President’s Message

ANA-Maine’s Susan Henderson Completes Her Presidency

by Susan MacLeod, BSN, RN, BC

To honor Sue Henderson’s tenure as president of ANA-Maine, a review of the positive changes that occurred under her leadership is fitting. Sue became president of ANA-Maine in 2005, and was voted in for a second term two years ago. ANA-Maine bylaws allow only two consecutive terms, which means that her role as president has drawn to a close. During Sue’s tenure, ANA-Maine has grown and been a key player in advancing Maine issues and policy development related to nursing and health care. The members of ANA-Maine thank her for her hard work and leadership.

Sue Henderson has been a nurse for 46 years. In 1963 she earned her diploma in nursing at Saint Luke’s Hospital School of Nursing in New York. Her career began in a small hospital in New Jersey on a medical surgical floor. In 1966 she completed her bachelor’s degree at Farleigh-Dickinson College in New Jersey. After completing her master’s degree at New York University in 1973, she moved to Maine, where she taught for two years at the University of Southern Maine nursing school. In 1975, Sister Consuela White invited Sue Henderson and Fran Linehan to join the new St. Joseph’s College nursing school, which was in its second year of operation. They taught the sophomore students, and Sister Consuela remained with the freshman class. This experience marked the start of Susan’s career at St Joseph’s College. Along with Fran, Sue developed the first skills lab, which she remembers as consisting of a bed and a training doll that did nothing but lay there, a stark contrast to the new patient simulator lab built at St. Joseph’s this year. In addition to her teaching role, Sue continued to work per-diem as a floor nurse at Mercy Hospital, Cedars, and Maine Medical Center until she became president of ANA-Maine. In 1991 she completed her master’s degree in public policy from the University of Southern Maine. She still teaches at St. Joseph’s College.

Notable features of Susan Henderson’s presidency include:

Student support and development
- The Maine Student Nurses Association hosted its first annual meeting at the ANA-Maine conference last year.
- ANA-Maine added a non-voting student nurse representative to the Board of Directors.
- ANA-Maine added a liaison for the Maine Student Nurses Association.
- ANA-Maine collaborated on the Relay for Life on Oct. 23.
- ANA-Maine financially supports the National Student Nurses Association, offering annual conference registration fees, meeting expenses, and conference attendance for any student nurses who are members of ANA-Maine.

Let Us Speak Our Truths: Thoughts on Health Care Reform

by Susan Henderson, MA (Nursing) President, ANA-Maine

Provision 1 of the American Nurses Association (ANA) Code of Ethics (2001) states: “The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.”

In August, the ANA arranged for members to join in a conference call with White House staff to discuss health care reform. White House staff stated that nurses know what goes on in health care, know how things are for their patients, and they recognized that nurses are highly trusted professionals. Therefore, if nurses speak to the
President’s Message continued from page 1

scholarships, with funds raised through donations and the annual ANA-Maine auction.

Healthcare Reform
• ANA-Maine Board of Directors reaffirmed its position paper on access to care.
• ANA-Maine Board distributed the position paper and ANA’s 2008 Agenda for Health Care Reform at Nurses Day at the state legislature.
• ANA-Maine Board shared ANA legislative communications with the membership. Additionally, Sue Henderson attended a town meeting for healthcare providers with Mike Michaud, as well as participated in an ANA conference call with the White House staff.

Current Maine nursing issues
• H1N1 flu: Sue Henderson met with a representative of the Maine CDC to discuss how ANA-Maine could be helpful with H1N1 issues.
• Maine Impaired Nurse Project: ANA-Maine participated on the project with other nurse organizations and the Maine State Board of Nursing (MSBON). An alternative program has been approved by both the State legislature and the MSBON.
• Maine Quality Forum: Sue Henderson is an appointed member of the advisory committee.
• Nurse Reinvestment Act: ANA-Maine participated in supporting the bill, which passed in the Maine state legislature and at the federal level.
• Nurse Investor Education Project: ANA-Maine received a grant from the WISER group to train nurses in personal finance, with training led by Irene Eaton-Bancroft and Marcy McGuire.

Environmental issues: ANA-Maine received grants for RN No Harm training throughout the state. In April, the program made presentations with national and local speakers (topics included body burden of chemicals and handling unused medications).

ANA-Maine collaborates with other environmental organizations to address issues related to health and the environment. Bettie Kettell, the ANA-Maine Environmental representative, presented at a national conference in May 2009.

Membership
• ANA-Maine membership continues to grow despite the economic downturn, and is at its highest since the start of the organization. To increase visibility of the organization, invitations for membership were extended to every new graduate nurse this year as well as to state nursing vice presidents and CNOs.

Web page
• With Nancy Tarr assuming the leadership role of the ANA-Maine Web master, a new Web page vendor was approved by the Board of Directors at the September meeting. The new system offers support and packages (such as a member section and opportunity for member interaction) that will allow ANA-Maine to grow and be a better resource for its membership and for nurses across the state.

