“Nurses Night” 2008 Draws Overflow Crowd of Nurses to Annapolis

Delegate Addie Eckardt, RN, noted at the beginning of this year’s five-hour MNA Nurses Night in Annapolis on February 13, “We need a bigger room for next year!” An overflow crowd filled the room, and others had to wait outside of the Multipurpose Room or the Joint Hearing Room of the Lowe House Office Building for the presentations by MNA Lobbyists Ann Ciekot and Robyn Elliott, MNA President Rosemary Mortimer, Delegate Eckardt, Delegate Shirley Nathan-Pulliam, and MNA Legislative Committee Chair and members.

Nurse participants later visited Legislators in their offices, or toured the Legislature with MNA member Brenda Afzal, before attending the evening MNA Legislative Reception in the Governor Calvert House to further share their concerns about nursing and health in Maryland with their legislators and with other nurses.

An overflow crowd listened to tips from the Legislative Committee and special guests on “How to talk to your Legislator” during Nurses Night in Annapolis 2008 in the Lowe House Office Building.

Karen Minor, Nurses’ Night Subcommittee Chair, and Ann Ciekot of Ciekot & Elliott, MNA Lobbyists, explained how legislation works in Maryland to nurses attending MNA’s annual Nurses’ Night in Annapolis.

Justina Reinckens and Mildred Yarborough, nursing educators at Coppin State University Helene Fuld School of Nursing, were among the hundreds of nurses and nursing students who participated in Nurses Night in Annapolis 2008.

Nurses Night cont. on pg. 6

Legislative Committee

Environmental Health, Childhood Obesity, Funding for Children’s Health Care, Support for Patient Self-Determination, Nurse Practitioners, Supported by MNA in Annapolis

by Nayna Philipsen, JD, PhD, RN, Coppin State University, Legislative Committee Chair

Karen Minor, Nurses Night Subcommittee Chair, with MNA Lobbyist Robyn Elliott, began planning Nurses Night in Annapolis 2009 as soon as the Legislative Committee began receiving evaluations and suggestions from 2008. MNA members who would like to help them plan the 2009 event should call Pat Gwinn at MNA. A Legislative Committee member will return your call to answer any questions about how you can become involved.

MNA’s Legislative Committee, with the support of MNA Lobbyist Robyn Elliott, reviewed many bills during the 2008 Session that just ended in Annapolis. Bills impacting nursing licensure, patients’ ability to designate their decision-makers and to receive accurate information from caregivers, the safety of baby bottles and toys, access to health care for Maryland’s children, and whether the state will accept the signatures of nurse practitioners on certain documents were among those that had testimonial input from MNA.

MNA members who provided testimony for MNA

Legislative Committee cont. on pg. 7
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Submissions should be sent electronically to Marylandnurse@marylandrn.org.

Please Send In Your Nursing News

The Maryland Nurse encourages nurses and nursing students to send in nursing news items about your region or school, activities, happenings, photos with description and articles for publication. Documents must be in WORD format. Send these to us at marylandnurse@marylandrn.org. Be sure to include your name and contact information.

MISSION STATEMENT

The Maryland Nurses Association promotes excellence in the nursing profession with a culture of camaraderie, mentoring, diversity, and respect for colleagues. We provide programs and educational development for continued personal and career growth. As the voice for nursing in Maryland, we advocate for policy supporting the highest quality health care.

The Maryland Nurse Publication Schedule

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Contact us at marylandnurse@marylandrn.org

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Letter from the President: The Nursing Shortage... Guys, It’s Time for You!

by Rosemary Mortimer, RN, MNA President

Nurses as providers, potential patients and the advocates for their loved ones are very aware of the nursing shortage. Nurses are nervous about what will happen to health care as many of us baby boomers retire. The serious shortage of nurses became national headlines in 2000 when Dr. Peter Buerhaus’s landmark study on the projected nursing shortage was reported in the popular press.

There is a bit of good news on the shortage. Dr. Buerhaus, speaking at the recent 2008 Convention of the National Student Nurses Association in Dallas, stated that the average age of nurses has changed from 46 to 44! The influx of second degree candidates into nursing is helping. However, the shortage remains a problem. By 2020, the United States will be short a quarter of a million nurses to meet the health care needs of our nation.

