

# ANA-MAINE JOURNAL

## Journal Highlights



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Think Spring! Think ANA-Maine  
Awards Dinner!  
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The Newsletter of the American Nurses Association–Maine

WINTER 2009

## President's Message Why ANA-Maine?

by Susan Henderson

As an old year comes to an end, we take stock of what has been, seek to make amends for shortcomings and move into the New Year with hope. This year, our country faces economic crisis, global warming, two wars and a healthcare system with ever-increasing costs and increasing numbers of those uninsured and disenfranchised. All of these issues interrelate and are intimately connected to our roles as nurses. These crises present opportunities for change, a new direction and hope as we start this New Year.



Sue Henderson  
President

We, as nurses, have something very important to bring to the debate about healthcare reform. We, as nurses, are at our patients' sides and we know their struggles and hopes and dreams. We are patient advocates in a market-driven healthcare system that all too often puts profits before patients. Nursing was again voted the most trusted of the professions. We know what good care is and we know what safe care is, and we know what kind of care that our patients, as human beings with inherent dignity and worth, deserve. We have knowledge and skills in health promotion and disease prevention that are undervalued and underused. We entered nursing because we had a vision; we stay because we have kept that vision.

We join our professional organization to have a voice in shaping our practice and the health policy of the society so that our vision can come alive. Why ANA and ANA-Maine as the professional nursing organization rather than specialty groups, honor societies, executive groups, or unions?

ANA is an entity made up of the many component parts of nursing that come together to form a whole greater than the sum of its parts. ANA is our professional organization because it serves all nurses and a profession that is a dynamic whole. As a dynamic whole, through ANA's Social Policy Statement, the profession seeks primarily to serve the public interest. To this end, ANA seeks to develop and maintain the infrastructure of our profession. Without the work of the ANA, it is unlikely that nursing would be recognized as a profession. A profession is premised on a code of ethics, standards of care, values and policy statements. Nursing is a profession that views people holistically and has a body of knowledge that includes empirical, personal, aesthetic, ethical and socio-political knowledge. As professional nurses, we have a knowledge-based practice built on a foundation of ethical values. This

Continued on page 3

## Self Care: Rediscovering the Heart of Personal Vitality & Wellbeing

by Susan Vorce Crocker, PhD, RN

*To thine own self be true, and it must follow, as the night  
the day, thou canst not then be false to any man.*

~William Shakespeare

Embedded within the service, scholarship, and professional responsibility of clinical nursing is a central concept: caring. As nurses, we think we understand the concept of caring because that is "what we do;" we care for patients, staff, family, & friends. Listening is a crucial component of caring and I urge you to listen and reflect on your particular needs for care. This month's column offers opportunities to actively listen to your own care needs and offers encouragement to develop self care interventions to improve your health and wellbeing.

To begin, let's take a few moments and explore the notion of care. My goal is for you to gain new understanding of care as an ideal and an idea so you can better relate it to self care—your caring for yourself in this day of stress, overload, and uncertainty!

Mayeroff (1971) in a short but powerful volume on the notion of care describes several essential elements of human caring. He distills these to include: knowing, patience, honesty, trust, humility, hope, and courage. Mayeroff also conceptualized caring as "helping others to grow" and notes that:

"We sometimes speak of caring as if caring did not require knowledge, as if caring for someone, for example, were simply a matter of good intentions or warm regard... To care for someone, I must know many things. I must know for example who the other is, what his powers and limitations are, what his needs are, and what is conducive to his growth; I must know how to respond to his needs and what my own powers and limitations are. Such knowledge is both general and specific." (p. 13)

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## Conference Overview

The Center for American Nurses LEAD Summit Conference offers outstanding educational content that is informative as well as entertaining. The 2009 conference will feature unique presentations, by nationally recognized leaders, on evidence-based practice, innovative strategies, and technologies to improve the work environment of nurses and enhance patient care delivery. At LEAD Summit 2009, nurse leaders, nurse managers, and direct care nurses in all practice settings will gain crucial leadership skills and practices for success in today's healthcare environments. Registration opens in January 2009!



**Debra Gerardi**

### Plenary Sessions

#### Debra Gerardi, RN, MPH, JD

Debra Gerardi is a pioneer in health care conflict resolution and has provided mediation, facilitation, systems design and training in the field of health care, including intervention in complex, multi-party disputes for organizations such as the Joint Commission, American Medical Association and American College of Health Care Executives.

#### Beth Ulrich, EdD, RN, FACHE, FAAN

A nationally recognized thought leader with a passion for workforce issues, Beth Ulrich has held multiple executive positions at both hospitals and large healthcare systems. Her areas of expertise include multigenerational work forces, new graduates and nurses' views of the work environment.



**Beth Ulrich**

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 Web Site: [www.anamaine.org](http://www.anamaine.org)

647 US Route 1 - Suite 14  
 York, ME 03909  
 PMB #280

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**Self-Care Rediscovering the Heart . . .***Continued from page 1*

Certainly you recognize care in nursing practice but think about Mayeroff's description of caring in terms of your own health and self care choices. Who knows you better than you do or can best realize your unique limitations and potentials in both general & specific terms?

Jean Watson (1999) discusses the relationship of human care as a moral idea—thought, plan, or initiative! Ethical or moral principles and choices are based upon individual, social, and professional values, beliefs, and standards. We think of these as defining what is “right” & “wrong” (Curtin, 2007). Can this mean it may be OK (not selfish) or even right to choose to care for one's own needs? Still, many of us ignore our own requirements in deference to those of others believing this is the ‘right’ thing to do.

Watson (1999) speculates, “The ideal and value of caring is clearly not just a thing out there, but is a starting point, a stance, an attitude, which has to become a will, an intention, a commitment, and a conscious judgment that manifests itself in concrete acts” (pp. 31–32). Clinical nursing practice is consumed with ‘concrete acts’ and so should be your attention to self care. If you are stressed, sleep deprived, hurried and unhappy, or experiencing somatic symptoms you are not at your best to care for others.

From its inception, nursing has been described as relational and situated in a perceptual awareness of holistic lived caring experience (Nightingale, 1860/1969). Envision a caring relationship with yourself in regard to your health & wellbeing. More than thirty-five years ago, Martha Rogers (1970) began a conversation on nursing theory with these words:

“People are at the center of nursing's purpose... nursing is a humanistic science dedicated to compassionate concern for maintaining and promoting health, preventing illness, and caring for and rehabilitating the sick and disabled. Man, whom nursing strives to serve, is a unified whole, a synergistic system, who cannot be explained by knowledge of his parts... The social significance of nursing comes into view as nursing's body of scientific knowledge is translated into practice... Nursing carries a signal responsibility in the great task of designing health and welfare services commensurate with changing times and human needs” (pp. vii–iii).

While you may think the notion of caring is all about patients and it is; don't forget the old saying, “Physician heal thyself!” I suggest that nurses, as caring experts, adopt a similar slogan “Care for thyself!” However, in order to focus on self care, we must gain insights in our own ‘self care deficits.’

The Self Care Deficit Model is essentially a three part theory that “focuses on persons in relations” (Orem, 1990, p. 49). Orem's self care is action undertaken by someone who has determined how to take care of themselves within their own environment (self care agency). What actions do you take within your environment to take care

of yourself? Orem (1995) further describes self care as “voluntary regulation of one's own human functioning and development necessary for individuals to maintain life, health, and well-being” (p. 95). In review, self care is comprised of activities that are learned as one matures and are affected by cultural beliefs, habits, and customs of the individual, family, and society. The age, developmental state, or state of health of a person can shape one's ability to perform these self-care behaviors. Orem teaches that nursing interventions are needed when individuals need compensatory action (to overcome an inability or limited ability to engage in care) OR for action to help in the development or regulation of self-care abilities. I argue that nursing professionals must learn to devise personal self care interventions because we are too important to overlook. We intend to care but we fail to realize that in ignoring our own care needs we are not serving or caring for any one—least of all our own wellbeing—because exhaustion, frustration, and ‘guilt’ are not hallmarks of vitality. We must listen and then speak out, stand tough, and care for ourselves and each other!

In order for someone to “overcome an inability” for self care one must first see the need for self care. I challenge each nurse who reads the column to honestly appraise his/her own reality. Do you see the need for self care in your life? What, if any implication, does self care have in relation to you personal wellness and the wellness of your nursing colleagues? Caring professionals, like nurses, speak of being “burned out;” do you feel this way? What nursing interventions would you recommend to a colleague who does feel “burned out?” Have you considered the actions needed to keep your environment from overwhelming your abilities? Have you considered applying these actions in your own life?

**Self Care Thoughts**

- Engage in an honest assessment of your voluntary regulation of your own human functioning and development necessary to maintain life, health, and well-being.
- Consult with a colleague in the development of concrete acts that will aid you to grow, develop & perform daily activities in a culturally and meaningful context.
- Participate intentionally in wellness behavior that

meets your particular need such as scheduled time off for relaxation and learning, time with significant others, Reiki, healing touch, therapeutic touch, selected types of physical movement, any type of massage/body work, and a diversity of spiritual meditative practices or other approaches to invigorate and revitalize your well-being and vitality.

- Learn effective self communication skills and use them—be honest, seek help and recognize what you need to do for yourself when the needs of others overtake your own. Listen to your needs and take the time to meet them!

Nurses are vital to the health of our nation. Become intentional about self care for it is the heart of healthy wellbeing for you and for those for whom you care. You know what you need; listen and act as you would for a client, a patient, or a child in your care. Benner & Wrubel (1989) teach us that caring is primary; “Because caring sets up what matters to a person, it also sets up what counts as stressful, and which options are available for coping. Caring creates possibility. This is the first way that caring is primary.” (p. 1)

Create your unique self care possibilities recognizing that you matter!

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**President's Message***Continued from page 1*

is the ground upon which we stand as we seek to shape our practice and health policy.

We enter difficult times; there will be change. Who will be the voice of nursing in the future? Who will shape our vision? Some say we do not need ANA because the nurse executives “have it all covered” locally and nationally. Others say ANA is too expensive, too filled with conflict, too close to unions, too linked to administrators. Unions say ANA is too weak. Many organizations actively seek members so that in the national arena they can claim to be the voice of nursing. No choice is always a choice. To not choose to join ANA or ANA-Maine is to choose another voice for nursing. Which voice do you want to speak for the nursing profession as a whole in the healthcare debate?

# ANA Maine's 2008 Meeting and Conference: A Report

This year our Annual Meeting and Conference, "Maine Nurses Working Together: Improving the Health Care and Nursing Environment," was held Oct. 23, 2008 at the Special Event Center in Bangor.

Keynote speaker was Isis Montavlo, RN, MS, MBA, of the American Nurses Association. She addressed the relationship of safe staffing and nurse sensitive quality indicators. Lisa Harvey McPherson, RN, MBA, MPPM articulated the importance of manifesting nursing leadership through the legislative process. Carolyn McKenzie, LPN gave a moving presentation on how a personal trauma gave rise to strength that she shared with patients. Sandra Armington, RN, BSN, spoke of environmental concerns and nursing actions. Ed Latham, RN, FNGNA ended the day with uproarious humor that revealed deep, compassionate truths about nurses and nursing as he discussed the importance of developing positive work environments.

The annual business meeting was held during the luncheon. Nonmembers were invited to be present. The names of Maine nurses who died during the past year were

honored by the reading of the Nightingale Tribute. Members who were present received written reports from officers and committee chairs; these reports were filed. An amendment to the bylaws was passed that would allow members who are not working to pay a reduced dues rate. This amendment and all committee reports presented are available to members. Election results were as follows: Director Bettie Kettell replaced Gail Dudley as second vice president, and Wayne Steller replaced Bettie Kettell as a director.

Presidents of Student Nurses Associations were recognized for their service. The Continuing Education Committee was honored for its work in achieving re-accreditation from the American Nurses Credentialing Center (ANCC) of ANA. ANA-Maine hosted the Student Nurses Association of Maine meeting during the day's events.

The ANA-Maine Board of Directors thanks Marsh Affinity Group Services and ATI, and Assessment Technologies Institute, for helping to sponsor our event! Thank-you also to our journal publisher Arthur L. Davis for the gift of flowers and handouts.



**Flanked by our retiring and incoming Commissioners, members of the ANA-MAINE Continuing Education Committee enjoy a rare face-to-face meeting at the ANA-MAINE Annual Meeting in Bangor, October 23rd. Front row: Paula Theriault, Jane O'Malley, Diana Crowell, and new CE Commissioner Karen Rea. Back row: Retiring Commissioner Ellen Bridge, Administrative CE Consultant Dawn Wiers, Janet Durgin, Chair Ruta Jordans, Barbara Hildreth and Irene Eaton-Bancroft.**

## Namaste

by Joe Niemczura, RN, MS

**ANA-Maine member goes to Nepal to teach nursing, and becomes locally famous as an expert on snakebite treatment.**

In the U.S. there now exists more awareness about cross-cultural nursing than before, and I have always enjoyed the opportunity to meet people from other cultures if they needed health care. Until 2007, though, it was always on my own turf since the recipients of my care were here in the U.S., and the elements of the society and healthcare system were ones I could take for granted.

I now teach at the University of Hawaii and in summer 2007 I got enough funding through our Office of International Health to pay for a round-trip ticket to Asia. I had three months off, so I figured, "Why not?" and decided I would see what nursing in Asia was about, first hand. Many Asian countries are thoroughly westernized, such as Japan, Korea, or Singapore, so I sought a chance to go to one of the places that has not been changed as much. Nepal seemed appealing so I searched the Web and found the site of United Missions to Nepal (UMN), a Christian non-governmental organization (NGO) that operates several hospitals and nursing schools. Nepal is the little country between India and China, best known as the home of Mount Everest. Most Americans know the name of the capital city because it is the title of a Bob Seger rock 'n' roll song, "Kathmandu." (I have the idea that Mr. Seger has never actually been there though.) After some correspondence I was accepted to teach in Tansen, a city of 30,000 people in the foothills of the Himalaya 10 hours west of the capital.