Journal
• The topical content of the quarterly journal continues to expand, with distribution to every nurse in the state of Maine. Articles and ideas are welcome from all readers, including student nurses. Jenny Radsma succeeded Nancy Mattis as the new editor of the journal.

Legislative Committee
• The Legislative Committee is growing and accepting committee members.
• ANA-Maine collaborates with other nursing organizations on political issues as they arise, such as healthcare reform.
• A legislative report is being sent to members to keep them updated on current issues. Paul Parker is the chair of the committee.

Continuing education program
• The CE program continues to grow, as demonstrated by the successful accreditation received from ANCC last year. Karen Rea is the commissioner of CE, and Ruta Jordan the chair of the CE committee.
• The members of ANA-Maine thank Sue Henderson for her leadership over the past four years as president. Her leadership has been emarked by her intellect, kind heart, and positive attitude. She is passionate about nursing and the people for whom nurses care. She will continue to serve as the ANA-Maine representative on the Maine Quality Forum Advisory Board and will mentor the new ANA-Maine President.

Contents of this newsletter are the opinion of the author alone and do not reflect the official position of ANA-MAINE unless specifically indicated. We always invite leaders of specialty organizations to contribute.

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We welcome submissions, but we reserve the right to reject submission of any article. Send to publications@anamaine.org. CE calendar listings are without charge.

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Postal Address corrections: This list of addresses is obtained from the Maine State Board of Nursing (MSBON) each issue. To keep your address current for those mailings, simply notify the MSBON of any needed changes in your postal mailing address.
response in most 10- to 17-year-olds in 8 to 10 days. These results are similar to results with healthy adults. Younger children generally did not respond as well. Therefore, children younger than 10 years will need two doses of H1N1 pandemic flu vaccine to generate a protective immune response. For children younger than 10 who are getting the flu vaccine for the first time need two doses. The two doses of H1N1 pandemic flu vaccine should be separated by 4 weeks or at least 21 days. Infants younger than 6 months of age are too young to receive either vaccine. Additional information can be found at http://www.cdc.gov/flu/20092010pandemictreatment.htm.

The CDC recently encouraged doctors to give antiviral medicines to high-risk pregnant women who have symptoms of flu because when compared to people in general, pregnant women are more likely to be hospitalized due to the flu and some have died. Pregnant women who think they may have the flu are encouraged to call their doctor immediately. There are no studies suggesting antiviral medicine use for H1N1 pandemic flu in pregnancy. The flu vaccine is not recommended for pregnant women during the flu season due to risk of vaccine-related complications. Additional information can be found at http://www.cdc.gov/flu/20092010pandemictreatment.htm.

In a recent study, the effectiveness of Rapid Influenza Diagnostic Tests (RIDT) found that a negative result did not rule out H1N1 pandemic flu in people with flu symptoms. Several factors decreased test performance including how, from where, and when the specimen was collected, and how it was handled and stored before testing. The CDC suggests RIDTs are useful tools but can result in false-negative results that might expose susceptible persons to infected patients. Additional information can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5837a1.htm

In another recent study with findings that contrast to earlier published reports, the CDC found bacterial coinfection in 22% (9/22) of the postmortem lung specimens from patients who died of 2009 H1N1 pandemic flu during May through August. The most common bacteria found was Streptococcus pneumoniae. The findings stress the importance of providing pneumococcal vaccination for those at increased risk for pneumococcal pneumonia and the need to observe for bacterial coinfection in flu victims. Additional information about the pneumococcal disease can be found at http://www.cdc.gov/flu/h1n1flu/guidance/pnvlc_h1n1.htm.

If pediatric formulations of Tamiflu are unavailable, pediatric patients can be compound Tamiflu tablets (75 mg) capsules into an oral suspension. In addition, if oral suspension is unavailable and the child cannot swallow capsules, Tamiflu capsules can be opened and mixed with sweetened liquids, such as regular or sugar-free chocolate syrup. The FDA does warn, however, against potential medication dosing errors with oseltamivir (Tamiflu®) for oral suspension. While liquid medications are usually ordered in milliliters (mL) Tamiflu is dosed in milligrams (mg). Health care providers are urged to write dosages for Tamiflu suspension in milligrams (mg) Additional information can be found at http://www.fda.gov/downloads/Drugs/DraftSafety/InformationbyDrugClass/UCM147992.pdf.

The WHO recently examined the isolated cases of drug-resistant H1N1 pandemic flu worldwide and found resistance to oseltamivir (Tamiflu®), but not to the antiviral zanamivir (Relenza®). Zanamivir remains a treatment option in severely ill patients with oseltamivir-resistant virus. In general, WHO does not recommend the use of antiviral drugs prophylactically. WHO concludes that oseltamivir-resistant viruses are sporadic and infrequent without widespread person-to-person transmission to date, oseltamivir-resistant viruses are not causing a different or more severe form of illness, and that as use of antiviral drugs grows, drug-resistance viruses will increase. Additional information can be found at http://www.who.int/csr/disease/swineflu/notes/h1n1_antiviral_use_20090925/en/index.html.