It seems to me that there is one group that nurses have not targeted to join the nursing profession. This group is men! Nurses are still predominately female—about 91%. It is time to target and encourage MEN group is men! Nurses are still predominately female—have not targeted to join the nursing profession. This needs of our nation.

The Maryland Nurses Association has nine (9) awards that are given annually at the state Conventions. These include:

The Outstanding Nursing Practice Award
Given to a MNA member to recognize a nurse in direct patient care whose care is a source of pride to self, peers, patient/clients and colleagues. This award is given to the nurse you would most want to care for your loved ones.

The Outstanding Nurse Educator Award
Given to a MNA member who has demonstrated excellence in nursing education, continuing education or staff development.

The Outstanding Leadership Award
Given to a MNA member who has demonstrated exemplary leadership in the performance of activities on behalf of nursing and the MNA.

The Outstanding Advanced Practice Clinical Nurse Award
Given to a MNA member who has demonstrated excellence in clinical practice. The recipient would be an innovator and combine clinical practice with a major leadership function such as research, education, professional services, community services, or scholarly activities.

The Outstanding Health Information Award
Given to recognize achievements in the dissemination of health information to the public. Coverage may include illness prevention or wellness promotion. This award could come from the print, radio, television, cinematic or other similar mass medium.

The Outstanding Pathfinder Award
Given to a MNA member who has demonstrated excellence and creative leadership that fosters development of the nursing profession. The recipient has pioneered in innovation in nursing or developed creative approaches to further nursing’s agenda.

Selection:
Each award is competitive and will be selected by the Awards Committee, except as noted.

Presentations:
Awards will be presented at the Annual MNA Convention.

Nominating Forms are available by contacting the MNA office @ 410-944-5800 or Info@marylandrn.org.

The MNA office must receive all Nominating materials no later than September 15, 2008 for consideration.

The Outstanding Mentoring Award
Given to a MNA member who shows individuals how to put into practice the professional concepts of nursing by example and through wise counsel and advice.

The Rosalie Silver Abrams Award
Given to a MNA member who has made a significant contribution on behalf of nursing in the legislative arena—federal, state or local. Activities must demonstrate a favorable reflection of nursing’s interests. This award is selected by the Legislative Committee.

The legislator of the Year Award
This award is presented to the Legislator who has demonstrated significant contribution on behalf of nursing in the legislative arena—federal, state or local. Activities must demonstrate a favorable reflection of nursing’s interests. This award is selected by the Legislative Committee.

Nominating Instructions:
1. MNA Districts or members of the Association recommend nominees.
2. A Nominating Form must be completed for each nominee.
3. Nominations must address the specific criteria noted for each award on the Nominating Form.
4. A photo of the nominee should be submitted with the nominating materials.

The outstanding Nurse Award
Given to a MNA member who has demonstrated significant contribution on behalf of nursing in the legislative arena—federal, state or local. Activities must demonstrate a favorable reflection of nursing’s interests. This award is selected by the Legislative Committee.

The Legislator of the Year Award
This award is presented to the Legislator who has significantly contributed or been involved in nursing/health issues in Maryland. Nominations may come from individual MNA members or MNA Districts. This award is selected by the Legislative Committee.

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Maryland Nurses Association and Foundation
14th Annual Poster Session

Presentations will be October 16 & 17, 2008
Deadline for Proposal—September 22, 2008

All Nurses, Nursing Students and Other Health Care Professionals

Share your creative nursing care approaches, research finds, clinical innovations or student projects with your colleagues. All convention participants are invited to submit a poster proposal on any aspect of their practice, research, or student activities. The Nursing Foundation of Maryland will award $100 to the best poster presentation.

What is a poster?
• The poster should be a summarization of a creative activity.
• It should fit on a poster board measuring approximately 30” wide by 36” long.
• A poster should reflect an innovative aspect of nursing practice, education, or research
• It may be supplemented by handouts.
• It should fit easily on an easel.
• The poster’s presenter must be available for the open poster session to address questions.

How to submit a poster proposal:
• Complete the submission form below
• Mail or Fax your proposal, no later than September 22, 2008, to:
  Convention Posters
  Maryland Nurses Association
  21 Governor’s Court, Suite 195
  Baltimore, Maryland 21244-2721
  Fax: 401-944-5802

You will be notified by October 1, 2008 regarding the acceptance of your poster. You do not have to be an MNA member to submit a poster, however all poster presenters must registered as a Convention participant.