Nepal is one of the poorest countries on earth and the health system has been in disarray because of the 11-year civil war, which ended in 2006. UMN operates a 160-bed hospital in Tansen, and the nursing school is set up along the old "hospital school" model, with a three-year program, 40 students in each "batch." Because of the missionary history, the language of instruction is English. The hospital serves a catchment area of about 750,000 people. By comparison, the State of Maine has 1.2 million people. Now ask yourself this question: If there were just one hospital in all of southern Maine, and it had 160 beds, what would it be like? Who would be occupying the beds? What services would be offered? What would the typical diagnoses be? I was about to learn the answer to all these questions and more.

There are many layers to the experience of nursing in a foreign country, and to describe them all is like opening one of those gag gifts that consists of a neatly wrapped package only to find another slightly smaller package inside which needs to be unwrapped, then another and so on. When

the plane landed in Kathmandu, the initial experience of landing in a city of two million people in a lesser developed country was overwhelming—like being in a movie but not being able to turn it off, ever. Kathmandu is crowded and exotic. The drive to Tansen involved a long bus trip through the region of rice paddies and water buffalo, followed by a thrilling ride on winding mountain roads. There was no guard rail and I was mindful of the statistics I had read that people in Nepal are 30 times more likely to die in a road traffic accident than people in the U.S.

Tansen itself is a small city started as a trading post 500 years ago, at 4,000 feet elevation, above the malaria zone. We did not need to use nets at night or take anti-malaria medication, but we did care for persons from the lowland with malaria. Cows wander the cobblestone streets, and the main export industry is "Dakka cloth," a particular type of textile that the women weave using hand looms. This city is considered to be relatively unspoiled and non-touristy. This part of Nepal is the homeland of the "Magar" ethnic group, which has distinct cultural practices including colorful ethnic costumes as part of their everyday wear. These practices were combined with Nepali women wearing saris of every shade of red. At the nursing school, there was a strict rule that the students wear a purple and white sari to lecture class; they also wore their caps when on duty. It was very colorful.



**When we had one of our snakebite victims on the mechanical ventilator, there was an electrical malfunction of the machine and we needed to use an ambu bag for eight hours. His brother was there, and we taught him to use the ambu bag. He posed for a picture.**

Tansen is on the edge of the vast roadless area of Nepal; on a clear day we could see the Himalaya even though these mountains were 70 miles away. Many of the region's residents only walked to the market town once a month to get supplies such as soap and plastic objects. Hundreds of thousands of people live in areas with no paved road or electricity, using farming techniques handed down from

the 14th century, and you could go on a hike through areas to see the locals using the same technology that an Anglo Saxon might have known (except that sometimes you could buy a Coke.) There is no electricity in these places, and people light the night with kerosene lanterns. Because of this, there were many more burn injuries than I would have expected, and also more injuries from wood cutting.

The hospital is run using a functional nursing model, and the layout included some open wards with 11 patients to a room. One of the early surprises for me was their well-thought-out system of admitting patients to low-lying pallets in the corridors when there was overflow. It was not unusual to have 20 or 30 patients sprinkled around the wards on these pallets. Since everyone is accompanied by a relative who sits nearby, the hospital would appear very crowded at these times, and I always called it the "Bus Station Effect." To top it off, there was no air conditioning and the daytime

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**Namaste***Continued from page 4*

temperature was around 95 degrees. I was also there for monsoon, the time of torrential rains in summer.

During a civil war, public health is among the first casualties, and many of the illnesses of our patients were traceable to lack of clean water or sanitation. TB is widespread; there were always people being re-hydrated after a diarrhea episode, and we admitted many “rule-outs” with possible cholera or typhoid. I had not met anybody with leprosy or Kala-Azar before this, or adults or neonates who were to die of tetanus. Some of our patients were women who had been kidnapped a few years before, then trafficked over the border to Bombay to work as sex slaves in India. They returned to Nepal only in the end stages of HIV disease. The role of women in this country is not as advanced as you would wish. It’s only in the last 10 years that upper-caste women have begun to consider nursing as a respectable profession in Nepal.

To make a long story short, in 2007 I gained local notoriety when I was widely credited with saving the life of a 22-year-old man who had been bitten by a Banded Krait, a species of snake whose venom is more deadly than that of the King Cobra. Snakes are a big problem in that region of the world. The hospital owned a mechanical ventilator and I taught the nurses how to use it, then supervised as we ventilated him for three days until the venom-induced paralysis wore off. When he walked out of the hospital I was a local hero. I think that many people who go to serve in a less developed country bring a fantasy of “rescuing” the natives, who will then be grateful. The experienced personnel are careful to bring these expectations back to reality, since it never happens that way in real life. After all, the local personnel are just as intelligent as the foreigners; it is simply an accident of nationality that they are there and we are here. The best way to work in this setting is to establish a peer relationship, and to get rid of the unnecessary baggage of thinking we are somehow superior. And yet, after the incident with the snakebite victim (one of many), the locals thought I did do something heroic. To find myself in this circumstance was a very singular experience. When I returned to Nepal a year later for my second trip, the word went out within five minutes of my arrival that “the snakebite man has returned.” Life steps off into surrealism sometimes.

On the 2007 trip I spent much of the summer on the pediatric ward. After the good vibes from the snakebite episode, I was asked to teach pediatrics, where much of my time was devoted to working with the pediatric burn victims at the hospital. In the U.S. this is considered to be a tertiary specialty and everyone with such injuries would go to Maine Medical Center or to Shriners’

Hospital in Boston. To come face to face with the reality of burn injuries on innocent children and infants was a psychological shock, as were doing dressing changes and dealing with pain in pediatrics. Here is where I truly needed to confront the reality of limits on care in a less developed country. An everyday person has a much closer acquaintance with death as a part of daily life in a poor country. Though I was not a Christian missionary per se, this burn care experience made me re-examine my faith, along with revisiting our purpose on God’s earth. I think it helped me to strengthen my commitment to nursing as a necessary function of humanity.

In 2008 when I returned to Tansen, I was stationed on the adult medical ward but also continued to supervise students as we cared for pediatric burn victims. The medical ward was the place where we admitted most of our infectious disease victims, and it was fascinating to learn more about tropical diseases, along with some other exotic illnesses such as fatal poisoning with the *Amanita Phalloides* mushroom. I spent a good part of each day supervising students as they prepared I.V. and oral meds for administration. I also worked with the students and staff to improve their emergency response and overall assessment skills.

On both trips, I brought as many boxes of donated American nursing textbooks as I could manage. The books they used prior to this were 30 years old. The collection of books I brought to Tansen is now the backbone of the single best nursing library in the country of Nepal. Modern professional textbooks are a major need throughout nursing education in the less developed world, and we take their availability for granted here in the U.S.

Part of each trip was devoted to plain old sightseeing like a tourist, and I learned a lot about Hindu and Buddhist customs of this country, including visiting Pashupatinath, a holy site for public cremation—also the temple of the Fertility Goddess in Sangkhu. Despite the major challenges and shortcomings of the health system, Nepal is a beautiful country and the people were wonderful to me wherever I travelled.

I have written a book about the experience, titled *The Hospital at the End of the World*, which is now being edited and will be in print in late summer 2009. The book explores the experience in depth. Most books about missionaries over-romanticize the details, or else they don’t devote enough attention to the role of the nurse (everything you read about Doctors Without Borders, for example, focuses on the “heroic young doctors,” ignoring the nurses who actually do the work, or so it seems!). In my book, I try to describe what it is that the nurses do, and how they run the hospital, going beyond just cataloguing the tropical diseases. Dealing with my personal culture shock is a



**Students of Tansen Nursing School on class day; they lived five-to-a-room in the TNS dorm.**

component of the book as well. It is “narrative nonfiction;” it’s meant to be the book I wish was available before my own first trip. The experience of writing it has added another chapter to my life. Maybe I will go on a book tour in Maine when it comes out!

And finally, I am planning my third trip to Nepal for summer 2009. This time I will take other University of Hawaii faculty with me, and some students. We will do some community health nursing in Kathmandu, collaborating with a school of nursing in that city, and also spend time in Tansen. Stay tuned for the next installment!

Joe Niemczura, RN, MS is a former president of MSNA and ANA-Maine. Many of his Nepal photos and videos can be found on Facebook, or on Lonely Planet Thorn Tree video forum. Search for his name there. *The Hospital at the End of the World* will be published by Plain View Press in Austin, Texas in 2009. It will be available on Amazon.com and in fine bookstores coast to coast. E-mail Joe at [josephn@prexar.com](mailto:josephn@prexar.com).



**One of our tiny burn victims with her mother. Burn wounds are much more common due to the use of kerosene for fuel.**

## Nurses Voted Most Trusted Profession

For the seventh consecutive year, nurses were voted the most trusted profession in America in Gallup's annual survey of professions for their honesty and ethical standards. Eighty-four percent of Americans believe nurses' honesty and ethical standards are either "high" or "very high."

"It's a proud day for nurses and for nursing," remarked ANA President Rebecca M. Patton, MSN, RN, CNOR. "The fundamental principles of nursing are compassion and respect for the individual patient. They are what inspire each nurse to strive to promote health, prevent illness and alleviate suffering. It's gratifying to see those principles recognized by the public we serve."

Since being included in the Gallup poll in 1999, nurses have received the highest ranking every year except in 2001, when fire fighters received top honors. Results were based on telephone interviews with more than 1,000 adults.

## Developing SANE/SAFE Access in Maine: The Importance of Collaboration

The development of Sexual Assault Nurse/Forensic Examiner (SANE/SAFE) programs in Maine has provided a critical advance in the quality and consistency of care that can be provided to sexual assault victims. Unfortunately, SANE/SAFE access may still be difficult, especially for those living in rural communities.

The logistical and financial challenges of recruitment, training, and retention of SANE/SAFEs as well as overall program oversight and quality assurance make the institution and maintenance of SANE/SAFE programs difficult. On the other hand, it is clear that SANE/SAFE programs are now the standard of care for the patient who has been sexually assaulted. It is essential that resources be developed to optimize access to SANE/SAFE services in all areas of the state.

One approach to the problem of limited SANE/SAFE resources is to develop ways of sharing them. There have been programs throughout the country where multiple health facilities (usually hospitals) have pooled their resources to better provide SANE/SAFE services to the wider community. This has entailed either the designation of a single regional hospital as the provider of forensic medical examinations or the development of regionalized services that enable the SANE/SAFEs to travel to the hospital where the patient has presented. The latter model is far more patient-centered and protects against the possibility of patients not receiving care if they cannot or choose not to go to another facility for care.

Aroostook County hospitals pioneered the first regionalized SAFE services in the state when an agreement was reached in 2004 between Aroostook Medical Center, Houlton Regional Hospital, Cary Medical Center, and Northern Maine Medical Center to develop "joint utilization" of Sexual Assault Nurse Examiners. The agreement allows SANE/SAFEs from any of the four participating hospitals to serve patients at any of the other hospitals, thus expanding access to SANE/SAFE services for all county residents.

The SAFE programs in the four hospitals in Kennebec and Somerset counties are now in the process of working with the administrations of MaineGeneral Medical Center (Augusta and Waterville), Inland Hospital (Waterville), Redington-Fairview General Hospital (Skowhegan), and Sebasticook Valley Hospital (Pittsfield) to develop a regionalized SANE/SAFE program with the goal of providing 24-hour-a-day, seven-day-a-week SANE/SAFE coverage for the two-county area. Collaborative efforts among the hospitals would not only maximize the availability of the SAFEs in Kennebec and Somerset counties, but would also allow the four hospitals to split the cost of services, making the regionalized program much more economically feasible for each hospital.

These efforts are currently being assisted by a combination of grant funds from the Fannie E. Rippel Foundation and the Maine Justice Assistance Council STOP grant program.

Dr. Barbara Covey is an emergency department physician and current medical director of the SAFE program at MaineGeneral Medical Center. She notes, "At this time no hospital in the state has been able to establish 24/7 on-call SAFE services, nor is it likely these services can be made available without significant cooperation and sharing of resources between hospitals in the larger regional area. The development of SAFE programs was a major step forward in the forensic medical care of the sexually assaulted patient. Now it is critical to assure that these services are available to all Maine residents."

# Confident Voices

*The Q & A for nurses facing difficult issues with communication, conflict, and workplace dynamics*

Welcome back to the column that addresses the communication and conflict issues that nurses face. In each issue, nurse trainer and consultant Beth Boynton, RN, MS, offers insights for nurses dealing with complex workplace dynamics. If you are a staff nurse, nurse leader, or if you work closely with nurses and have a challenging situation to share, please contact Beth at: [ConfidentVoices@verizon.net](mailto:ConfidentVoices@verizon.net). Confidentiality and anonymity will be honored.

Dear Beth,

I am a weekend supervisor at an LTC facility and have been very happy with my job and schedule for several years. I have an issue that is driving me crazy and taking up more and more of my energy at work. It has also started to weigh on my mind when I'm not at work and I'd like to get some help with it.

There is one RN, Sally, who frequently takes up my time complaining about other staff members or issues which are often petty or extremely convoluted involving multiple people and perspectives. She finds me in my office, cafeteria, or in the hall at least once every shift. Sometimes her concerns seem legitimate, but more often she seems to make trivial matters way more complicated than I believe they are. Yesterday, she came running up to me as I was leaving a patient's room to make sure that I knew that one of the other nurses took an extra 15 minutes at lunch. I've tried letting her vent, telling her to address her concerns directly with the person involved, and nothing seems to work. This has been going on since she joined our unit a year ago and, from what I hear, she has a history of similar behavior on a different unit. Lately, I find myself dreading and avoiding running into her. I'm feeling very unprofessional about my own behavior, because it is a major part of my job to be a resource. Do you have any suggestions?

