schools and colleges of nursing, attends other professional organizational programs and meetings to promote MARN and the importance of professional organizational membership. Meetings are monthly by teleconference (5:30-6:30pm) and quarterly in person.

MARN Newsletter Committee: Meets exclusively by email to review articles for publication, develop story lines, and create a quarterly newsletter circulated to every RN licensed by the Commonwealth. ALL MARN MEMBERS ARE INVITED TO SUBMIT ARTICLES OF INTEREST.

MARN Technology Committee: The overall goal of the committee is to identify and implement technological upgrades for the organization.

For more information or to sign-up, please contact Executice Director Diane Jeffery at djeffery@marnonline.org or Lisa Presutti at info@MARNOnline.org or (617) 990-2856.

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