References

CDC. (October 2, 2009). Bacterial coinfections in lung tissue of fatal cases of seasonal H1N1 influenza A (H1N1) in the United States, May-August 2009. MMWR, 58(38), 1071-1074.


Voicing Our Stories

by Jenny Radsma, Editor

Every day the public relies on nurses to use their knowledge, skills, and expertise in remarkable ways to improve the health and wellbeing of patients. Nurses also provide care and comfort to patients and families who welcome new life or who face their final good-bye. All nurses have stories of private, rewarding moments with patients and families, and many of these stories have the positive outcomes they do because of the interventions, insights, knowledge, and skills implemented by the nurses in the care of their patients.

The ANA Code of Ethics states that the nurse “promotes, advocates for, and strives to protect the health, safety, and rights of the patient.” But too often the general public is unaware of what exactly it is that nurses do. The work of nurses is often overlooked yet nurses are essential to the health care system, and they are essential to providing the best of care in cost-effective ways. As such, nurses are indispensable to helping to resolve the health care crisis.

Pamela Cipriano, editor of American Nurse Today, states that nurses need to “draw back the curtain and show the public the nurses in the care of their patients.” But too often the general public is unaware of what exactly it is that nurses do. The work of nurses is often overlooked yet nurses are essential to the health care system, and they are essential to providing the best of care in cost-effective ways. As such, nurses are indispensable to helping to resolve the health care crisis.

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Pamela Cipriano, editor of American Nurse Today, states that nurses need to “draw back the curtain and show the public the courage, intelligence, and giving nature of nurses. We need to reveal our advocacy, education, and essential roles in saving lives, preventing complications, reducing errors, and soothing souls. Each of us has stories of passion, compassion, empathy, heroism, and caring. We make a difference every day.”

To increase public awareness about what nurses do, nurses need to tell their story. Thus, nurses and nursing students from across the state of Maine are invited to give voice to the stories they tell amongst themselves, but rarely share with a wider audience. What stories can you tell to illustrate the critical contribution you and your nurse colleagues make towards the health and wellbeing of the public?

Put your story into printed word, 500 words or less, the approximate length of this article, or about 2 to 3 pages double-spaced. Your story can be in first, second, or third person (but be consistent throughout). Be sure to protect the anonymity of the people described in your story, for example, assign different names, and if need be, use different place names. Be explicit when you explain what you do or have done to help patients and their families. Choose your language carefully to convey the true acts of nursing. Then submit your stories online via the ANA-Maine Journal website (http://www.anamaine.org/cmas/mejournal.htm#submitarticle). The stories of contributing nurses will be published in the next issues of ANA-Maine Journal. Consider this opportunity a first step to increase the voice and visibility of nurses and the work they do.

Book Review:
Communication for Holistic Workplaces

Juggling Elephants: An Easier Way to Get Your Most Important Things Done—Now!

by Jones Loflin and Todd Musig
(Published by Penguin Portfolio, 2007, New York)
Reviewed by Penny Higgins, EdD

When you read the first chapter of this short book, you think it is meant to be a rather tongue-in-cheek, humorous tale. However, the chapters roll into an easily read, serious representation of life today—too many responsibilities, too little time—and is presented through the charming concept of a three-ring circus. In a casual conversation with a circus ringmaster, Mark, the main character, discovers that important requirements about keeping a three-ring circus moving smoothly might apply to his own life.

The first thing he learns is that if he continues to “juggle elephants” or try to do too much at once, no one will be happy, least of all himself. He feels his family, his first priority, has too little of his time; work, a healthy lifestyle, and friends all compete. He returns to talk to the ringmaster about his circus/life techniques and how they apply to almost everyone’s life. One, he is the most important factor in his own success; two, he cannot simultaneously command all three rings or do several things at once; and third, he has to separate out the parts of his life and address them one at a time. At the same time, he needs to make sure each is going well before moving on to the next, and he frequently revises where he needs to be at a given moment. For example, he and his wife planned to do something like folding laundry as they worked out the family’s mutual schedules, thus avoiding daily conflicts and losing time with their son. He made a point of calling friends and making lunch dates with them…and keeping them. He worked harder on work relationships as well, offering constructive feedback and complimenting people consistently.

Mark also encouraged people to work with others, but to avoid duplication of effort. He began to give himself and others “time out” to reassess and rebuild. He had completely dropped the healthy lifestyle he had once promised himself, and gradually found time to exercise while choosing healthier foods. If this still sounds like juggling, Mark was assuring that each facet was in place before he moved on to the next rather than trying to do it all at once.

The book is written in easy to understand language with the fun slant of the circus. But the intent is serious intent to help people review, reorganize and reprioritize. Not an entirely new concept, but presented in an entertaining and compelling manner.
The Q & A for nurses facing difficult issues with communication, conflict, and workplace dynamics.

Welcome back to the column that addresses 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 btbbon@earthlink.net. Confidentiality and anonymity will be honored.