Poster Policy
Posters must avoid commercialism. Posters that constitute promotion and advertising will not be accepted. Statements made in posters are the sole responsibility of the author or presenter. Statements should not be viewed as, or considered representative of, any formal stance or position taken on any subject, issue or product by MNA.

Selection Criteria
Each poster submission will be reviewed for the following elements.
• Quality
• Broad appeal to the nursing community
• Creativity
• Timeliness
• Uniqueness

Maryland Nurses Association
Poster Submission Form

Poster Title _____________________________________________________________

Brief Description: __________________________________________________________

Developers Name and Credentials _____________________________________________

Objective Statement _________________________________________________________

Mailing Address ____________________________ State ___________ Zip _____________

Phone ____________________________ Fax ____________________________

Email ____________________________________________________________
The Maryland Nurses Association will be electing three officers in the 2008 election cycle:

**President Elect, 2nd Vice President and Secretary**

**Election Cycle Calendar**

- **August 8, 2008**: Nominations must be received by the MNA office.
- **August 15, 2008**: Slate of nominations to the MNA Board of Directors.
- **September 15, 2008**: Ballot to be mailed.
- **October 6, 2008**: Deadline for Return of Ballots.
- **October 8, 2008**: Teller Committee to meet.
- **October 17, 2008**: Election Results announced at Annual Business Meeting.

The MNA Nominating Committee is seeking candidates for the following leadership positions within the Maryland Nurses Association. All offices provide unique opportunities to sharpen your leadership skills and serve your profession.

**President-Elect**: The individual elected will serve one year as President-elect, two years as President and one year as past President. As President elect and past President this officer shall serve as a member of the MNA Legislative Committee. As President, the elected will serve as chairperson of the Board of Directors and the Executive Committee, preside at all meetings of the Association, serve as ex-officio member of all committees except the Committee on Nominations, serve as representative to the American Nurses Association’s Constituent Assembly, and the Membership Council of the Center for American Nurses (CAN) Membership Council.

**Second Vice President**: The individual elected will serve as a member of the MNA Executive Committee and Board of Directors. In the absence of the President and First Vice President the elected will assume leadership responsibilities for the Association. The Second Vice President serves as the board liaison to designated committees.

**Secretary**: The individual elected will record the proceedings of all MNA Board of Directors meeting, Executive Committee meetings and the annual meeting.

If you are a member of the Maryland Nurses Association and would like to submit a nominee or self-nominate please contact the MNA office at 410.944-5800 for the appropriate form. Nominations should be directed to the MNA Nominations Committee at 21 Governor’s Court, Suite 195, Baltimore, MD 21244-2721 no later than August 8, 2008.
MNA President Rosemary Mortimer urged nurses and nursing students at Nurses Night in Annapolis to take charge of their profession and to advocate for better health care for their patients.

Delegate Addie Eckardt discussed being a nurse and a lawmaker at Nurses Night in Annapolis 2008. Delegate Eckardt was instrumental in helping the MNA Legislative Committee arrange space in Annapolis for the 2008 event.

MNA Executive Director Ed Suddath worked behind the scenes to make Nurses Day in Annapolis 2008 a success.

Legislators who came to the Governor Calvert House for the Nurses’ Night 2008 Legislative Reception were greeted by a packed house.

Former Senator Paula Hollinger and MNA member Hermi Nudo were found sharing concerns about the nursing shortage in Maryland at the Nurses Night 2008 Legislative Reception.

Dr. Pat Travis, MNA 1st Vice President; Robyn Elliott, MNA Lobbyist; and Shirley Devaris, Esq., Legislative Liaison for the Maryland Board of Nursing were all active at MNA’s annual “Nurses’ Night in Annapolis” Legislative Reception this year, discussing pending legislation and other issues with Maryland’s nurses and legislators.
The Legislative Committee always welcomes nurses and nursing students to its meetings. Among a number of attenders this spring were baccalaureate nursing students Tannyka Coleman and Maeni Nzambu, RN, of the Coppin State University Helen Fuld School of Nursing. Nurses interested in attending a meeting should call Pat Gwinn at MNA to notify the Legislative Committee to have enough sandwiches and chairs for you.