Signed,

Running out of patience and in the other direction!

Dear Running,

I can sense your frustration and applaud your efforts to seek out new ideas. As you indicate, the situation is impacting you in a big way and may continue to eat away at you in your personal and professional worlds. Although it is not a simple pattern to change, it is possible, and I do have some suggestions for you to consider.

Whenever I hear of work relationships where there appears to be an element of inappropriate dependency, I wonder how the individuals and organization might be contributing. Changing the dynamic will be more effective if all areas are considered.

## Self-Awareness

The fact that you've mentioned your own behavior suggests that you are open to reflecting and working on your leadership skills. This in and of itself suggests a high degree of professionalism and a wonderful leadership trait. Congratulations!

These relationship dynamics tend to evolve insidiously, and the more aware you can be of your contribution, the more you will be empowered to change this one and prevent similar situations down the road. It is important for you to consider any secondary gains that you might have from this dynamic. Asking yourself questions such as: How did this relationship get started? Was there a time when you felt good about the dynamic? What aspects of dependency seem appropriate to you and what do not? As a supervisor, some dependency is inherent in your role with all of your staff. What's more, the degree of dependency will vary with employees' needs, skills, and experience. It is tricky and may be an opportunity for you to utilize your own supervisor as a resource!

## Parameters

In addition to self-awareness, it will also be key to become as clear as possible about what is legitimate for this employee to bring to you and what isn't. Clear expectations about this are critical and not necessarily

black and white. Reporting issues or asking questions that involve patient safety, clinical techniques, or assessment skills are examples of appropriate reasons to seek your help, whereas blaming or judging another may not be. The guidelines you start out with should offer more structure for Sally and these can be relaxed if/when she becomes more confident and accountable. You can also tell her that if she is in doubt about what to report, she should discuss it with you first.

The nurse who took 15 minutes extra at lunch may have been acting reasonably. Perhaps she didn't feel well, missed her morning break, or dealt with a tragic event earlier. In a collaborative culture, there is often room for exceptions without resentment from others. Another explanation for Sally's report might include concerns about safety, quality, or staffing issues that need your attention. It is also possible that Sally was getting back at the nurse for an unrelated issue or has resentments about not taking her own meal breaks. Some concerns, such as safety and quality, are ones you want to cultivate reporting and address immediately. Some will require alternative approaches. For instance, maybe Sally could benefit from developing time management skills, learning to ask for help or training in direct feedback techniques.

## Assertiveness

In addition, teaching her to and holding her accountable for expressing her concerns assertively will go a long way towards empowering Sally and extricating yourself from inappropriate dependency issues. In this situation, reframing her report into one that shows ownership, such as using an effective "I" statement, will bring focus to the issue in a way that is respectful while clarifying leadership needs. If Sally can state her concern about not getting time for her own lunch, or about patient care, or a relationship issue she may be worried about with the other nurse, then she can be accountable for her issue, and you can consider leadership interventions.

Assertiveness is a complex skill and, in addition to communication training, involves practice, role-modeling, giving feedback, and if needed, disciplinary action. Venting is not always bad, but is often a strategy used when effective communication skills are lacking and/or alliances are being sought. As Sally becomes more able to express her concerns with ownership, her requests will likely be more legitimate. For instance:

*I get frustrated when I see other nurses take longer breaks than we are supposed to and I seldom have enough time to have a full lunch period. I'd like some help figuring out how to make sure I'm getting to lunch more regularly.*

When presented this way, the decision to investigate the other nurse is a supervisory one.

## Limit Setting

Listening is part of your responsibility as a supervisor and must be accomplished in the middle of constantly shifting patient, staff, and administrative needs. Making time available in the course of your day will, at times, require postponing or speeding up conversations.

*Sally, I want to hear your concerns. I have a family meeting in five minutes and need the time to prepare. If this is an emergency, I will postpone the meeting. If it is not, I would like to meet with you to discuss this issue at 2 p.m. Is it urgent?*

Ultimately, if you have a frequent need to postpone other responsibilities because of urgent needs on the unit, you will have a legitimate concern to bring to your supervisor. You will also be playing a more proactive role in managing your time and teaching the employee about what is urgent and what is not. Perhaps clinical training opportunities will emerge as well.

## Organizational Culture

If an individual is going to be successful in practicing assertiveness, the organizational culture must be supportive. Is there a culture of direct feedback and respectful communication on your unit? How about at your facility? Considering communication skill-building such as speaking up, listening, and giving and receiving feedback—as well as establishing norms that address the same and including them in any team-building initiatives—will contribute to a collaborative environment.

Keep in mind that this is a complex process and will take time and patience to turn around. When you have sorted through the above, I recommend that you let this employee know about the changes you wish to make. A statement, when you are ready, might go something like this:

*Sally, I want to schedule a meeting with you to talk about some new expectations that you and I need to work on. It will take about a half-hour.*

Good luck, and please let me know if this is helpful!

Beth

*Beth Boynton, RN, MS, is a nurse trainer/consultant/speaker specializing in communication and conflict issues that impact nurses and other healthcare professionals. She is an adjunct faculty member with New England College's graduate program in Healthcare Administration and publishes the free e-newsletter: Confident Voices for Nurses: The Resource for Creating Positive Workplaces. She is currently writing a nurse's guide for improving communication and workplace dynamics. She can be reached at [bbbboynton@earthlink.net](mailto:bbbboynton@earthlink.net), [www.bethboynton.com](http://www.bethboynton.com), or 207-363-5604.*

## April Is Sexual Assault Awareness Month

The Sexual Assault Crisis and Support Centers around Maine honor National Sexual Assault Awareness Month with many different community awareness projects. Sexual Assault Awareness Month serves to increase the public's understanding about sexual violence in our society. This effort can help communities support rape and sexual assault survivors, victims, and their families, as well as the individuals and agencies that provide rape crisis intervention and prevention services throughout the year.

It is also a time to encourage the public to take steps to address sexual violence. The hope is that a month of intensified awareness combined with the broad spectrum of sexual violence prevention work throughout the year will bring us closer to ending sexual assault. With the help of volunteers and other community agencies, some of these efforts include a "Take Back the Night" rally, candlelight vigil and open mike, public service announcements, awareness presentations to local businesses, training and other events. It is only through the help of volunteers and a supportive community that the Sexual Assault Crisis and Support Centers can continue to provide services free of charge to victims/survivors of sexual violence and their supporters. For more information, visit [www.silentnomore.org](http://www.silentnomore.org) or call the Statewide Sexual Assault Crisis and Support line, 1-800-871-7741.

**Sexual assault advocacy** is an important task of the comprehensive team of people who care for and interact with a victim of sexual assault. The main role of the specially trained sexual assault advocate is one of support. Support for a victim/survivor of sexual assault can be provided by phone or in person for both acute and non-acute sexual assault cases. Involvement with law enforcement or prosecution is not necessary for providing services. The advocate can be available to the victim/survivor before, during and after a sexual assault forensic exam to provide emotional support and information. An advocate can provide 24-hour emotional support, referrals, help filling out paperwork, safety planning, as well as explain the investigation/prosecution process, serve as a liaison, and provide access to support groups and other support services. All of these services are free of charge. A victim's access to an advocate during and after an assault exam has been a factor in easing the possible effects of Post-Traumatic Stress Disorders (PTSD) and other mental health effects of sexual assault.

## Sexual Assault Nurse/Forensic Examiners: The New Standard in Care for the Sexually Assaulted Patient

Historically, the care of victims of sexual assault has been fraught with potential problems. The U.S. Office for Victims of Crime identified in a 2001 bulletin a number of problems in the medical-legal response to sexual assault victims in hospital emergency departments. These included:

- Emergency department staff often regards the needs of victims as less urgent because they often do not sustain severe physical injuries.
- Victims often wait many hours for treatment.
- Victims are often not allowed to eat, drink, or urinate to avoid destroying evidence while they wait for a healthcare provider to conduct the forensic examination.
- Healthcare providers often have not been trained in evidence collection procedures or do not perform them frequently enough to maintain proficiency.
- Providers often have not been trained in the care of the sexual assault trauma patient; they may blame the victim or not believe a "real rape" occurred and overlook the need to treat victims with respect and sensitivity.
- Some physicians are reluctant to perform forensic exams because they know that they might be called to testify in court and that their qualifications to conduct the exam might be questioned.
- Providers may fail to gather and/or document all available forensic evidence, particularly in non-stranger rape cases.

During the late 1970s, nurses throughout the country who recognized the need for timely, high-quality, compassionate, and consistent care of victims of sexual assault began to develop Sexual Assault Nurse Examiner (SANE), also known as Sexual Assault Forensic Examiner (SAFE), programs. These programs have spread gradually, and were first introduced in Maine in 1999 through the Maine Coalition Against Sexual Assault. Despite the progress of the SAFE program in the state, however, there are still some hospitals that have no healthcare providers who have had any formal training in care of the sexual assault patient or forensic evidence collection.

Maine's SAFE Program in the Office of the Attorney General defines a forensic examiner as "a healthcare provider (primarily a registered nurse) who has been specially trained to provide comprehensive care for the

sexual assault patient, who demonstrates competency in conducting a forensic exam, and has the ability to be an expert or fact witness in court." Registered nurses, physician assistants, nurse practitioners, and physicians may participate in the training.

When SANE/SAFE care is available, patients do receive prompt, compassionate trauma care from providers who understand sexual assault issues. The quality of the medical forensic examination is often improved because a SANE/SAFE can identify physical injuries, knows how to take a medical forensic history and collect evidence, and knows how to document injuries and other evidence in the medical record. He or she also has adequate, uninterrupted time to address the needs of the patient. The SANE/SAFE learns the skills necessary to reduce the risk of re-traumatizing the patient during the examination and to promote healing from the trauma. The SANE/SAFE also learns to provide organized, accurate, and objective courtroom testimony.

At this time, SANE/SAFE care is recognized as the standard of care for sexual assault patients, but many more examiners need to be trained and certified to meet the need of the sexual assault victims throughout the state. Though training requirements for Maine SAFE certification are rigorous, there are excellent resources available in the state.

Although some states have no organized training, the State of Maine offers low-cost, high-quality SAFE training. The training includes the initial 40-hour didactic course that is offered twice a year, along with eight hours of clinical work. The course content follows educational guidelines established by the International Association of Forensic Nurses (IAFN). Post-didactic clinical and other experiential training (again following IAFN guidelines) is required to develop the full set of skills needed to gain proficiency in the provision of SAFE care. These include learning how to perform ano-genital examinations and evidence collection, observing and performing medical/forensic examinations, attending courtroom observation, and meeting with sexual assault advocates, law enforcement, and prosecutors.

Over the past several years, a number of innovative training sessions have been developed by the Sexual Assault Forensic Examiner Program to help SAFE-in-training to meet these post-didactic training requirements and provide ongoing training experience for already-certified SAFEs. These include opportunities to practice ano-genital examinations and perform simulated medical-forensic examinations on live models with direct preceptor oversight and feedback; to observe mock trials; and to participate in simulated testimony experiences.

The SAFE Program also provides quarterly statewide meetings to support the SAFEs and SAFE-in-training and to provide continuing education.

SAFEs in practice note a number of reasons for their involvement. The SAFE Program not only offers the chance to fill the critical need to provide timely, compassionate and skilled treatment of sexual assault patients. It also offers the opportunity to develop new and advanced skills and to share with and learn from a dedicated and stimulating group of healthcare workers.

Further information about the Sexual Assault Forensic Examiner Program can be obtained from:

Polly Campbell, RN, Director  
Office of the Attorney General  
6 State House Station  
Augusta, ME 04333-0006  
207-626-8806  
[Polly.Campbell@Maine.gov](mailto:Polly.Campbell@Maine.gov)

## ANA and School Nurses Win California Case

### Schools Can't Use Unlicensed Personnel to Administer Insulin, Court Rules

The ANA achieved a major victory in a California Superior court in November by obtaining a court order to stop the unlawful use of unlicensed personnel to administer insulin to schoolchildren in California.

The case, *American Nurses Association, et al vs. Jack O'Connell, State Superintendent of Public Instruction, et al* was brought by ANA, ANA-California and the California School Nurses Organization (CSNO) after the state issued a directive permitting unlicensed volunteer school employees to administer insulin to students with diabetes.

Judge Lloyd G. Connelly ruled that the Nursing Practice Act in California governs the scope of nursing practice and that the issuance of the California Department of Education directive was contrary to that act. Judge Connelly stated that the Department of Education does not have concurrent authority over the administration of medications and cannot override the Nursing Practice Act. Only persons specifically authorized to administer insulin are allowed to do so. The court gave deference to the interpretation of the California Board of Registered Nursing that was consistent with ANA's view. The court further held that federal law does not preempt state law. The judge also declared that the actions of the Department of Education violated the state's Administrative Procedure Act by failing to publish for notice and comment the legal advisory that attempted to permit unlicensed personnel to administer insulin.

"Our faith in the judicial system has been well placed, because the judge recognized that the scope of practice for registered nurses is established by the Nursing Practice Act, with oversight by the Board of Registered Nursing. We are pleased that the judge specifically stated that the Department of Education did not have authority to re-define the scope of practice for registered nurses, even regarding issues that arise in the schools," said ANA President Rebecca M. Patton, MSN, RN, CNOR.