Dear Beth,
I want to present for a conversation among several Home Health Nurses that I was uncomfortable with, and I’d like to hear your thoughts. Basically, one nurse was describing another nurse’s behavior with a patient, and the group was laughing. The nurse being talked about was not present. The conversation went something like this: “I heard that Peggy told Mrs. Jones that she needed to stop humming while she was pre-filling her insulin syringes.” Some of the other nurses responded with laughter and brief comments such as: “Oh, brother.” “I like Mrs. Jones’ humming.” “You mean Peggy couldn’t do the pre-fill with humming?” “I have only been with this organization for a few months, and don’t really know how well these nurses get along, but I didn’t get a good feeling. Is this harmless chatter or something more serious? Should I have said something to Peggy, if so, what?”
Signed.
Left Me Wondering

Dear Left Me Wondering,
Thanks for offering your great scenario to discuss in this column. Possibly this interaction was an innocent and good-natured conversation. However, I see two red flags that should be considered, given the importance of creating positive workplaces, promoting respectful communication, and developing effective teamwork, all of which contribute to quality and safe care, as well as morale. I’ll share my concerns and then offer thoughts about your response.

Red Flag #1
The nurse being talked about was not present. Right away this can create an unhealthy dynamic, because they are talking about the nurse behind her back. This excludes the nurse and may result in a gang-like alliance. Peggy is not available to hear their comments and may have been offended or humiliated. I would not rule out a mean-spirited or power-based intention from the nurse who initiated the conversation. Maybe this represents an unconscious or subconscious habit that has been in place for months, and don’t really know how well these nurses get along, but I didn’t get a good feeling. Is this harmless chatter or something more serious? Should I have said something to Peggy, if so, what?

Red Flag #2
Assuming that Peggy did tell Mrs. Jones that she needed to stop humming, I see an additional communication to be concerned about. Peggy is telling Mrs. Jones that she needs to stop humming, when I suspect that it is Peggy who needs quiet so she can concentrate. There is absolutely nothing wrong with Peggy needing quiet, but her approach with this patient is more likely to end up in a power struggle, with feelings of resentment or anger.

Your Response
Depending on your comfort level, I think there are several strategies for you to consider. First of all, not joining in the laughter is a statement in and of itself. You might try a diplomatic comment, such as, “I know I need a quiet environment when I’m doing similar tasks.” This will tell them you are not going to jump on the bandwagon with the group in laughing at Peggy and also introduces the idea that having quiet isn’t a bad thing to want.

An even more assertive approach could be, “I’m not comfortable with talking about or laughing at Peggy behind her back.” If you were in a supervisory role, this could be a great opportunity to talk with the nurses about, and possibly offer training in, giving and receiving feedback. You might also want to find a time to talk with Peggy about what you heard and offer some coaching.

Summary
If your organization is looking to build healthy dynamics, this short scenario is rich with learning opportunities. Print it out and bring it to a staff meeting to discuss with your colleagues. Since it is about a third party it may be a safe way to raise awareness about similar patterns.

Take care and thanks again,
Beth

Beth Boynton, RN, MS, is an organizational development consultant and author of Confident Voices: The Nurses’ Guide to Improving Communication & Creating Positive Workplaces (available at Amazon.com). She is an adjunct faculty member with New England College and publishes the free e-newsletter Confident Voices for Nurses. She is a featured columnist for ANA-Maine Journal, has published numerous articles, offers a variety of workshops, and can be reached at btbbon@earthlink.net or 207-752-0826. Or visit www.bethboynton.com, eNewsletter archives can be found at www.confidentvoices.com.

Confident Voices

Book Review: Effective Communication, Holistic Workplaces

(Published by Create Space, a DBA of On-Demand Publishing LLC, part of the Amazon group of companies, 2009)

Confident Voices: The Nurses’ Guide to Improving Communication & Creating Positive Workplaces
Reviewed by Tanya Sleeper, MScn, GNP

In Confident Voices, Beth Boynton, who writes a regular column for this journal, provides nurses with an easy-to-read text filled with skills, tips, and techniques to promote positive workplaces through effective communication. In her book, she describes the current organizational culture within healthcare settings, identifies barriers to relationship-building among colleagues, and addresses such critical issues as workplace violence. She tackles these issues by providing real-life examples of behaviors that undermine communication and contributes to toxic workplaces. With her experience as a nurse, consultant, and educator, Boynton, offers valuable tools and insight to communicate in clear, constructive ways to diminish the toxicity permeating many workplace settings.

Toxic workplaces are described as a negative environments filled with frustration and stress, the result of staffing shortages, workplace violence, and professional burn-out. Such experiences leave nurses with a sense of hopelessness and powerlessness influencing nurses, their nursing care, and ultimately the nursing profession.

Each chapter tells a story and delivers a valuable lesson. Goals and objectives guide the reader through stimulating discussions and thought-provoking questions as a way to elicit action. These stories are powerful depictions of some of the challenges and hardships facing today’s nurse. Boynton challenges nurses to be assertive and to be respectful listeners. As the largest workforce in healthcare, nurses can exercise their collective voice to influence change and create safer workplaces. The tools and skills needed to achieve this goal are outlined by Boynton, which, in turn, raises the bar for exemplary communication, relationship-building, quality care, and collaboration within the healthcare environment. Her approach sparks promise for addressing recruitment and retention issues, job satisfaction, and longevity within the nursing profession.