The MNA Legislative Committee welcomed guest presenters at almost every meeting this spring. Among those who came to discuss the impact of pending bills on their organization with the Committee was Shirley Devaris, JD, RN, the Legislative Liaison for the Maryland Board of Nursing.

Keisha S. Walker, RN, MSN, Secretary of the MNA Legislative Committee, and Becky Colt-Ferguson, RN, MS, NCSN, presented testimony on behalf of MNA in Annapolis during the 2008 Session. When they are not working on legislation, Keisha is a Program Manager at Johns Hopkins University, and Becky is a school nurse.
Maryland a Leader in Easing RN to BSN Education

by Nayna Philipsen, JD, PhD, RN, Coppin State University Helene Feld School of Nursing

Maryland has become a national leader in removing barriers for RNs who want to earn their baccalaureate degrees in nursing (BSN). Deans and Directors from Maryland’s universities and community colleges worked with the Maryland Board of Nursing and the Maryland Higher Education Commission (MHEC) to reach what is called an “articulation agreement” that would recognize the RN licensure exam (NCLEX-RN) as an advanced placement test for credits in a BSN program.

This agreement is binding on public colleges and universities in Maryland. Private colleges may join the articulation agreement voluntarily. BSN nursing programs at The College of Notre Dame of Maryland and Villa Julie College have voluntarily joined the articulation agreement.

What this agreement means for a Registered Nurse with an active Maryland license is that he or she can take all pre-requisite courses for a BSN at another university or a local community college, transfer them into the BSN program (up to 70 credits), and receive an additional 30 upper-division credits (advanced placement) in nursing based on passing the licensure exam. The RN then needs only about 30 credits in the BSN program to graduate.

RNs should check with the baccalaureate program they want to attend to verify the credits that they still need to take before entering the nursing program. They should also ask the BSN program for a “determination of equivalency” of courses that they plan to take at their local community college.

The Maryland Board of Nursing website recites the entire Articulation Agreement in the “Guide to Nursing Education in Maryland” section of their Nursing Education/Scholarship tab at www.mbon.org.

A Maryland statewide nursing education articulation agreement among all public and some private nursing programs is in effect. The goal of the Maryland statewide education articulation agreement is to minimize barriers to educational advancement for nurses, thereby encouraging nurses to reach the highest possible level of education. Well educated nurses are essential to providing Maryland citizens with the best possible nursing care.

RN to BSN articulation model: No more than half of the baccalaureate degree, with a maximum of 70 non-nursing credits, will be accepted from a community college. Nursing credits will not be transferred. However, Registered Nurses with an active unencumbered Maryland or compact RN license articulating to the baccalaureate level are awarded a maximum of thirty (30) upper division nursing credits in the program they are entering.

For more information contact the your local Maryland nursing school, the Maryland Board of Nursing, or Dr. Janet Cornick at MHEC (jcornick@mhec.state.md.us).

School nurse Becky Colt-Ferguson RN, MS, NCSN, MNA Legislative Committee member, provided written testimony on behalf of MNA for HB 81 which called for a task force to study the regulation of artificial trans fat.

Obesity is a national public health issue contributing to mortality and morbidity. As a MNA affiliate representing the school nurses of Maryland, Becky affirms that the rate of adolescent obesity is increasing. Furthermore, childhood obesity accelerates the development of chronic diseases such as type II diabetes, cardiovascular disease, sleep apnea, gallbladder disease, asthma, and cancer among others.

Trans fat, like saturated fat and dietary cholesterol raises the LDL cholesterol that increases one’s risk for coronary heart disease. The proposed task force will examine knowledge and consider the evidence based advocacy for the citizens of our great State. Healthy eating means watching your diet, eating foods low in fat, low in cholesterol and salt. As weight and food have become issues in the American family, consumers need to be empowered to choose alternative foods that replace saturated fats and trans fats with monosaturated and polysaturated fats.

On March 11, 2008, Colt-Ferguson presented oral testimony for MNA, supporting a bill for Anaphylaxis risk reduction with amendment. The Maryland Association of School Nurses, Department of Health and Mental Health (DHMH) and Maryland State Department of Education (MSDE) recommended amendments that address concerns regarding administrative procedures and accountability according to evidence-based practice guidelines.