"This is a victory for all registered nurses, because ANA and its co-plaintiffs, ANA-CA and CSNO, have established that state agencies cannot play fast and loose with the scope of practice for nurses. This is especially important when we are trying to prevent unlicensed personnel from administering insulin when that is not permitted by state law. The children of California deserve the best health care and ANA has helped them achieve that," said ANA Chief Executive Officer Linda J. Stierle, MSN, RN, NEA-BC.

ANA and its co-plaintiffs, ANA-CA and CSNO, fully support students' rights to public education and appropriate accommodations for their health needs. ANA contends, however, that the California school system must comply with local laws in providing reasonable accommodations. The Nursing Practice Act specifies who may administer medication, and the exceptions to that are specifically delineated.

For more information, contact Mary McNamara, 301-628-5198, [mary.mcnam-ara@ana.org](mailto:mary.mcnam-ara@ana.org); or Mary Stewart, 301-628-5038, [Mary.stewart@ana.org](mailto:Mary.stewart@ana.org).

## Main Points in the California School Nurse Case

- California's Nursing Practice Act specifically defines administration of medication as a nursing function that requires scientific knowledge and technical skill. ANA's victory in California puts an end to the unlawful use of unlicensed school personnel to administer insulin to schoolchildren, which was in violation of the Nursing Practice Act.

- This important victory protects the nursing scope of practice in California by clarifying that administration of insulin is a nursing function and requiring that only licensed personnel are permitted to administer insulin in California's public schools.

- Under California's Nursing Practice Act, registered nurses must only delegate the administration of insulin to competent licensed personnel and they can be subject to disciplinary action for delegating that task to unlicensed personnel. The court's ruling ensures that registered nurses who work in schools cannot be asked to train or supervise unlicensed personnel in the performance of a nursing function in violation of California's delegation law.

- This victory establishes an important precedent by making it clear that the California Department of Education does not have concurrent authority with the California Board of Registered Nursing to define the scope of nursing practice, even within the school setting, and that it cannot amend, modify or create exceptions to the Nursing Practice Act.

- ANA supports a collaborative school health model, which best protects the fundamental public health and educational priority our nation's children represent. In such a model, the school nurse serves in the role of coordinator of care, information, education, personnel and resources to take best advantage of schools' unique position in addressing students' safety and healthcare needs. Under this model, disease management, including management of diabetes and insulin administration, is best provided in the school setting by a school nurse, in keeping with scope of nursing practice.

- ANA supports the assignment and daily availability of a registered school nurse for the central management and implementation of school health services at the recommended ratio of one nurse for every 750 students, with an ultimate goal of at least one nurse in every school. If the school nurse is assigned to more than one facility, the total number of students that the nurse serves should not exceed 750. Furthermore, ANA supports and recommends a modified ratio of fewer

students per nurse, dependent upon the number and severity of disabilities within the student population.

- The court's ruling in this case reinforces that only the Board of Nursing has authority to define the scope of nursing practice. As the court recognized, other state agencies do not have concurrent or overriding authority with the Board of Nursing to promulgate regulations that affect the scope of nursing practice. This ruling may be used as precedent in other jurisdictions and strengthens nursing practice acts and boards of nursing across the county, unless contrary legal authority has been established in any particular state.

- In the State of California, to comply with both state and federal law as interpreted by the court in the case, the state will be required to provide licensed nurses for school health services.

- ANA's victory in this case is important for teachers and other school personnel because it ensures that they may not face disciplinary action for refusing an employer's request to administer insulin.

- ANA's legal victory in the CA school nurse case is a victory for diabetic students, their families and caregivers, patient safety advocates and the nursing profession because it ensures that students will receive the appropriate level of care from the people who should be providing it, licensed personnel.

- ANA's legal success in the CA school nurse case is a victory for the safety of students with diabetes as well as for the nursing profession and school employees. Nurses should not be forced to assume liability for acts committed by volunteers to whom nurses have no legal authority to delegate. School employees should not fear retaliation for refusing to perform a nursing function or face liability that might arise from administering insulin.

- The court's ruling does not prevent diabetic students in California's public schools from receiving the health services to which they are entitled. California law permits seven categories of individuals to administer insulin in the school setting, including parental designees. Parental designees should not be used in lieu of a school nurse but serve an important role in supplementing the services of the school nurse, since a nurse cannot be present at all times throughout the school day and at all extracurricular activities.



# Continuing Education Calendar for Maine Nurses

Although we attempt to be as accurate as possible, information concerning events is published as submitted. We do not assume responsibility for errors. If you have questions about any event, please call the event planner directly.

If you wish to post an event on this calendar, **the next submission deadline is March 28 for the Spring issue.** Send items to [publications@anamaine.org](mailto:publications@anamaine.org). Please use the format you see below: date, city, title, sponsor, fee and contact information. There is no charge to post an educational offering.

Advertising: To place an ad or for information, contact [sales@aldpub.com](mailto:sales@aldpub.com).

ANA-Maine is the ANCC-COA accredited Approver Unit for Maine. Not all courses listed here provide ANCC-COA credit, but they are printed for your interest and convenience. For more CE information, please go to [www.anamaine.org](http://www.anamaine.org)

To obtain information on becoming a ANCC-COA CE provider, please contact [anamaine@zwi.net](mailto:anamaine@zwi.net)

USM/CCE indicates the class is offered through University of Southern Maine/Center for Continuing Education. For course descriptions, visit [www.usm.maine.edu/cce](http://www.usm.maine.edu/cce) or call 207-780-5900 or 800-787-0468 for a catalog. Most classes are held at the new Abromson Community Education Center in Portland, conveniently located just off I-295. Free parking nearby.

CCSME indicates class is held by the Co-Occurring Collaborative Serving Maine.

PESI HealthCare seminars in Maine, visit <http://www.pesi.com>

## 14-March 13 Waterville. Music and Movement Activities for Infants, Toddlers, and Preschoolers.

Fridays through March 13, 3 p.m.–4 p.m. Medical Arts Conference Room, Inland Hospital. Engaging, educational, and active fun for children and adults alike—singing, dancing, chanting, instrument play, and improvisation. For a class brochure or to register, contact Kennebec Music Together at 207-582-3027 or [joanna@KennebecMusicTogether.com](mailto:joanna@KennebecMusicTogether.com).

## 20 Portland. DBT Lunch & Learn Session 1.

Sponsored by CCSME. 11 a.m.–1 p.m. Woodfords Congregational Church. \$15. Attendance at Feb. 6 workshop not necessary. For additional information, contact 207-878-6170 or [events@ccsme.org](mailto:events@ccsme.org) or visit [www.ccsme.org](http://www.ccsme.org)

## 20 Portland. USM Glickman Library. Can You Hear Me Now? Building Effective Communication Using Enneagrams.

Sponsored by CCSME. 9 a.m.–4 p.m. Price to be determined. For additional information, contact 207-878-6170 or [events@ccsme.org](mailto:events@ccsme.org) or visit [www.ccsme.org](http://www.ccsme.org).

## 27 USM Portland. New Techniques in Case Management Documentation.

Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

## 31-April 2 Lake Buena Vista, Fla. 9th Annual Safe Patient Handling and Movement Conference.

Buena Vista Palace Hotel and Spa.

## February 2009

**ACLS Challenge** for recertification is offered by Emergency Medical Consultants, Falmouth, ME. Testing to cover Airway Management, Adult CPR and AED, Mega Code and includes a written exam. For providers who routinely use these skills in the clinical setting only. \$100 per person (no manual); an optional pre-study manual available for \$40. For more information or to make an appointment, call EMC at 207-838-3105.

**4 Waterville. Diabetes Support Group.** (First Wednesday of each month.) 6:30 p.m.–8 p.m. Medical Arts Conference Room, Inland Hospital. For more information, visit [inlandhospital@emh.org](mailto:inlandhospital@emh.org) or call 207-861-3292.

**6 Portland. USM Glickman Library. DBT Skills and Strategies Workshop.** Sponsored by CCSME. 8:30a.m.–4:30p.m. \$60. For additional information, contact 207-878-6170 or [events@ccsme.org](mailto:events@ccsme.org) or visit [www.ccsme.org](http://www.ccsme.org).

## March 2009

**4 Waterville. Diabetes Support Group.** (First Wednesday of each month.) 6:30 p.m.–8 p.m. Medical Arts Conference Room, Inland Hospital. For more information, visit [inlandhospital@emh.org](mailto:inlandhospital@emh.org) or call 207-861-3292.

**9-10 Augusta. Train the Trainer on TIP 42.** Sponsored by CCSME. 9 a.m.–4:30 p.m. on March 9 and 9 a.m.–3 p.m. on March 10. DHHS, 42 Anthony Ave., Conference Room A. No Fee. For additional information, contact 207-878-6170 or [events@ccsme.org](mailto:events@ccsme.org), or visit [www.ccsme.org](http://www.ccsme.org).

**12 Greater Portland. Advanced Cardiac Life Support Provider/Renewal Course.** One-day course for providers and re-certs with American Heart Association ACLS instructors. 7:30 a.m.–5 p.m. \$175 (includes ACLS manual, pre-course materials, lunch and refreshments; does not include CE fees). Registration deadline Feb. 12. For more information, contact EMS at 207-838-3105.

## April 2009

**RN No Harm-Maine/Education to Action** spring seminar planned: Preparations are underway for a spring event. The focus will be basic environmental education and tools to help nurses be proactive in environmental health issues in health care. The goal is an April event in the Portland area. Please watch for electronic announcements as more details develop. For more information, contact Bettie Kettell RN, ANA, BOD at [BDKettell@aol.com](mailto:BDKettell@aol.com).

**1 Waterville. Diabetes Support Group.** (First Wednesday of each month.) 6:30 p.m.–8 p.m. Medical Arts Conference Room, Inland Hospital. For more information, visit [inlandhospital@emh.org](mailto:inlandhospital@emh.org) or call 207-861-3292.

**4 USM Portland. Reiki, Level 1.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**6 USM Portland. Mindfulness as a Core Skill.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**10 USM Portland. Chronic Wounds: Biofilm Treatment.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.



# Continuing Education Calendar for Maine Nurses

**13-14** USM Portland. **Utilizing the Enneagram for Transformation and Change in Mental Health, Addiction and Health Practitioner Counseling.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**14** Augusta. **Substance Abuse for Mental Health Counselors.** Sponsored by CCSME. Maine Principals' Association. Time and price to be determined. For additional information, contact 207-878-6170 or [events@ccsme.org](mailto:events@ccsme.org) or visit [www.ccsme.org](http://www.ccsme.org).

**15-16** USM Portland. **Mindfulness Based Stress Reduction: A Two-Day Intensive.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**15-17** New Orleans, La. **2009 ANA Policy Conference—Health Care Access: Nurses Creating Solutions.** Check ANA Web site for further developments.

**17–June 19** USM Portland. **Certificate Program in Case Management.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**27-June 8** USM Portland. **Certificate Program in End-of-Life Care.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**27, May 4** USM Portland. **Staying Safe** (1. Field and Office Safety Training for Staff, and 2. Enhancing Violence Prevention Skills of Clients and Program Participants). Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**29-30** USM Portland. **Therapeutic Touch.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

## May 2009

**1** Portland. **DBT Lunch & Learn Session 2.** Sponsored by CCSME. 11 a.m.-1 p.m. Woodfords Congregational Church. \$15. Attendance at 2/6 workshop not necessary. For additional information, contact 207-878-6170 or [events@ccsme.org](mailto:events@ccsme.org) or visit [www.ccsme.org](http://www.ccsme.org).

**6** Waterville. **Diabetes Support Group.** (First Wednesday of each month.) 6:30 p.m.–8 p.m. Medical Arts Conference Room, Inland Hospital. For more information, visit [inlandhospital@emh.org](mailto:inlandhospital@emh.org) or call 207-861-3292.

**6, 11** USM Portland. **Certificate Program in Advanced Assessment of the Older Adult.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**7-June 20** USM Portland. **Putting It All Together: An RN Refresher Course.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**7-8** USM Portland. **Assessing the Risk of Violence** (1. Mentally Ill and 2. Domestic Violence). Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**13-14** USM Portland. **I.V. Therapy for Registered Nurses.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**18-22** Portland, USM. **Co-Occurring Disorders Institute.** Sponsored by CCSME. Abromson Center. For additional information, contact 207-878-6170 or [events@ccsme.org](mailto:events@ccsme.org), or visit [www.ccsme.org](http://www.ccsme.org).

**20** USM Portland. **Vicarious Traumatization.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

## June 2009

**3** Waterville. **Diabetes Support Group.** (First Wednesday of each month.) 6:30 p.m.–8 p.m. Medical Arts Conference Room, Inland Hospital. For more information, visit [inlandhospital@emh.org](mailto:inlandhospital@emh.org) or call 207-861-3292.

**4** Greater Portland. **Advanced Cardiac Life Support Provider/Renewal Course.** One-day course for providers and re-certs with American Heart Association ACLS instructors. 7:30 a.m.-5 p.m. \$175 (includes ACLS manual, pre-course materials, lunch and refreshments; does not include CE fees). Registration deadline May 4. For more information, contact EMS at 207-838-3105.

**4-5** USM Portland. **Beginning Nursing Leadership and Management Concepts.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

**18** USM Portland. **Mindfulness-Based Stress Reduction: An Advanced Workshop.** Visit [www.usm.maine.edu](http://www.usm.maine.edu) or call 207-780-5900.

# Happiness at Work

By Diane E. Scott, RN, MSN

Being happy at work is a fundamental element of a person's life satisfaction. Because work is an integral part of a person's identity, the professional role that one assumes is frequently the means by which a person feels the most valued and derives their self-esteem.<sup>(1)</sup> Within the profession of nursing, there is a positive correlation between career satisfaction, self nurturance, and life satisfaction.<sup>(2)</sup> Given work's powerful influence in the measure of one's self-worth, it seems to reason that there are significant positive outcomes of experiencing happiness at work.