The relevance of this book has significant implications for the future of the nursing profession. It offers every nurse an opportunity to learn and grow, become active participants in the change they wish to see, and strengthen nursing’s voice through effective communication. For more information visit: www.bethboynton.com

Beth Boynton

On-Demand Publishing LLC, part of the Amazon group of companies, 2009

Effective Communication, Holistic Workplaces

Book Review: Effective Communication, Holistic Workplaces

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American Recovery and Reinvestment Act (ARRA)

On July 28, 2009, Secretary of Health and Human Services Kathleen Sebelius announced the availability of $200 million in health professions funding from the American Recovery and Reinvestment Act (ARRA), the stimulus package signed into law by the President on February 17, 2009, to secure this funding which is part of $500 million allotted overall in ARRA to the Health Resources and Services Administration (HRSA) to address health professions' workforce shortages. The funds made available through this act will support grants, loans, loan repayment, and scholarships to expand the training of health care professionals through Title VIII nursing workforce development programs and Title VII Health Professions. Title VIII programs targeted for additional funding include the Nursing Education Loan Repayment Program which will receive $30 million and the Nurse Faculty Loan Repayment Program, which received $12.5 million. According to HRSA, the funds are “expected to train approximately 8,000 students and credentialed health professionals by the end of fiscal year 2010.”

“In order to meet our nation’s health care needs we must have a strong, well-educated health care workforce” commented ANA President Rebecca M. Patton, MSN, RN, CNOR. “This funding will have an immeasurable impact on nurses and the public we serve.”

The remaining $300 million in ARRA workforce funding is being used to expand HRSA’s National Health Service Corps, which provides scholarships and loan repayment for primary care providers who serve in medically underserved areas. Based on the program, HRSA received $2 billion through ARRA to expand health care services to low-income and uninsured individuals through its health center program.

HRSA will be accepting applications for all funds. For more information on how HRSA has allocated the funds across programs, as well as application information, visit the HRSA website: www.hrsa.gov.

ANA applauds the nurses who contacted Congress earlier this year to fight for these vital stimulus dollars, and will continue to work with lawmakers and the Administration to ensure a well-educated, well-distributed, well-utilized nursing workforce.

A Helping Hand in a Time of Need: Are You Ready?

To keep members and other health care professionals abreast of the latest information regarding the H1N1 flu virus, ANA maintains and updates its H1N1 page at www.maineresponds.org and www.mainenurses.org. This site includes latest news on the current outbreak situation, vaccine production, clinical guidance for H1N1 care and the treatment, and resources for nurses interested in responding as volunteer healthcare providers. Please visit www.nursingworld.org/H1N1 for the most up to date information.

Maine Nurses Urged to Register With Maine’s H1N1 Volunteer Effort

On September 18, ANA-Maine President Susan Henderson met with Mary E. Jude, FNP-C, PA, MSN, MPH, director of the Maine CDC Office of Public Health Emergency Preparedness to discuss how Maine nurses can assist with the current H1N1 situation. Mary Jude suggested that an important action nurses can take is to register with the Maine Responds Emergency Health Volunteer System first reference because the statewide response to H1N1 is going to require the efforts of a lot of nurses on all fronts around the state. Registering with Maine Responds allows nurses to assist outside their usual work settings and provides nurses with liability protection if they were a member of the American Red Cross Disaster Health Services (DHS) team. The DHS team provides direct assistance to clients in their homes, shelters, first aid stations, disaster response centers, and by telephone follow-up. The team is made up of physicians, registered nurses, licensed practical nurses, and EMTs, and focuses on assisting clients to meet their immediate disaster-related healthcare needs. This assistance may mean facilitating the replacement of lost medications, checking blood pressure, contacting a primary care provider, or putting clients in touch with local healthcare resources following a disaster. Health services workers put to good use their assessment and critical thinking skills, as well as their flexibility and creativity. They may work for a few hours, or several weeks, in local shelters or in large mega-shelters far from their homes. And while health services staff are volunteers, the Red Cross covers travel and other expenses for those working in a declared disaster in another part of the country.

There is always a need for more Red Cross nurses. To join, contact your local Red Cross chapter and speak with the emergency services director. In Maine, contact Karen Rea, MSN, RN, at 800-333-3737; or e-mail Karen.Rea@maine.redcross.org. As of September 2009, the American Red Cross has over 3,000 nurses on call to assist with any of these scenarios? You would be if you joined the American Red Cross Disaster Health Services (DHS) team.

What is MAINE RESPONSES?