Sauer Advocates in Annapolis

Gale M. Sauer, RN, MSN, Community Health Education Department at Franklin Square Hospital Center, and member of the MNA Legislative Committee, spent many hours preparing testimony and representing the Maryland Nurses Association in Annapolis. Here she describes pending legislation to attendees at Nurses Night in Annapolis 2008.

MNA Legislative Committee Weighs in on Trans Fat and Anaphylaxis Risk Reduction

by Keisha S. Walker, MSN, RN

The Maryland Nurses Association, supported House Bill 1146 Limited Service Pregnancy Centers — Disclaimers. The Maryland Nurses Association advocates for patient safety and autonomy. Limited Services Pregnancy Centers threaten the ability of women to make well informed health decisions by providing misleading information about their options (pregnancy, abortion, or adoption).

Limited Service Pregnancy Centers are not medical clinics. These centers are primarily staffed by volunteers with limited training and knowledge on women’s health and options counseling. Women state that they have been coerced into continuing with an unintended pregnancy after receiving false and misleading information about abortion and contraception. It has been reported that some women were not given referrals to prenatal care when they decided to continue with their pregnancy. Delays in initiating prenatal care have been shown to have a negative impact on both the mother’s and child’s health. In addition, women engaging in unprotected sexual intercourse should be provided with information on their risks for sexually transmitted infections and contraception. It is imperative that women have accurate, unbiased information on all options (pregnancy, abortion or adoption) and medical services available to them.

The Maryland Nurses Association also supported HB 991/SB 826, to establish HIV screening as the standard of care for all prenatal patients. This would decrease the stigma of being tested and decrease provider selection bias of high risk women. Routine HIV testing should occur during the first and third trimesters of pregnancy to account for the 3-6 month window period of detecting HIV antibodies. A rapid HIV test should be performed during the labor process if her prenatal HIV status is unknown. These recommendations are supported by the Centers for Disease Control and Prevention (CDC), the American College of Obstetricians and Gynecologists (ACOG), American College of Nurse Midwives (ACNM) and the Association of Women’s Health, Obstetric & Neonatal Nurses (AWHONN). Routine HIV testing during pregnancy can lower the rates of transmission from mother to infant during childbirth through early diagnosis and treatment.


Keisha S. Walker, MSN, RN, Legislative Committee Secretary, submitted testimony for the Maryland Nurses Association supporting HB 942 in March because it promotes collaboration among health care professional schools within institutions of higher education, the Maryland General Assembly and the Maryland Office of Minority Health and Health Disparities to develop courses that address racial and ethnic health care disparities. Specifically, nursing schools were directed to submit a report on the current status of initiatives offered on cultural competency, sensitivity and health literacy. The significance of the report is threefold: 1) it highlights Maryland’s commitment to addressing existing health disparities, 2) it can be used as a benchmark for future recommendations and 3) it highlights Maryland’s commitment to improving health issues disproportionally affecting minority communities.

MNA Supports Informed Consent, Prenatal Care

by Keisha S. Walker, MSN, RN

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Surviving Shift Work

by Diane E. Scott, RN, MSN
Reprinted with permission from the Center for American Nurses

“We were working night-shift together as usual: just three nurses on a busy rehab department. One morning, my co-worker was driving the short distance to her home and fell asleep behind the wheel of her car. She suffered multiple fractures and her life was never the same again.” Susan, RN, Pittsburgh, Pennsylvania.

Regrettably, countless nurses who have worked shifts can relate to this true story. Shift work, generally described as working outside of daylight hours, is difficult physically and mentally, but inherent to many healthcare positions. Approximately 30% of the nursing population is employed in shift work (Hughes & Stone, 2004). Despite its difficulty, shift work is preferred by numerous nurses; some for the flexibility of their home lives, while others prefer it for the monetary benefits that often accompany working in the evening and during the night.

Regardless of the reason why a nurse chooses a position that requires shift work, working non-daylight hours can be detrimental to a nurse’s health. The National Sleep Foundation (NSF, 2007) states that shift workers experience more untoward health effects such as high blood pressure, menstrual irregularities, colds and weight gain than day shift workers.