## The business case for happiness at work

Experiencing happiness at work not only produces significant personal consequences for employees but is also a factor for business success.<sup>(3)</sup> Business and healthcare organizations are recognizing the direct connection between employee happiness and enhanced productivity and improved outcomes. Jessica Pryce-Jones is the co-founder of iOpener, a British based firm that works with businesses around the world to increase their employee's happiness. "Businesses and teams often focus on success and assume that people will be happy as a result, but success is not the same as happiness. It will not lead to long-term business commitment, loyalty, or motivation, whereas being happy at work does." Businesses value her firm's mission as demonstrated by Pryce-Jones' growing client list that includes the World Health Organization, Shell Oil and Baxter Healthcare.

## The time you spend at work

Being happy at work is important, in part, because people spend the majority of their time working. According to the U.S. Department of Labor, during the work-week, the average employed American spends more time working than with any other activity of daily life.<sup>(4)</sup> Because so much of a

person's daily life is spent at work, it behooves a person to really look at the nature of what they do while they are at work.

"A person will not be happy with their job if they are spending too much time in activities that do not engage and energize them," states Pryce-Jones. She affirms that if an individual spends the greatest percent of their day doing what makes them happy, they become much more productive and committed. "You really can complete tasks much more efficiently and to a higher standard if a majority of your day is spent on the work that is most meaningful to you."

## Job satisfaction verses happiness at work

Each year, healthcare organizations spend countless man-hours and considerable financial resources measuring employee satisfaction. Information obtained by these surveys can be valuable, but the danger exists when employees do not see concrete actions as a result of the information.<sup>(5)</sup>

Pryce-Jones notes a distinct difference between satisfaction and happiness. She says, "The major difference between employee satisfaction and happiness is control. Satisfaction is determined by factors such as pay, working environment, and benefits. Happiness is a part of job satisfaction but really concerns what you can control and influence." Pryce-Jones clarifies that control is a fundamental element of happiness at work. "What people are in most control of is reaching their own potential."

## The journey of happiness

Determining how to reach one's own potential and learning what truly makes them happy is an individualized process. It is unique for every person because people bring with them a host of past experiences and a full spectrum of natural tendencies. When healthcare organizations implement a one-size fits all strategy for employee retention, their well-intended efforts often garnish few concrete results because what makes a person happy and fulfilled is different

for each individual. The greatest success will come by focusing on helping an employee with their personal journey to happiness.

## A daunting task for nurses

Because caring for other's needs first and foremost has been the venerable mantra of nursing, it is not the traditional nature for a nurse to focus on their own emotional well-being. The journey to happiness at work may seem to be a daunting task.

Keeping in mind that every nurse's journey to career happiness is different, the Center for American Nurses has started a unique initiative designed to assist nurses increase their career self-awareness and discover what gives them energy and meaning at work.

In the fall of 2008, the Center for American Nurses will launch a career coaching program. Career coaches are not recruiters, but professionals with specific training in assisting people to discover their unique skills, talents, and passions. Through individual phone conversations, they provide tools to guide in the self-discovery process and help people consider career choices that will make them the most happy. These services are designed to be convenient and affordable, but most of all, designed with a mission to help individual nurses discover success in their journey to career happiness.

For more information, please go to [www.centerforamericannurses.org](http://www.centerforamericannurses.org). Diane Scott, RN, MSN is the President of the Nursing Mentors Group and a consultant with the Center for American Nurses.

1. Gini, A. (1998). Work, Identity and Self: How We Are Formed by The Work We Do. *Journal of Business Ethics*, 17(7) 7707-714.
2. Nemcek, MA. (2007) Registered nurses' self-nurturance and life and career satisfaction. *AAOHN Journal*. 55 (8). 305-310.
3. Boehm, J.K. and Lyubomirsky, S. (2008) Does Happiness Promote Career Success? *Journal of Career Assessment*, 16: 101-116.
4. U.S Department of Labor. <http://www.bls.gov/tus/charts/> Accessed September 2008.
5. Lusty, D. (2007). How to avoid the pitfalls of employee-satisfaction surveys *Human Resource Management International Digest*. 15, (6), pg. 3.

# Think Spring! Think ANA-Maine Awards Dinner!

by Anita Hakala, MSN, RN, CNE

The holidays are gone, the winter seems ever so long, but there is a spring tradition that always brings a heart-warming smile to my face—the Annual ANA Awards Dinner. It is a time for nurses across the state to nominate their peers for the prestigious **Agnes E. Flaherty Leadership Award** and the **Sister Consuela White Spirit of Nursing Award**.

This year the **ANA-MAINE Awards Dinner** is in Augusta at the **Senator Inn (in the State Room)** on **Thursday, April 30, 2009**.

According to a 2008 AMN Healthcare, Inc. report:

With nurses ranking at the top of Gallup's 2008 annual "Honesty and Ethics of Professions" survey for the seventh straight year, staff nurses and nursing leaders share their thoughts about how and why 84 percent of Americans rated nurses as being the most honest and having the highest ethical standards of all professionals.

## FMH Offers New Method of Assessing Glucose Control

**Continuous diabetes monitoring helps those with diabetes manage their disease**

Franklin Memorial Hospital Outpatients Services is offering a new tool for those with diabetes who are having difficulty managing their disease a continuous glucose monitoring system—an FDA-approved device from Medtronic that records blood sugar levels throughout the day and night.

Medtronic works by inserting a sensor just under the skin of the abdomen through a quick and usually painless office procedure. The device can then provide up to 288 glucose measurements every 24 hours. The system is used to measure an average blood sugar for up to three days, while the person with/diabetes continues daily activities at home.

Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches, and other food into energy needed for daily life. Left untreated or managed poorly, diabetes can lead to amputations, kidney failure, heart failure, large and/small vessel disease, blindness and strokes.

"The main advantage of continuous glucose monitoring is that it can help identify fluctuations and trends that would otherwise go unnoticed with standard HbA1c tests and intermittent finger stick measurements," said Nancy Thomas, RN, CDE, certified diabetes educator.

"For example, the device can capture dangerously low overnight blood sugar levels which often go undetected, reveal high blood sugar levels between meals, show early morning spikes in blood sugar, and evaluate how diet and exercise affect blood sugars," said Thomas. "This provides valuable data to/help the patient see how meals, medication, and exercise are affecting their glucose levels."

After three days, the sensor is removed at the Outpatient department and the information is downloaded into a computer. The patient and their doctor or diabetes educator will then review blood sugar levels in relation to the other data collected and make any necessary adjustments in their diabetes/management plan.

A doctor can prescribe the procedure as often as he or she believes it necessary to properly evaluate a patient's blood sugar patterns. Patients may also self-refer. Continuous monitoring is reimbursed by Medicare and covered by many private insurance plans (check with your individual carrier). For more information, contact the FMH Outpatient Department at 779-2539 or 1-800-398-6031, ext. 2539. Contact: Nancy Thomas, RN, CDE, Care Support Nurse, 779-2539.

"Nurses are very caring and nurturing, and they really make a connection with individuals at the most vulnerable times in their lives," said Mary Guaracino, RN, chief nursing officer at Memorial Hospital Pembroke, in Pembroke Pines, Fla., and a nurse since 1971. "Because of that, they make a connection and that connection shines a light around nursing."

With this in mind, even during tough economic times, I think it is very important that we (nurses) nominate our peers and we (managers and VPs) fiscally support this event. Show the people who are the backbone of our healthcare system that we are proud of their achievements.

The **Agnes E. Flaherty Leadership Award** is given annually to a registered nurse leader who demonstrates leadership, courage and dedication in his or her interactions with patients and families, staff and co-workers, the profession, and the community. I am sure you know at least one co-worker who demonstrates the ability to develop a work environment that fosters autonomy and creativity; values and empowers others; affirms the uniqueness of each individual; motivates others to work toward a common goal; identifies common values; is committed to the profession and society; thinks long-term and is visionary; is politically astute; and thinks in terms of change and renewal.



The **Sister Consuela White Spirit of Nursing Award** is given annually to a registered nurse in clinical practice, nursing education or administration who demonstrates the spirit of nursing by the care, concern, respect and knowledge that he or she demonstrates in interactions with patients and families, co-workers, students, the profession, and the community. This nurse demonstrates the ability to listen on a deep level and to truly understand; to keep an open mind and hear without judgment; to deal with ambiguity, paradoxes and complex issues; believes that honestly sharing critical challenges with all parties and asking for their input is more important than personally providing solutions; is clear on goals and good at pointing the direction without giving orders; uses foresight and intuition; sees things whole and senses relationships and connections.

The 2008 Agnes E. Flaherty Leadership Award recipient, April Giard, from Acadia Hospital in Bangor, was praised in her nomination as "the kind of leader who has an uncanny knack of making me feel that the issue I am bringing to her is the most important one on her plate at the moment." The 2008 Sister Consuela White Spirit of Nursing Award recipient, Denise Deschenes from St. Mary's Regional Medical Center in Lewiston, was described this way in her nomination: "I see Denise as carrying with her every day the ideals that every nurse must have when they enter the profession. I know her positive attitude is an inspiration to many and a comfort to those she cares for."

**So, save this date, nominate and plan to attend and support the nurses of this great state, on April 30, 2009.**

# Announcements

## University of New England Nursing Director Karen Pardue Named Academy of Nursing Education Fellow

University of New England's Nursing Director Karen Pardue, MS, RN, CNE nursing program director and professor, was one of only 24 nurse educators nationwide named a Fellow of the National League of Nursing's Academy of Nursing Education at their conference in San Antonio, Texas in September. Taking an active role in addressing the nursing shortage, the Academy was established by the NLN in 2007 to foster excellence in nursing education through the recognition of outstanding nurse educators. Fellows play a critical role in promoting standards of excellence to increase the number of graduates from all types of nursing programs, and they serve as resources for new educators, as well as colleagues in clinical practice.

Pardue was recognized for her sustained contributions to excellence and innovation, and her workshops held across the country modeling novel approaches to teaching and learning. Also mentioned were her having published and presented extensively on the use of the arts and humanities in nursing education and introducing Readers Theater to the nursing community.

The NLN's nurse educator certification program, which establishes a level of competency for a nurse as a teacher, was created to encourage the professionalism of nurses who wish to pursue an academic/educational career. With six certified nursing professors who have passed the exam, UNE's nursing program has the most certified nurse educators in the U.S. for a program of its size, according to Pardue.

Named one of the best regional universities in America by U.S. News & World Report, the University of New England is a leader in health sciences education and biomedical research, offering student-centered, interdisciplinary programs in the College of Osteopathic Medicine, College of Health Professions, College of Arts and Sciences and newly established College of Pharmacy.

## Maine Cancer Foundation, Funding Research, Finding Hope for the People of Maine Since 1977

An independent Maine-based grant-making charity serving the people of Maine from offices in Portland, Maine. Maine Cancer Foundation accepts grant applications each December and March for professional and public cancer education, including prevention and awareness programs, as well as for programs that offer patient support. Research applications, including outcome and translational efforts, are accepted April 1. Guidelines and Application are available on-line. In addition, the photo essay books "Portraits of Courage, Voices of Hope" for newly diagnosed patients, are available at no charge (shipping fees apply).

FMI [www.mainecancer.org](http://www.mainecancer.org) or phone toll free in Maine 1-866-627-2411, or e-mail [susan@mainecancer.org](mailto:susan@mainecancer.org)

OMNE: Nursing  
Leaders of Maine  
presents the

## 8<sup>th</sup> Maine Nursing Summit

Wednesday  
April 1, 2009

Augusta  
Civic Center

Join with your  
nursing colleagues  
to create our  
shared future.

Sponsored by:  
Maine Hospital  
Association  
ANA-Maine  
Maine Health Care  
Association  
Maine Society  
for Healthcare  
Human Resources  
Administration  
MaineHealth  
Central Maine  
Medical Family  
Maine Nursing  
Practice Consortium

### Summit Goals

THIS DAY-LONG SUMMIT WILL bring together nurses, employers, and educators to work together to promote and evolve nursing as a profession of choice in Maine.

The objectives of the summit include—

- exploring issues challenging nursing in Maine;
- acknowledging the role the work environment plays in nursing satisfaction and quality of care;
- learning about best practices for patient safety, quality outcomes, nurse satisfaction, and innovations in nursing excellence; and
- creating opportunities to sustain and enhance Maine's effort to address the evolving nursing shortage.

### Program

8:15–9 a.m. Light Continental Breakfast and Registration  
9 a.m.–3:30 p.m. Program

### Keynote

#### Nursing in a Complex Environment: Strategies for Support

PATRICIA EBRIGHT, DNS, CNS, RN is an Associate Professor at Indiana University and a renowned researcher in the work of nurses. Her presentation will describe the complexity of nursing work based on research. She will share the strategies that RNs use to manage work in context of actual care situations, including workload and workflow strategies for new and experienced nurses. This cutting-edge information will be useful for clinical nurses, educators, and leaders of all specialties and roles.



Patricia Ebright  
DNS, CNS, RN

### Presentation & Posters

Examples and experiences of best nursing practices in Maine.

*(Individuals interested in presenting at the Summit should complete the "Call for Abstracts" no later than January 15, 2009. The "Call for Abstracts" is available at [www.omne.org](http://www.omne.org).)*

### Hotel Arrangements

If you would like to stay at the Holiday Inn-Augusta, please mention our conference to receive a 15% discount. Contact them at (207) 622-4751 or 1(800) 694-6404. Discounted rate will be \$80.75 PLUS tax single or double occupancy. A credit card is required to make your reservation.