MAINE RESPONSES is a partnership managed by the Maine Center for Disease Control and Prevention that integrates local, regional, and statewide volunteer resources to assist our public health and healthcare systems. It is part of a national initiative to train, coordinate, and mobilize volunteer workers during an emergency. Maine Responds combines verified, pre-credentialed healthcare and emergency response personnel into a single database to coordinate the need for volunteers across county, regional and state lines if needed. The Maine CDC will pull names from this list to use with vaccination efforts and as other needs arise with the H1N1 epidemic. Further information can be found at www.maineresponds.org and www.mainenurses.org.
## 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 Dec. 21 for the Winter issue. Send items to 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@alpdmh.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.anamaaine.org](http://www.anamaaine.org).**

To obtain information on becoming an ANCC-COA CE provider, please contact anamaaine@gwi.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 Abrunson 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](http://www.pesi.com).

### Opening for CE Program Reviewers
Are you passionate about nursing education? Do you have experience in adult learning and nursing education, as well as a baccalaureate or graduate degree in nursing? If so, ANA-Maine has a spot just for you on its Continuing Education Committee! ANA-Maine is an Accredited Approver of Nursing Continuing Education by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC-COA). Make use of this wonderful opportunity to facilitate the ongoing education of your peers, and to become involved in your nursing organization. For more information, contact Dawn Wiers at 207-938-3826, or anamaaine@gwi.net.

RN to Bachelor of Science Degree. Blended online and classroom program, University of Southern Maine, College of Nursing and Health Professions. Contact Amy Gieseke, Program Coordinator for USM’s Online/Blended Programs, 207-780-5921 or agieseke@usm.maine.edu.

### November 2009

**19** Inland Hospital, Waterville. Wound Care Conference. $60. For more information: tpoussonner@csmh.org

**20** MCD, Belfast. Maine Youth Suicide Prevention Program: Suicide Assessment for Clinicians. $60. Sponsored by Medical Care Development. For more information: 207-622-7566 ext. 202 or [www.mcdregistration.org](http://www.mcdregistration.org)


### December 2009


**9** PESI, Portland. Childhood Neurology. $179. For additional discount information: [http://www.pesihealthcare.com](http://www.pesihealthcare.com)

**19** PESI, South Portland. Cardiac Diagnostics and Interventions. $179. For additional discount information: [http://www.pesihealthcare.com](http://www.pesihealthcare.com)

**6** PESI, Portland. The Ultimate One-Day Diabetes Course. $179. For additional discount information: [http://www.pesihealthcare.com](http://www.pesihealthcare.com)

**11** PESI, Bangor. The Ultimate One-Day Diabetes Course. $179. For additional discount information: [http://www.pesihealthcare.com](http://www.pesihealthcare.com)

**12** PESI, South Portland. The Ultimate One-Day Diabetes Course. $179. For additional discount information: [http://www.pesihealthcare.com](http://www.pesihealthcare.com)

**27** PESI, Portland. Infectious Diseases. $179. For additional discount information: [http://www.pesihealthcare.com](http://www.pesihealthcare.com)

### January 2010

**26** MCD, Augusta. Maine Youth Suicide Prevention Program: Suicide Assessment for Clinicians. $60. Sponsored by Medical Care Development. For more information: 207-622-7566 ext. 202 or [www.mcdregistration.org](http://www.mcdregistration.org)

**28** MCD, Brunswick. Maine Youth Suicide Prevention Program: Suicide Assessment for Clinicians. $60. Sponsored by Medical Care Development. For more information: 207-622-7566 ext. 202 or [www.mcdregistration.org](http://www.mcdregistration.org)

### February 2010

**3** PESI, South Portland. Current Management Strategies for Neuromuscular & Neurodegenerative Disorders Seminar. $179. For additional discount information: [http://www.pesihealthcare.com](http://www.pesihealthcare.com)

**24** PESI, Portland. Think Fast!! Managing Pediatric Urgent & Emergent Situations Seminar. $179. For additional discount information: [http://www.pesihealthcare.com](http://www.pesihealthcare.com)

### March 2010

**26** MCD, Augusta. Maine Youth Suicide Prevention Program: Suicide Assessment for Clinicians. $60. Sponsored by Medical Care Development. For more information: 207-622-7566 ext. 202 or [www.mcdregistration.org](http://www.mcdregistration.org)

### April 2010

**14** Portland. Maine Youth Suicide Prevention Program: Suicide Assessment for Clinicians. $60. Sponsored by Medical Care Development. For more information: 207-622-7566 ext. 202 or [www.mcdregistration.org](http://www.mcdregistration.org)

### May 2010

**24** PESI, Portland. Suicide Assessment for Clinicians. $60. Sponsored by Medical Care Development. For more information: 207-622-7566 ext. 202 or [www.mcdregistration.org](http://www.mcdregistration.org)
In my previous research corner column (Summer, 2009 issue), I explained that research findings actually are the theories that are used as evidence for evidence-based practice. In this column, I will explain how research findings are evaluated.

The empirical adequacy criterion is when it is clear that the theory is consistent with the study participants’ words or their numerical scores. In theory-generating research, the concepts are typically referred to as themes or categories that summarize the participants’ words, and the propositions are descriptions of the themes or categories. Quantitative research designs—such as correlational or experimental studies—are used for studies whose aim is to test an existing theory, which is accomplished by analyzing numerical scores calculated from study participants’ responses to fixed-choice questionnaires. In theory-testing research, the concepts may be referred to as study variables, and the propositions may be referred to as hypotheses.