Patient Safety

The correlation between medical errors and shift work is beginning to demand national attention. In a recent study by Dr. T. Akerstedt, over 50% of shift workers report severe decreased alertness when on the job (2005). Nurses who work successive night shifts are particularly at risk for medical errors. Findings compiled from several research studies state that the risk of medical errors compounds with each successive night shift that they work (Hughes & Stone, 2004). Despite its difficulty, shift work is preferred by numerous nurses; some for the flexibility of their home lives, while others prefer it for the monetary benefits that often accompany working in the evening and during the night.

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The Circadian Clock

Nurses need to learn as much as they can about the physiology of sleep. Learning to survive shift work starts by understanding sleep and the methods to counteract the negative effects of working while the rest of the world is asleep. Understanding the circadian clock is the first step.

The circadian clock is the human body's natural tendency to follow a 24 hour cycle; this internal pattern is strongly regulated by light and dark with most people yearning for sleep between the hours of midnight and 6 AM (NSF, 2007). The circadian clock controls the body temperature, hormones, heart rate and other body functions; as a result, 10-20% of shift workers report falling asleep on the job (NSF, 2007). The problems often extend into the daytime as many shift workers find it difficult to sleep soundly for adequate periods when returning home.

Taking Control of Sleep

The first step to taking control of sleep is to learn to make sleep a priority. Shift working nurses need to teach their bodies how to fall asleep and remain sleeping for long periods uninterrupted. Following the clues from the circadian clock, nurses can learn to counteract the effects of daylight whenever returning home after working a night shift. The NSF recommends that nurses wear wrap around sunglasses when driving home so the body is less aware that it is daylight.

Rotation Patterns.

Nurses who work in permanent off-shifts can utilize the principle of reentrainment, or training the body to be the most alert during the evening hours and into the night (Berger & Hobbs, 2006). Reentrainment may take weeks to develop and social activities may be difficult as the majority of society is awake during the daylight, not at night (Berger & Hobbs, 2006).

When scheduling shifts that rotate, nurses should consider working forward, rotating shifts whenever possible. Working in a pattern of daylight, evening then nights or, in the case of 12 hour shifts, working daylight shifts prior to nighttime shifts, helps to maintain the body’s circadian rhythm. (Berger & Hobbs, 2006)

The following are tips that help set the stage for sound sleep even during daytime hours.

Bedroom Design. Design the bedroom to accommodate daylight sleeping.

• Install room darkening shades to cover all windows.
• Decrease the room temperature.
• Consider earplugs to block outside noises and eyeshades to decrease light sources.
• Place a “do not disturb sign” on the outside of the bedroom door and front door.

• Create guidelines for families to eliminate noise and interruptions during sleep such as television watching and noisy outside playing.
• Unplug the telephone.

Food and Exercise

• Avoid caffeine for at least five hours prior to sleeping. Consider all sources of caffeine, including chocolate, energy drinks, gum and sodas.
• Choose nutritious food to eat during the shift to avoid large fluctuations in blood sugar.
• Do not eat a heavy meal prior to bedtime.
• Avoid alcohol prior to sleep.
• Do not plan exercise prior to sleeping as it raises the body temperature, heart rate and tends to energize the body.

Staying Alert during Work

The National Sleep Foundation (2007) states that people who work night shift tend to be most fatigued at 4 AM, so try not to plan the most monotonous tasks during that time.

The following tips can be done to encourage alertness during night shift:

• Schedule short breaks as often as possible throughout the shift.
• Exercise when feeling fatigue, such as climbing a set of stairs or taking a walk to the cafeteria.
• Avoid unhealthy foods during the shift.
• Develop a system to monitor the fatigue levels among the members of the team.
• Never rely on dangerous medications to enhance alertness.
• Develop a partner system that serves as a check and balance when completing tasks during periods of fatigue.

The Drive Home

The dangers of driving under the influence of alcohol is well known throughout the world, however, driving after shift work can be extremely dangerous as well. A 2006 Institute of Medicine report on Sleep Disorders and Deprivation stated that almost 20 percent of all serious car crash injuries in the general population are associated with driver sleepiness, independent of alcohol effects. Many nurses will open the car windows and turn the volume of the radio up to combat fatigue, but, according to the NSF, studies have proven that these methods do not work. In fact, these actions should signal that one is dangerously fatigued and needs to pull over immediately.