*Please keep the top portion of this flyer for your records.*

## 2009 Maine Nursing Summit Registration Form

Deadline: March 18, 2009 • Registration Fee: \$80 per person / \$20 per nursing student or retired nurse

Name \_\_\_\_\_ Title \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Institution \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Check one:  Clinical Nurse  Nurse Leader/Manager  Nurse Educator  Other (Specify) \_\_\_\_\_

Organizations sending five or more persons will receive the sixth registration free.  
All registrations must be submitted at one time with one payment check.

Make check payable to: MHA Research & Education Trust

Mail to: Maine Hospital Association, Attn.: Leslie Gagne, 33 Fuller Road, Augusta, ME 04330;  
or Fax to: (207) 622-3073 (mail payment separately)

This educational activity will be submitted for the granting of contact hours to the Commission on Continuing Education of the New Hampshire Nurses' Association, which is accredited as an approver of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation.

## Beyond the Basics of Suicide Prevention April 2, 2009

The Maine Youth Suicide Prevention Program (MYSPP) is led by the Maine Center for Disease Control & Prevention, Maine Department of Health & Human Services.

### MYSPP Goals

- Increase statewide public awareness about youth suicide and youth suicide prevention.
- Reduce the incidence of suicidal behavior among Maine youth, aged 10-24.

### Who Should Attend the Conference?

This conference is designed for any adult with basic knowledge of suicide prevention who is interested in prevention education and wishes to expand his/her ability to support youth who are dealing with difficult issues. Clinicians, educators, nurses, school personnel and parents would benefit from attendance.

### CEUs and Certificates

- ◆ Social Worker
- ◆ Certificates of attendance to all participants
- ◆ This continuing nursing education activity was approved by ANA-MAINE, an accredited approver by the American Nurses Credentialing Center's Commission of Accreditation.

### Cost

\$75.00—includes breakfast, lunch, keynote, a choice of one (1) session and all supporting materials.  
\$90.00—after March 19th

### Agenda At-a-Glance

#### Thursday, April 2nd

- 8:00–8:30 Check-in & continental breakfast
- 8:30–8:45 Welcome
- 8:45–9:45 Keynote—Alex Miller DBT with Suicidal Adolescents
- 9:45–10:00 Break
- 10:00–12:00 Concurrent morning sessions
- 12:00–12:50 Lunch
- 12:50–1:10 Youth Suicide in Maine—Erika Lichter
- 1:10–1:30 Book signing
- 1:30–3:30 Concurrent afternoon sessions

### SELECT ONE OF THE 6 CHOICES

#### **SESSION 1—Dialectical Behavior Therapy with Suicidal Multi-Problem Adolescents, Alex Miller, PsyD**

Dialectical behavior therapy is an evidence-based treatment that has been adapted for suicidal, multi-problem, difficult-to-treat adolescents. Alec Miller and his colleagues have spent the past 14 years conducting clinical research evaluating DBT with outpatient adolescents, inpatient adolescents, and children and adolescents in school settings. DBT is an integrative multi-modal treatment that is behavioral and skills based. Dr. Miller is co-author of Dialectical Behavior Therapy with Suicidal Adolescents.

#### **SESSION 2—Trickery, Trolling & Threats: Recognizing and Responding to Cyber-bullying and Cyber-taunting, Phil Fogelman, Anti-Defamation League**

Did you know? Studies of Internet-using adolescents indicate that 53% of young people (approximately 13 million) have been targets of cyber-bullying and more than 15% (approximately 4 million) have bullied others online. For some of these youth, online cruelty may be a precursor to more destructive behavior, including involvement in hate groups and bias-related violence.

This workshop is designed to increase awareness of the nature and impact of cyber-bullying, identify tools and strategies for participants to respond effectively, and promote a culture of e-safety among youth.

#### **SESSION 3—Adolescent Substance Abuse & Suicidality, Kristen Jiorle, Maine Office of Substance Abuse**

This workshop will provide an overview of the signs and symptoms of use/abuse and the risk for suicide with adolescents. Participants will have a picture of what this looks like in Maine with the most recent data available and participate in the case study exercises to assess their understanding and make appropriate decisions regarding intervention/referral of these young people to services/supports.

## Please register for only one of the 6 sessions.

*These sessions have been designed to present an in-depth exposure to each topic. To ensure continuity participants must select one session and remain in that session for the entire day.*

#### **SESSION 4—Bereavement After Suicide: Walking the Journey with Survivors, John R. Jordan, PhD**

This workshop will provide a focused overview of the impact of suicide on survivors, and the clinical and support responses that are needed after a suicide occurs. The workshop will include didactic presentation, group discussion, case examples from the presenter's practice, and video. Dr. Jordan is co-author of After Suicide Loss: Coping with Your Grief.

#### **SESSION 5—Psychiatric Disorders and Youth Suicide: Identification and Treatment**

##### **Douglas R. Robbins, M.D., Maine Medical Center**

We will discuss an overview of psychiatric disorders that are associated with increased risk for suicide in adolescents, and other risk factors. We will emphasize how to identify these disorders and risk factors in a school setting, primary care office, or in a therapist' practice. We will also briefly discuss approaches to treatment, including family involvement, individual psychotherapy, and medications.

#### **SESSION 6—Developing More Emotionally Skillful Students: Bringing DBT into the Classroom**

##### **Michael Hollander, PhD**

This workshop will be an introduction to the principles of Dialectical Behavior Therapy including a variety of didactic and experiential learning experiences. Participants will be expected to actively engage in role playing and behavioral rehearsal; be prepared to have fun. Dr. Hollander is the author of Helping Teens Who Cut.

**There are no easy answers in suicide prevention. MYSPP appreciates all the program presenters. We value their expertise and your experience. Suicide prevention is up to ALL of us.**

### Registration Form

## Registrations due by March 19th

#### Registration Options:

- **Register Online**  
Go to: [www.mcdregistration.org](http://www.mcdregistration.org)  
(Youth Suicide Prevention Trainings & Registrations)
- **Fax:** 207-622-3616
- **Mail Form to:**  
Medical Care Development  
c/o Joanne De Campos  
11 Parkwood Drive, Augusta, ME 04330

Name \_\_\_\_\_  
(as it should appear on certificate)

Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

#### Attendance Options:

**Thursday, April 2nd: (Choose ONE of the 6 options)**

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Session 1 \_\_\_\_\_ Session 1 \_\_\_\_\_

Session 2 \_\_\_\_\_ Session 2 \_\_\_\_\_

Session 3 \_\_\_\_\_ Session 3 \_\_\_\_\_

Session 4 \_\_\_\_\_ Session 4 \_\_\_\_\_

Session 5 \_\_\_\_\_ Session 5 \_\_\_\_\_

Session 6 \_\_\_\_\_ Session 6 \_\_\_\_\_

I request assistance or special accommodations

**Payment Options**      **\$75.00 by March 19th**  
   **\$90.00 after March 19th**

Check enclosed for \$ \_\_\_\_\_ payable to MYSPP

Charge \$ \_\_\_\_\_ to:    MasterCard     Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Code for Visa: \_\_\_\_\_

Signature \_\_\_\_\_

## We wish to thank our conference sponsors:

- AdCare Educational Institute
- Medical Care Development, Inc.
- Vera Foundation
- JD Foundation

## Caring...Responsive... Well-Managed We are DHHS.

### Registration Information

#### Registrations due by March 19th

*(A \$15.00 late fee will be assessed on registrations received after that time.) Registrations accepted on first come first served basis. Registration fee includes tuition, meals, and conference materials.*

#### **Registration Questions:**

Joanne De Campos (207) 622-7566, ext. 202  
or [jdecampos@mcd.org](mailto:jdecampos@mcd.org)

#### **Conference Content Questions:**

Linda Williams (207) 622-7566, ext. 243  
or [lwilliams@mcd.org](mailto:lwilliams@mcd.org)

#### **Accessibility**

This location is handicapped accessible. Call Joanne De Campos at 622-7566 x202 in advance if you require special accessibility, accommodations, or a sign language interpreter.

#### **Substitution/Cancellation/Refunds**

Substitution may be made without additional charge. Please call Joanne at (207) 622-7566, ext. 202 to notify us of the change in person attending. Cancellation refunds available if notified 7 days prior to conference. "No shows" are subject to the full fee.

### Reservations/Directions

**Holiday inn by the Bay**  
**88 Spring St., Portland, ME**  
**(207) 775-2311**

#### **For Reservations** (if staying overnight)

1-800-345-5050 or [www.innbythebay.com](http://www.innbythebay.com)

#### **Directions**

Take I-95 to Exit 44 (formerly Exit 6a). Continue on I-295 to Exit 7, (Franklin Street). Stay on Franklin Street for five (5) lights. Take a right onto Middle Street, travel approximately 1 mile. (Middle Street turns into Spring Street.) Holiday Inn is on the left.

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age, or national origin, in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act and Executive Order Regarding State of Maine Contracts for Services. Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to DHHS' ADA Compliance/EEO Coordinators, 11 State House Station—221 State Street, Augusta, Maine 04333, 207-287-4289 (V), 207-287-3488 (V), 1-800-606-0215 (TTY). Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinators. This notice is available in alternate formats, upon request.



**Maine Center for  
Disease Control**

*An Office of the  
Department of Health and Human Services*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner



**Maine Youth Suicide Prevention**  
Education, Resources and Support—It's Up to All of Us.

# ANA News



## The American Nurses Association Joins Environmental Health Groups in Urging the Phase Out of Harmful Chemicals in Toys and Other Products

**One in Three Children's Toys Tested by [www.HealthyToys.org](http://www.HealthyToys.org) Found to have Significant Levels of Toxic Chemicals Including Lead, Flame Retardants, and Arsenic**

The Ecology Center, a Michigan-based nonprofit organization, and partners across the country today released the 2nd annual consumer guide to toxic chemicals in toys at [www.HealthyToys.org](http://www.HealthyToys.org). Researchers tested over 1,500 popular children's toys for lead, cadmium, arsenic, PVC and other harmful chemicals in time for this year's holiday shopping season. One in three toys tested were found to contain "medium" or "high" levels of chemicals of concern.

Lead was detected in 20% of the toys tested this year. In fact, lead levels in some of the products were well above the 600 parts-per-million (ppm) federal recall standard used for lead paint, and will exceed the U.S. legal limit in February, according to the new Consumer Product Safety Commission (CPSC) regulations. Levels of lead in many toys were significantly above the American Academy of Pediatrics recommended ceiling of 40 ppm of lead in children's products. Children's jewelry remains the most contaminated product category, maintaining its spot at the top of HealthyToys.org's "worst" list.

The CPSC regulations, which go into effect in February 2009, would make certain products on the shelf this holiday season *illegal* to sell two months from now. Experts insist that these new regulations, while a good first step, do not go nearly far enough to protect our children.

"There is simply no place for toxic chemicals in children's toys," said Ecology Center's Jeff Gearhart, who led the research. "Our hope is that by empowering consumers with this information, manufacturers and lawmakers will feel the pressure to start phasing out the most harmful substances immediately, and to change the nation's laws to protect children from highly toxic chemicals."

In addition to allowing parents to search by product name, brand, or toy type to see if certain toys have toxic chemicals, the newly-redesigned site also allows visitors to create a personalized holiday wish list that can be sent to family and friends, and a blog-friendly widget to quickly search the toy ratings.

Researchers tested for chemicals that have been associated with reproductive problems, developmental and learning disabilities, hormone problems and cancer; and for those that have been identified by regulatory agencies as problematic. Babies and young children are the most vulnerable populations because their brains and bodies are still developing, and because they frequently put toys into their mouths. The testing was conducted with a screening technology—the portable X-Ray Fluorescence (XRF) analyzer—that identifies the elemental composition of materials on or near the surface of products.

### Highlights from the HealthyToys.org 2008 findings:

- **Lead is Still in Toys**—HealthyToys.org found lead in 20% of all the products tested this year, including 54 products (3.5%) that exceed the current 600 ppm recall threshold for lead-based paint, and the soon-to-be national standard for all children's products. When

children are exposed to lead, the developmental and nervous system consequences can be irreversible. The American Academy of Pediatrics has recommended a level of 40 parts per million (ppm) of lead as the maximum that should be allowed in children's products.

- **It's Not Just China**—HealthyToys.org has *not* found a consistent correlation between the country of manufacture and the presence of toxic chemicals in toys. 21% of toys from China and 16% of those from all other countries had detectable levels of lead in 2008. 17 toys manufactured in the U.S. were sampled and 35% of those had detectable levels of lead. Two toys had levels above 600 ppm. Among the highest lead levels detected in HealthyToys.org (190,943 ppm) was in a Halloween Pumpkin Pin made in the USA.
- **It's Not Just Lead**—HealthyToys.org found a significant number of toys containing cadmium, mercury, arsenic, and bromine. 2.9% (45 products) had bromine at concentrations of 1,000 ppm or higher. This indicates the likely use of brominated flame retardants—chemicals that may pose hazards to children's health. Other toxic chemicals found in toys include arsenic, cadmium, and mercury. Arsenic was detected at levels greater than 100 ppm in 22 or 1.4% of products; 289 (18.9%) of products contained detectable levels of arsenic. Cadmium was found above 100ppm in 30 (1.9%) of products; 38 (2.4%) of products contained detectable levels of cadmium. Mercury was found above 100 ppm in 14 (1%) of products; 62 (4.2%) of products contained detectable levels of mercury.
- **Polyvinyl Chloride (PVC/Vinyl)**—HealthyToys.org identified products made with PVC plastic by measuring their chlorine content. PVC is a problematic plastic because it creates major environmental health hazards in its manufacture and disposal and may contain additives, including phthalates, that may pose hazards. 27% of toys (excluding jewelry) tested this year by HealthyToys.org were made with PVC.
- **Jewelry**—Jewelry remains the most contaminated product category tested. Children's jewelry is five-times more likely to contain lead above 600 ppm than other products. 15% of jewelry samples (compared to 3% of other products) had lead levels above 600 ppm. Overall, jewelry is twice as likely to contain *detectable* levels of lead as other products. Numerous Hannah Montana brand jewelry items tested high for lead. HealthyToys.org recommends that consumers avoid low cost children's jewelry.
- **The Good News**—The good news is that 62% (954) of the products tested contain LOW levels of chemicals of concern, and 21% (324) of these products contain NO chemicals of concern. These products look and feel no different than other children's products on the shelf. These findings show that manufacturers *can* and *should* make toys free of unnecessary toxic chemicals. HealthyToys.org provides a petition visitors can sign urging federal and state government agencies and toy manufacturers to phase out toxic chemicals from toys immediately and reform our laws to protect children.