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The “take-home” message of this column is that it is important to determine whether the theory is empirically adequate and if not, to determine how informative the new version of the theory that emerged from testing is. If the new version of the theory is not informative, it should be abandoned. It also is important to keep in mind that a theory is not the same as absolute truth but, as Popper (1963) pointed out, as theory development proceeds, the theory more closely approximates truth. Another example of research findings from a theory-testing study is taken from Dunn’s (2007) study of the relationships of the concepts of pain intensity, chronic illness, depressive symptoms, age, educational level, marital status, and religiosity to the concept of self-reported health of African-American older adults who resided in a city (see Figure 2a). The numerical scores for the theory concepts revealed support for the hypothesis that pain intensity, chronic illness, and depressive symptoms would be related to self-reported health (see Figure 2b). In contrast, the numerical scores did not provide support for the hypotheses that age, educational level, marital status, and religiosity would be related to self-reported health (see Figure 2b). Therefore, the theory was not the same before and after testing, and has to be considered empirically inadequate. However, the theory that emerged from testing is more parsimonious and tells us what are and what are not important concepts to consider when studying influences on people’s thoughts about their health.

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Impaired Nurse Steering Committee Work

By Margaret Hourigan, EdD
Chairperson, Department of Nursing
St. Joseph’s College of Maine

For several years now, the Impaired Nurse Steering Committee has been seeking to develop an alternative discipline program for nurses with substance abuse problems. ANA-Maine has been represented on this committee along with the Organization of Maine Nurse Executives, Maine Society for Healthcare Human Resource Association, and other health professionals.

In the Summer 2008 ANA-Maine Journal, an article by Joanne Fortin described the work of this group. Since that time, legislative actions and decisions by the Maine State Board of Nursing have laid the groundwork for allowing Maine nurses to participate in a program available to physicians and other healthcare professionals in Maine. The article in this issue of the ANA-Maine Journal by Margaret Palmer outlines this program in greater depth.

ANA Responds To Recent Negative Portrayals Of TV Nurses Who Violate Nursing Code Of Ethics

Real-Life Nurses Speak Out Against TV Nurses’ Unethical Behavior

SILVER SPRING—At a time when the entertainment industry is perpetuating inaccurate portrayals of nursing in the new television shows “Nurse Jackie” and “HawthoRNe,” ANA’s ethics books are especially relevant to all registered nurses (RNs). The fictional nurses are shown violating the nursing Code of Ethics by participating in activities ranging from on-the-job drug use to inappropriate nurse/patient contact in these shows. The very heart of nursing is mischaracterized as nurses are portrayed engaging in irresponsible and often criminal acts for entertainment purposes. ANA sets the ethical standards for nurses in the U.S. and internationally with its highly respected Code of Ethics for Nurses with Interpretive Statements, and is deeply concerned about the lasting impact these negative portrayals may have on the nursing profession.

ANA President Among 100 Most Powerful People In Healthcare

Demonstrating the American Nurses Association’s growing leadership role in shaping discussions on healthcare reform, ANA is pleased to announce that President Rebecca M. Patton, MSN, RN, CNOR, made this year’s list of Modern Healthcare’s 100 Most Powerful People in Healthcare. More than 25,000 people were nominated by Modern Healthcare readers initially; the top 100 was decided by on-line voters over several weeks. President Patton is one of seven nurses on the list, including AONE CEO Pamela Thompson, Catholic Health Association President Sister Carol Keehan, UAN President Ann Converse, Sister Mary Jean Ryan, Chairman and CEO of SSM Health Care, President and CEO of Health Services Care Corp Patricia Hemingway-Hall, and Twila Brase, President of the Citizen’s Council on Health Care, St. Paul, MN.

Nurses make a difference every day in the lives of the patients they serve. ANA is proud to see these nurse leaders recognized, and would like to thank the nurses who showed support for their colleagues.
American Affordable Health Choices Act 2009

Since the introduction of H.R. 3200, America's Affordable Health Choices Act 2009, emails have been circulating that make claims about what the bill includes. The American Nurses Association has read the bill and identified that many of the statements being circulated are untrue. In response to some of the inaccuracies being circulated regarding HR 3200, here are some of the facts.

Myth #1: Hospitals will receive less money and will be forced to decrease nursing staff.

Truth: There is a concern that due to a potential change in the hospital payment system that hospitals may be forced to implement changes which could negatively impact staffing. Although this fact remains unclear, it is one of the reasons why ANA has been working with the “Stand for Quality” coalition, a 200 plus nationwide multi-stakeholder coalition representing patients, consumer advocates, labor, clinicians, hospitals, employers, purchasers, researchers and more who are working together to improve the quality and delivery of health care services. ANA knows that quality health care happens at the bedside and that nurses are an essential component of services. ANA values patient choice and believes a public health insurance plan should be an option in the proposed marketplace exchange. Myth #2: The government needs more control over the marketplace.

Truth: This is false. This section prohibits insurance companies from discriminating against persons when issuing coverage, and has nothing to do with government subsidized coverage to illegal immigrants.