The NSF has offered the following recommendations for driving after shift work:

• Carpool when possible and keep a dialogue with the person who is driving.
• Take public transportation when possible.
• Drive defensively
• Don’t stop for a night cap.

Ignoring fatigue signs can be dangerous. Taking deliberate steps to understand and control the body’s natural rhythms is essential to the health and wellbeing of nurses and the patients in their care.

References

The first MBSR program was developed in the 1970s by Jon Kabat-Zinn, PhD, at the University of Massachusetts Medical School. Since then, the use of MBSR has been studied with a wide range of groups, including individuals with cancer, heart disease, chronic pain, AIDS, fibromyalgia, hot flashes and other conditions. It has been tested as an intervention for smoking cessation. It has also been taught worldwide to individuals who just want a healthy way to deal with the magnitude of stress they feel in their lives.

Several studies have looked at the use of MBSR specifically by nurses. In a small randomized trial, Mackenzie, Poulin and Seidman-Carlson (2006) offered a four-week MBSR course for nurses and nurse aides. The group taking the course showed significant improvement in burnout symptoms, relaxation, and life satisfaction, as compared to the control group, which was wait-listed for the course. Cohen-Katz et al. (2004, 2005b) implemented an MBSR program for nurses in a hospital system, finding that MBSR significantly decreased emotional exhaustion and increased feelings of personal accomplishment. The MBSR participants also reported improved relaxation, self-care, and better work and family relationships (Cohen-Katz et al., 2005a). Beddoe and Murphy (2004) described an eight-week MBSR course offered to 16 nursing students. Outcomes included a significant decrease in anxiety and a trend toward improvement in measures of stress and empathy.

At Suburban Hospital, Dr. Baime has asked all participants to complete a standardized questionnaire, called the Profile of Mood States (POMS), at the beginning and end of his eight-week class. The POMS tracks six conditions: anger, anxiety, confusion, depression, fatigue, and vigor. Among Suburban participants, at the end of the MBSR class, all six measures showed statistically significant change in the desired direction. Results showed, for example, both decreased fatigue and increased vigor. According to course evaluations, 100% of participants felt the class had given them something of lasting value, and 94% said they had made changes in lifestyle as a result of the program. Typical staff responses include: “I have felt much support to give myself encouragement to STOP, breathe and not be reactive, to be more peaceful.” “I’ve noticed the effects most in my personal relationships, being more calm and less argumentative. I have definitely felt less stressed.” “I have become a better listener—calmer when in a period of conflict,” and “I am sleeping better whenever I use the techniques, and when I don’t—back to old patterns.”

Over the past 30 years, nursing journals have regularly featured articles on the prevalence and effects of professional stress on nurses. Studies such as Huckabay and Jagla (1979), Lambert and Lambert (2001) and Sherman, Edwards, Simonston and Mehta (2006) have documented stress and burnout across specialties and internationally. With the aging of our population and our nurses, the increased acuity of patients, and inadequate numbers of new nurses entering the field, work stress is not a problem that will go away soon. In the near term, we need effective self-care, skilled mentors and supportive administrators.

At Suburban Hospital, the MBSR course is offered by the year-old Integrative Medicine Services program. With strongly positive results to date, Integrative Medicine continues to offer MBSR to Suburban staff free of charge, has opened the classes to members of the community, and is designing a September retreat to make this training available to area nurses. (For further information, contact Beverly Pierce at 301-896-7667 or btpierce@suburbanhospital.org.)

References
MNA 2008: Leadership for Healthcare Change—this year’s convention promises to be one of the best. Session topics may cover nursing’s role in changing healthcare; current and future trends; mentoring/leadership; retention strategies; and safe patient handling.

In addition to old and new exhibitors, you won’t want to miss the 14th Annual Poster Session. All convention participants will be invited to submit a poster proposal on any aspect of their practice, research or student activities. Additional details will be made available on the MNA web site at www.marylandrn.org as they become available. Also, please be sure to check your email for convention details.

The Maryland Nurses Association Annual Awards and Nursing Foundation scholarships will be presented during the Awards Luncheon. The awards program includes the following: Outstanding Nursing Practice Award; Outstanding Nurse Educator Award; Outstanding Leadership Award; Outstanding Advanced Practice Clinical Nurse Award; Outstanding Health Information Awards; Outstanding Pathfinder Award; Outstanding Mentoring Award; Rosalie Silber Abrams Award; and Legislator of the Year Award. Nominating Instructions for both awards and scholarships will be available in The Maryland Nurse and on MNA’s website, www.marylandrn.org.