With millions of toys on the market, HealthyToys.org could not test them all. However visitors to the website can nominate other products to be tested. The most commonly requested items will be tested each week leading up to the Holidays.

*HealthyToys.org is a project of the Ecology Center—a Michigan-based nonprofit environmental organization that works at the local, state, and national levels for clean production, healthy communities, environmental justice and a sustainable future.*

## ANA's GeroNurseOnline Website is Back!

ANA has launched a re-designed web site for the care of older patients. The [GeroNurseOnline](http://GeroNurseOnline.org) site is designed to serve as a comprehensive, rich resource for nurses and the public they serve. [GeroNurseOnline.org](http://GeroNurseOnline.org) provides nurses with resources regarding clinical information, education and career certification instrumental in providing care for older adults, regardless of specialty.

## American Nurses Association Mourns the Passing of ANA Hall of Fame Inductee and Hospice Care Pioneer, Florence Wald

It is with deep sadness that we inform you of the passing of our venerable colleague, Florence Wald, RN, MSN, FAAN. Florence Wald passed away at her home in Connecticut on Saturday November, 8th at the age of 91. She was internationally recognized as a pioneer in the field of hospice care.

Florence Wald earned a Bachelors degree from Mount Holyoke College and three degrees from Yale University: Master of Nursing, Master of Science, and an honorary degree of Doctorate of Medical Science. She began her career in the New York Visiting Nurse Service and then accepted a position teaching psychiatric nursing at Rutgers University. Wald joined the Yale School of Nursing faculty in 1957 and one year later was chosen to be Dean. She served in the role of Dean for nine years at Yale University's School of Nursing.

Wald studied hospice care in London. Upon her return to the states, she developed a hospice model that provides holistic and humanistic care for the dying person and requires appropriate understanding of the concepts of death and dying among nurses giving care in the hospice environment. Since that time, her exemplary work with the dying has influenced the further development of hospice care throughout the nation.

Florence Wald has published widely and earned many distinctions, including a Founders Award from the National Hospice Association, a Distinguished Woman of Connecticut Award from the governor of Connecticut, fellowship in the American Academy of Nursing, and three honorary doctoral degrees. She was inducted into ANA's Hall of Fame in 1996. The Connecticut Nurses Association established the Florence S. Wald Award for Outstanding Contributions to Nursing Practice in her honor.

Our deepest sympathies are with the Wald family, and our hope is that they derive some comfort from the great affection and respect felt for their beloved family member by the nursing community.

# ANA News



## The American Nurses Association On Behalf Of The Larger Nursing Community Announces The Release Of A First Of Its Kind Study On The Economic Value Of Nursing

The American Nurses Association (ANA) is pleased to announce, on behalf of the larger nursing community, the release of a first of its kind study quantifying the economic value of nursing. The study was conducted by the Lewin Group, supported by grants from Nursing's Agenda for the Future, the ANA and a coalition of nursing associations dedicated to addressing nursing workforce issues. The research, first proposed in 2003 and published in the current issue of the journal *Medical Care*, is the result of years of analysis of data on the correlation between patient outcomes and nurse staffing levels. To read the complete article please visit [www.lww-medicalcare.com](http://www.lww-medicalcare.com).

"Nurses are a vital component to the health care system," said ANA President Rebecca M. Patton, MSN, RN, CNOR. "This nursing funded study provides a model that shows how nurses affect the delivery of cost-effective, high quality care, and prevent adverse events. This project was the culmination of years of research that could not have been possible without the tireless work and cooperation of The American Association of Critical Care Nurses, the American Association of Colleges of Nursing, the Oncology Nursing Society, the American Organization of Nurse Executives, and the 85 other nursing organizations who contributed to the project. I applaud their outstanding efforts, and commend them on this significant contribution to the nursing profession."

The research culled findings from 28 different studies that analyzed the relationship between higher RN staffing and several patient outcomes: reduced hospital-based mortality, hospital-acquired pneumonia, unplanned extubation, failure to rescue, nosocomial bloodstream infections, and length of stay. The findings demonstrate that as nursing staffing levels increase, patient risk of complications and hospital length of stay decrease,

resulting in medical costs savings, improved national productivity and lives saved.

"Estimates from this study suggest that adding 133,000 RNs to the acute care hospital workforce would save 5900 lives per year. The productivity value of total deaths averted is equivalent to more than \$1.3 billion per year, or about \$9900 per additional RN per year." The additional nurse staffing would decrease hospital days by 3.6 million. More rapid recovery translates into increased national productivity, conservatively estimated at \$231 million per year. "Medical savings is estimated at \$6.1 billion, or \$46,000 per additional RN per year. Combining medical savings with increased productivity, the partial estimates of economic value averages \$57,700 for each of the additional 133,000 RNs.

The research findings suggest significant policy related issues. First and foremost, healthcare facilities cannot realize the full economic value of professional nursing due to current reimbursement systems. Additionally, the economic value of nursing is "greater for payers than for individual healthcare facilities."

*The ANA is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses through its 54 constituent member nurses associations, its 23 organizational affiliates serving 330,000 members of national nursing specialty organizations, and its workforce advocacy affiliate, the Center for American Nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.*

## ANA Gives Statement At Health Care Reform Hearings

The American Nurses Association (ANA) gave a statement on Capitol Hill Wednesday, November 19th on the issue of health care reform. ANA submitted a statement at the Senate Finance Committee hearing on *Health Care Reform: An Economic Perspective* emphasizing the need to address workforce issues along with the issues of quality, access and cost.

While ANA applauded the plan's author, Senator Max Baucus (D-MT), for bringing attention to this vital issue, and voiced willingness to work with Senator Baucus and others to achieve comprehensive health reform, ANA also stressed the fundamental role registered nurses must play to transform the current "sick care" system into a true "health care" system. "RNs are the backbone of hospitals, community clinics, school health programs, home health and long-term care programs, among many other roles and settings. The support, development and deployment of this keystone profession is essential for any quality health reform plan to succeed."

ANA addressed the need to examine the issue of workforce as a vital component of any health care plan. "Concentrating one's focus on a guarantee of coverage only

promises to place more people into a broken system. Failure to address issues related to the delivery of care will strain the health infrastructure even more than it already is today."

To see ANA's complete statement please visit, <http://nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/2008PR/Written-Statement-Health-Care-Reform-An-Economic-Perspective.aspx>

In addition to its work on Capitol Hill, ANA is taking an active role in raising public awareness of the need for health system reform. ANA is a partner in Health Care for America Now (HCAN) and Divided We Fail, campaigns working to organize millions of Americans to work toward health care for all. ANA has also been a partner in Cover the Uninsured Week since its inception in 2000. The campaign is an annual event designed to focus attention on the plight of the nearly 47 million Americans, who lack health coverage, as well as to highlight the efforts being made by various states and communities to cover these individuals and their families. The campaign also works to ensure that people who are uninsured get enrolled in public coverage programs if they are eligible.

ANA's advocacy for guaranteed affordable health care for all is reflected in its recently revised ANA's *Health System Reform Agenda*, rooted in decades of policy work. In 1989, ANA's "Task Force on Health Policy Support of Access, Quality and Cost Efficiency" began a collaboration with the broader nursing community to create *Nursing's Agenda for Health Care Reform* (ANA, 1991). This blueprint for reform, endorsed by 60 nursing and health care organizations, serves as an urgent call for health system reform and is part of ANA's professional and ethical obligation to maintain the integrity of nursing practice and pursue the best possible health care for the nation's people.

## The American Nurses Association Works Toward A Consensus Agreement On A Core Set Of National Priorities In Health Care

*Improving Performance Measurement and Public Reporting in the United States*

The American Nurses Association (ANA), the National Quality Forum (NQF), along with representatives of 26 other major national health care organizations will join forces on Monday, November 17, 2008, by publicly releasing its report, *Aligning Our Efforts To Transform America's Healthcare Goals* designed to set national priorities and goals to achieve a high-performing, health care system delivering quality care to all.

"The National Priorities Partnership represents something unique in health care—a diverse range of high-impact stakeholders working to align their efforts on a core set of high-leverage areas of improvement. It is important for all partnerships related to health care quality to include the perspective of registered nurses order to transform the health care system. Nursing is the largest component of the health care workforce and provides the greatest amount of direct patient care. This collective force will deliver fundamental and transformative improvements to America's health care system," said ANA Chief Executive Officer Linda J. Stierle, MSN, RN, NEA-BC.

The priorities and goals of the partnership were selected to address four major challenges in health care: eliminate harm, eradicate disparities, reduce disease burden, and remove waste. The Partners focused only on National Priorities and Goals that would, if implemented broadly, dramatically improve our nation's healthcare quality.

Working together the partners will:

- Engage patients and their families in managing health and making decisions about care
- Improve the health of the population
- Improve the safety and reliability of America's healthcare system
- Ensure patients receive well-coordinated care across all providers, settings, and levels of care
- Guarantee appropriate and compassionate care for patients with life-limiting illnesses
- Eliminate waste while ensuring the delivery of appropriate care

The Partnership's core list of priorities will yield real dividends in the form of improved care, equity, safety, and efficiency over the next three to five years. The absence of national priorities and goals for performance improvement impedes the efforts of those involved in all facets of performance measurement, improvement, and reporting. A sizable amount of resources and energy are currently being invested in the development of performance measures by many organizations including accrediting bodies, professional societies and boards, government organizations, and others.

To date, NQF has endorsed approximately 400 performance measures and practices, and many more are in the "measure pipeline", some in the early stages of development and others moving through the NQF endorsement process. In spite of all these activities, it is unclear whether attention and resources are being focused on "high leverage" areas—aspects of performance for which improvement will yield the greatest gains in terms of better health and healthcare. ANA recognizes that national priority-setting must be a collaborative process with other key stakeholders who engage in priority-setting efforts of their own. In response, the National Priorities Partnership was established to address these concerns.

For more information, please visit <http://nursingworld.org/HomepageCategory/NursingInsider/ANA-Works-Toward-a-Consensus-Agreement.aspx>.

## Looking Upstream: A Nontraditional Holiday Food Message

by Susan Vorce Crocker, PhD, RN

As 2008 winds down, so do our conversations about personal reflections and self-assessments centered in holistic wellness. Focus on Health has offered its readership varying perspectives on discrete aspects of wellness by exploring the spirit, the soul, and the body. Nevertheless, as we have learned, understanding arises in the context of the synergy within the whole person experience of health and well-being.

This final conversation spotlights nutritional decisions or feeding the body; with the caveat that holistically sound food choices are as integral to the well-being of the soul and spirit as to the body. Foods and nutritional choices are complex, personal, and culturally laden. Opinions on what constitutes sound nutrition are often controversial and vary widely (Crocker, 2008). I expect that you, like most of us, get a bit defensive when such opinions are presented—and they seem to arise annually just in time to cast a shadow over all the holiday goodies! Why now we ask... there is enough stress, so why add more? How frustrating this is and yet a good reminder of how important enjoying food is to our lives! We really do care about our food; or do we?

### Food, Ecology, & Agriculture

This article follows a different tack by looking at nutrition from an ecological perspective; so never fear—I do not intend to tell you not to enjoy the cookies, gravy, or other favorites of your traditional holiday celebrations! I challenge you to look beyond the calories and the fat and the sugar to the origins of the foods themselves. *Looking upstream* is a term borrowed from ecology—the environmental way of saying, if you want to fix the problem with dead fish you need to find out what is happening upstream where the water is being polluted! Many in our global community believe that our food supply is being polluted. Herein a call is put forth to individual nurses and to the nursing community to consider these voices as they relate to health and well-being of humans—unique participants in the world's habitats.

This past October, Michael Pollen (2008), an academic journalist at the University of California, Berkeley, wrote an open letter to the then unknown president elect entitled "Farmer-in-Chief." He presents a compelling argument for the need to think of the *health* of our nation's food system as not only a health and environmental concern but also as a critical national security issue. Please go to the link provided and read it—it will amaze you and, I hope, get your attention. As caring professionals, nurses often overlook the fundamental connections between healthy food *sources* and their own lives. He opines that "Food is about to demand your [president's] attention" (para 1). I propose it demands yours!

OK, you may say, I am a nurse, not a farmer. True enough, but we are all consumers of the farm industry—agriculture. We all eat and hopefully we also enjoy it. I urge you to consider that whether you live in a rural or urban setting that eating is an *agricultural act* and it "ends

the drama of the food economy that begins with planting and birth" (Berry, 1989, p. 1).

### Pollution and Common Foods

What is the nutritional value of the food you eat? Are the nutrients bioavailable? How does this connect to the land it was grown in or the animal it is derived from? These are vital questions obligating us to look beyond the grocery cart (or menu selections) to the *sources* of the foods we eat. For example, when we are hungry what do we choose to eat? Do we grab an apple or a Snickers® bar? And if you think that the apple is the healthy choice what do you *really* know about what you are consuming? For example, would you choose to eat a known poison such as the petroleum products, agricultural herbicides, pesticides or fertilizers? "Ridiculous!" you say. Not so! In fact, this is exactly what you may ingest with your "healthy" apple. Pollen (2008) argues that "when we eat from the industrial food system, we are eating oil and spewing greenhouse gases" (para 3)—strong words speaking to a thorny, controversial, and highly political issue.