Myth #3: All non-US citizens, illegal or not, will be forced to decrease nursing staff.

Truth: This is false. The patient decides how their life ends through their advance directives. The bill does not specify which doctors can write an end of life order and will decide what level of treatment you will have during end-of-life care.

Myth #4: The government mandates a program for end-of-life care workers caring for suspected or confirmed pandemic H1N1 influenza or influenza-like illnesses should use fit-tested N95 respirators or respirators that are demonstrably equivalent particulate respirator be the minimum level of protection technologies in a variety of clinical settings.

Truth: In August, the Institute of Medicine (IOM) convened an expert panel on occupational health charged with providing recommendations regarding the necessary respiratory protection for healthcare workers in their workplaces against 2009 H1N1 virus. It was also charged with considering the available evidence regarding the potential for exposures among health care workers; the groups of workers at highest risk; the degrees of risk for various patient care activities; and the extent of knowledge of the virus transmissibility, severity, virulence, and potential to change. The panel, which had representatives from the nursing community and whose deliberations ANA was in attendance for, developed the following recommendations, released on September 3:

Recommendation 1: Use Fit-Tested N95 Respirators

Healthcare workers (including those in non-hospital settings) who are in close contact with individuals with H1N1 influenza or influenza-like illnesses should use fit-tested N95 respirators or respirators that are demonstrably more effective as one measure in the continuum of safety and infection control efforts to reduce the risk of infection.

• The committee endorses the current CDC guidelines and recommends that these guidelines should be continued until or unless further evidence can be provided to the effect that other forms of protection or other guidelines are equally or more effective.

• Employers should ensure that the use and fit testing of N95 respirators be conducted in accordance with OSHA regulations, and healthcare workers should use the equipment as required by regulations and employer policies.

Recommendation 2: Increase Research on Influenza Transmission and Personal Respiratory Protection

CDC centers (e.g., National Institute for Occupational Safety and Health; National Center for Immunization and Respiratory Diseases; National Center for Preparedness, Detection, and Control of Infectious Disease); the National Institutes of Health, and other relevant federal agencies and private institutions should fund and undertake additional research to:

• resolve the unanswered questions regarding the relative contribution of various routes of influenza transmission, and

• fully explore the effectiveness of personal respiratory protection technologies in a variety of clinical settings through randomized clinical trials, and

• design and develop the next generation of personal respiratory protection technologies for healthcare workers to enhance safety, comfort, and ability to perform work-related tasks.

Recommendation 1 is consistent with the ANA’s position that a properly fitted NIOSH-certified N95 or its equivalent particulate respirator be the minimum level of protection required for all registered nurses and healthcare workers caring for suspected or confirmed pandemic virus-infected patients.

Occupational Health and H1N1

In August, the Institute of Medicine (IOM) convened an expert panel on occupational health charged with providing recommendations regarding the necessary respiratory protection for healthcare workers in their workplaces against 2009 H1N1 virus. It was also charged with considering the available evidence regarding the potential for exposures among health care workers; the groups of workers at highest risk; the degrees of risk for various patient care activities; and the extent of knowledge of the virus transmissibility, severity, virulence, and potential to change. The panel, which had representatives from the nursing community and whose deliberations ANA was in attendance for, developed the following recommendations, released on September 3:

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Offering Nurses a Road to Recovery from Addiction

By Margaret J. Palmer, PhD
Clinical Director, Medical Professionals Health Program

Addiction is often said to be a disease of denial but it is also a disease of regret. When the addictive process penetrates deeply enough into the life and mind of the addicted person, it demands an enormous space, left by the losses from progressive, destructive addiction, gets filled with regrets. At first, addicted persons merely deny the truth to themselves and to the action processes, people who are addicted begin to deny the truth to others as well. The substance-dependent person becomes practiced at lying about all matters related to the defense and preservation of the addiction. This behavior is generally followed by regrets. At first, addicted persons merely deny the truth for what has happened and how far their lives have been eroded; dishonesty with themselves and their world; and personal exceptionalism, a tactic allowing addicted persons the safety of directly identifying with their addiction and its results. The level of fear and discomfort that accompanies this revelation is overwhelming. Addiction is a complex disease and deserves academic and personal understanding demonstrated by skilled evaluation, appropriate treatment with constant monitoring, and the development of a nursing recovery team. The Medical Professionals Health Program has agreed to the challenge of making available to all licensed nurses in the state of Maine a program that understands addiction, including substance and alcohol abuse. The program team members are dedicated to providing a safe and well guided process for nurses in trouble. The goal, of course, is to return nurses to the work environment as healthy, whole people. At times, that goal can happen in short order. At other times, the addicted nurse carries a larger burden than anyone could ever anticipate, which in turn may delay a nurse’s recovery for months or years. Recovery from addiction means healing of the real self and resumption of health, inner and interpersonal connectedness, and emotional growth. If they are to resume their role as caregivers, nurses who confront their addiction are owed the hope of recovery, and the assistance needed to achieve that goal, rather than condemnation and punishment.