### Ecological vs. Industrial Agriculture

Industrial agriculture (agribusiness) focuses on mass production, shelf life, and profitability. While it is often thought to be patterned after a factory assembly line; it may look more like a prison or laboratory. Chemistry and efficiency rule this model. As a passive consumer of agribusiness you are (perhaps unknowingly) confronted with "a plate covered with inert, anonymous substances that have been processed, dyed, breaded, sauced, gravied, ground, pulped, strained, prettified, and sanitized beyond resemblance to any part of any creature that ever lived... both eater and eaten are thus in exile from biologic reality" (Berry, 2008, para 7).

Ecological agriculture focuses on sustainability, soil health, and quality food production. This model is based in botany and biology. Culturally situated, these small farmers are intentionally concerned with eliminating pollutants, the restoration and stewardship of land, and humane animal food production practices. The idea is to produce quality, real food based on the idea that whole organic food grown small scale will have more nutrients, less opportunity for safety concerns, and improve both local ecosystems and economies. Are there any in your community.

Grass roots, consumer-based demand for organic and community based locally grown food has sprung up across the land. Recognizing that if the land that our food is grown in has had years of chemical treatments to maximize production of commodity crops (corn, soybean etc.) it no longer has the capacity to yield living foods. This land is for all intents and purposes "dead." The soil no longer has the living biological components to yield nutrients. Consequently more chemicals are added and so the story goes...

### Where Are the Nurses?

Why is it that these food movements are not being championed by health professionals? Why have consumers involved in the environmental arenas recognized this vital health and wellness issue and we, as a profession, have not? The American Nurses Association (Patton, 2008) has put forth a call for nursing recognition of environmental health and involvement in climate change. Nightingale recognized that healing environments included clean water, nourishing foods, light, and fresh air. Can you see the Lady with the Lamp on the front lines of the environmental community based agricultural movement? Nurses have the opportunity now to become the champions of a movement to return to health by recognizing that healthy land yields healthy foods. We all know that the body needs food for health but we have forgotten the food needs to be *healthy*!

Many nurses and other health professionals believe that we Americans lead the world when it comes to health practices & food production. Yet in reality, we are experiencing accelerating problems with food related illness and production safety. Indeed, other nations are



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seizing the day. For example, this year in Spain, Slow Food Terres Lleida hosted the inaugural I Fira D'Alimentació I Salut (Fair of Food and Health) celebrating local food production and highlighting the links between quality food, clean production and human health in a rich program of activities, workshops and conferences. Yet even in Spain, nurses are missing from the list of speakers which includes dietitians, writers, researchers, farmers and ecology activists.

### Assess Your Food Literacy

As caring health professionals nurses must make intentional & intelligent decisions to learn about nutrition & food sources. Begin to assess your own food literacy:

- How versed are you in the biology and ecology of the soil or animal husbandry practices that supply the food *you* eat?
- Are you a part of a generation who has become too busy to cook or sit and enjoy a meal—preferring to 'grab and go'?
- When was the last time you read the ingredients on the label of your favorite cereal or salad dressing?
- If you do read labels, have you questioned why there may be more chemical additives or fillers than foods listed in canned soups, frozen dinners, packaged processed products containing rice/noodles, puddings, sauce mixes, or other favorite time savers in your panty?
- When asked where your food comes from, would you know the information or is your answer 'the grocery store'?
- Are you aware of the hormones, antibiotics or other chemical toxins found in the animal protein that you may eat?
- What are the nutritional benefits of whole vs. processed grains and what *really* are the differences between simple and complex carbohydrates?
- Do you know what any of this has to do with your current state of health, subjective vitality and the insidious spread of obesity and chronic disease?

### Looking Upstream—Thoughts on Food Choice

- Begin by restoring your awareness of what is involved in eating
- Recognize and study the complexities of how food, agricultural practices, and health are related
- Investigate the evidence for yourself
- Participate in food production to the extent that you are able
- Prepare your own food
- Learn the origins of the foods YOU buy—and buy as close to home as possible

Learn as much as you can and begin to discover how caring about food is essential to caring about your health, local/ global environments & economies, and the health of the nation. Enjoy genuine food. Make nutritional choices based upon balanced evidence. Choose to make real food a health priority for yourself and for our profession!

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# Membership

## ANA-Maine Membership

### MEMBERSHIP BENEFITS

The American Nurses Association-Maine (ANA-Maine) is part of the federation of Constituent Member Associations (CMAs) of the American Nurses Association. Therefore, your membership in ANA-Maine becomes part of an influential and effective national network of registered nurses who impact the nursing profession.

When you JOIN ANA-MAINE, you join with nurses around the country in speaking with one strong voice on behalf of your profession and health care. Together we can make a difference! As a full member—you are a full voting member in ANA-Maine and the American Nurses Association and entitled to valuable products and benefits that help you:

#### Be heard: Advocating for nurses where it matters

- Federal lobbying on issues important to nursing and health care—issues such as safe staffing, nursing workforce development, overtime pay and access to care.
- State-wide phone or e-mail campaigns on issues vital to your scope of practice and support of your efforts as a Legislative Buddy with your Maine State Legislator.
- Representing nursing where it matters on a national level, including the Environmental Protection Agency, Department of Labor, the U.S. Department of Health and Human Services and many others, right up to the White House.
- Speaking for nursing through the media including stories in the Wall Street Journal, Chicago Tribune, USA Today, 60 Minutes, NBC Nightly News, CNN, and NPR to name a few.
- Speaking for U.S. nurses as the only U.S.A member of the International Council of Nurses and attending meetings of the World Health Organization.

#### Guide the Profession: Ensuring nursing quality and safety

- Maintaining the Code of Ethics for Nurses which was first developed by ANA in 1926.
- ANA develops and publishes the Scope and Standards of practice for nursing and many of its specialties.
- Through the National Database on Nursing Quality Indicators, ANA is collecting data that link nurse staffing levels to quality nursing care.
- Addressing workplace hazards such as back injuries, latex allergies, safe needles and workplace violence.

#### Influence Decisions: Becoming involved

- Join one of the many committees and boards at the national, state and local level that are shaping the direction of the association and the profession.
- Participate in member surveys that let you influence the association's agenda.

#### Promote yourself: Professional development tools and opportunities

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

#### Stay informed: Publications that keep you current

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

#### Save money: Discounts and privileges for members

- Professional Liability Insurance—a must have for every nurse, offered at a special member price.
- Introducing ANA Nursing Rewards+, the rewards credit card that designed just for nurses. Developed by the American Nurses Association and National City Bank, the ANA Nursing Rewards+ Visa earns points with every purchase you make—and those points can be redeemed for travel, cash and rewards unique to the nursing profession! Combine that with a low interest rate—0% for the first six months—and you have a credit card that fits in anyone's wallet. Apply Now.
- Marsh Affinity Group Services—Major Medical, Dental Insurance and Best Benefits—Marsh Affinity Group Services can help you find and compare major medical plans, and tailor a plan to your needs. Our new Dental Insurance program covers not only the cost of routine care, but also special services. And the Best Benefits program provides discounts on such services as eyewear, prescription drugs, chiropractic and hearing services.
- Dell Computers—ANA is pleased to announce a new member benefit. ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this valuable offer, or for more details, call 1-800-695-8133—refer to code HS45927362, or visit [Dell's web site](http://Dell's web site).
- 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.
- Walt Disney World Swan and Dolphin Hotel
- GlobalFit Fitness Centers—Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.
- Nurses Banking Center—free checking, online bill paying and high yield savings all available to you 24/7 to fit any shift or schedule.
- Avis and Budget Car Rental—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
- VPI Pet Insurance Pet Insurance helps you take care of the other



### ANA-MAINE MEMBERSHIP APPLICATION

P.O. Box 3000 • PMB #280 • York, ME 03909 • [www.anamaine.org](http://www.anamaine.org)  
[info@anamaine.org](mailto:info@anamaine.org)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Credentials \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Home City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City \_\_\_\_\_ State \_\_\_\_\_

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 Home Area Code/Phone

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Work Area Code/Phone

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 Work Fax Number

Home Zip Code \_\_\_\_\_

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Work E-Mail \_\_\_\_\_

Employer Zip Code \_\_\_\_\_

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 Graduation (Month/Year)

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 RN License Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 License State

#### ANA-MAINE MEMBERSHIP DUES

##### Membership Category (check one)

- M Full Membership Dues**
- \$240—Employed Full Time
  - \$240—Employed Part Time Available to any registered nurse in a US state, territory or possession and whose license is not under suspension or revocation in any state.
- R Reduced Membership Dues**
- \$120—New Graduate of a basic nursing education program provided the application is initiated within 6 months after graduation.
  - \$120—62 years of age or over and not earning more than Social Security allows.
  - \$120—62 years of age or over and not employed.

##### Choice of Payment (please check)

- E-Pay (Monthly Electronic Payment)**  
 This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA-Maine/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.
- Checking:** Please enclose a check for the first month's payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.
- Credit Card:** Please complete the credit card information below and this credit card will be debited on or after the 1st day of each month.

##### Automated Annual Credit Card Payment

This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA-Maine/ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due.

ANA-Maine dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by ANA-Maine/ANA is not deductible as a business expense and changes each year. Please contact ANA-Maine for the correct amount.

**"NOTE"** \*By signing the Monthly Electronic Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA-Maine/ANA to change the amount by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA-Maine/ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA-Maine/ANA will charge a \$5 fee for any returned drafts or chargebacks.

##### MONTHLY ELECTRONIC DEDUCTION AUTHORIZATION SIGNATURE

- SEE "NOTE" BELOW
- FULL ANNUAL PAYMENT
- Check payable to "ANA-MAINE"
- Visa  MasterCard

CREDIT CARD INFORMATION

Bank Card Number \_\_\_\_\_ Expires: Month/Year \_\_\_\_\_

Signature for Bank Card \_\_\_\_\_

Printed Name \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

##### TO BE COMPLETED BY ANA-MAINE

Maine STATE \_\_\_\_\_ DISTRICT \_\_\_\_\_ REGION \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Code \_\_\_\_\_ 8/31/2005

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ Check # \_\_\_\_\_

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

ANA-Maine membership # \_\_\_\_\_

members of your family—your pets. A VPI Pet Insurance policy provides affordable health coverage to help you pay the treatment costs for your pet's accident, illness and routine medical care. As a member of the ANA, you are eligible to receive a discount off the base premium, which makes a VPI Pet Insurance policy even more affordable.

- Save on your hotel stays at Days Inn, Ramada Inn, Howard Johnson and more.
- Online discounts on all your floral needs through KaBloom.

#### WAYS TO GET INVOLVED

##### Your Participation is the Key to Higher Standards of Nursing Practice

Members of ANA-Maine have the power to influence nursing practice in Maine by their involvement in a number of ways within the association, which include:

- **ATTEND THE ANNUAL ANA-MAINE BUSINESS MEETING.** Many decisions are made at the annual meeting. This is a great time to learn about the work or your organization and meet other members from across the State as well as pick up a few contact hours.
- **SERVE ON ONE OF ANA-MAINE'S MANY STANDING COMMITTEES.** This is a great way to influence the direction of the organization and nursing practice in Maine.
- **BECOME POLITICALLY ACTIVE.** Share your e-mail address with us (send it to [info@anamaine.org](mailto:info@anamaine.org)) and become an active part of the many legislative e-mail campaigns. In this way you can have an opportunity to influence legislation impacting on nursing practice, the nursing profession and the people receiving health care in this great State. Learn how to go about being a legislative buddy and let your legislator know how his or her decisions impact nursing care in Maine. Get involved with the [ANA Political Action Committee](http://ANA Political Action Committee). Follow candidates for political office and discover their views on issues that affect nursing in Maine.
- **COMMUNICATE YOUR VIEWS AND THOUGHTS TO NURSES WHO ARE OFFICERS OR COMMITTEE**

**MEMBERS.** ANA-Maine can only speak for the nurses of Maine if Maine nurses speak up. Contact one of the officers or committee members you know or e-mail us at [info@anamaine.org](mailto:info@anamaine.org).

- **RUN FOR ELECTED OFFICE.** Member participation in leadership positions is essential for the success of ANA-Maine.

#### ANA-MAINE MEMBERSHIP CATEGORIES

There are two categories of membership (full and reduced membership categories) in ANA-Maine and three types of memberships to choose from:

**Full Dues Membership:** Available to any registered nurse in the State of Maine whose license is not under suspension or revocation.

- **Active Member**—Dues \$240
- **Reduced Dues Memberships:**
- **Active Member Retired**—Available to any registered nurse, 62 years of age, not earning more than the maximum Social Security system allows, or 65 years of age and not employed. Dues \$120.
- **Active Member New Graduate**—Available to any graduate of a basic nursing education program provided the application is initiated within six months after graduation. Dues \$120.

ANA-Maine dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense.

#### JOIN ANA-MAINE ONLINE

To join ANA-Maine online go to the online membership form.

#### ANA-MAINE MEMBERSHIP APPLICATION [PDF]

**Download Application**—If you don't want to join online, you may download a PDF file of membership application form, complete and return by mail with a check.

#### COMPLETE APPLICATION AND MAIL WITH PAYMENT TO:

American Nurses Association-Maine, c/o American Nurses Association Customer & Member Billing, P.O. Box 17026, Baltimore, MD 21297-0405

Or fax completed form with credit card payment to: (301) 628-5355.