Rachel Walker Takes on Membership Committee Chair

Rachel K. Walker, BA, BSN, RN, has accepted the appointment as the new Chair of the Membership Committee. During her time in nursing school, Rachel served as President of the Maryland Association of Nursing Students (MANS), and under her leadership MANS won a national award for membership.

Rachel came to nursing as a second degree student after earning a B.A. in Biology and English Literature from the University of Virginia, where she also served as an EMT and Search & Rescuer. She then traveled to Mali, West Africa where she volunteered until the end of 2004 with the U.S. Peace Corps, developing and managing projects in HIV/AIDS prevention and rural health development. After that, she worked as a trainer of American and Malian health care volunteers before returning to the U.S. for nursing school. She is a member of Sigma Theta Tau, a recipient of the National Student Nurses’ Association Isabel Hampton Robb Leadership Award, and a recipient of the Johns Hopkins Provost Undergraduate Award for her research into the connections between HIV/AIDS and intimate partner violence. Rachel currently works as a RN in the Sidney Kimmel Comprehensive Cancer Center on the Bone Marrow Transplant Unit. Rachel wants to enhance member services, and to help nurses understand how MNA can help them. Nurses who are interested in working with her on this should call Executive Director Ed Suddath or MNA staff Pat Gwinn at 410-944-5800.

Oliver Leads Education and Practice

Joann Oliver, RN, MNEd, NCSN, Assistant Professor of Nursing in the School of Health Professions, Wellness and Physical Education, at Anne Arundel Community College, is the new Chair of the MNA Education and Practice Committee. She also serves on the MNA Board of Directors as the representative from District 3.

A high priority for the Committee this year is to educate nurses about the ease of obtaining their baccalaureate education under Maryland’s articulation agreement. The Committee is open to recommendations in both Practice and Education. Interested members should contact Board staff Pat Gwinn or Executive Director Ed Suddath at MNA for more information.

Rachel Walker

Rachel Walker

Joann Oliver

Joann Oliver

Rachel K. Walker

Rachel K. Walker
Maryland Nursing
Students at NSNA

These Maryland Association of Nursing Students (MANS) representatives from Johns Hopkins University were among this year's attendees at the National Association of Nursing Students' 2008 Convention in Grapevine, Texas. Left to Right: Lisanna Gonzalez, Gyasi Moscou-Jackson, Rebecca Patton (ANA President), Rosemary Mortimer (faculty advisor and MNA President) and Sarah Langford (Hopkins NS President).

DHMH Nursing Scholarships

Do you know someone about to enter a baccalaureate (BSN) or master's (MSN) nursing program who may need financial assistance, and who would be interested in a guaranteed job with the Maryland Department of Health and Mental Hygiene (DHMH) after graduation?

External Nursing Scholarships of $7,500 to help defray costs during the last year of study are available for BSN and MSN students who agree to work for DHMH in one of their many facilities for two years after graduation.

For more information about this scholarship or about the variety of positions for nurses at DHMH, call Eve Unger, MSN, RN, Chief of Training Services, at 410-767-1751.

Cecelia A. Hughes Retires from Baltimore City Health Dept. after 41 Years

On March 8, 2008 Cecelia’s husband and daughters gave her a Retirement Celebration at The Forum Caterers. Delegate Shirley Nathan-Pulliam, sponsored and presented to Cecelia a Maryland House of Delegates Resolution.

Cecelia Hughes joined the Baltimore City Health Department (BCHD) in 1967 as a staff nurse in the tuberculosis, prenatal, well-baby and immunization clinics. In 1970, she started working in the School Health Program, scheduling and helping to perform health screenings for elementary school children. Cecelia continued her work with children as a nurse in BCHD’s Handicapped Children’s Program, a position she accepted in 1974 and held until she returned to the School Health Program in 1980. Cecelia’s interest in working with and assisting children with special needs made her the perfect candidate for Services Coordinator of the Supplemental Security Income Disabled Children’s Program, a position she obtained in 1982. Nine years later in 1991, with 24 years of nursing experience to help guide her, Cecelia was chosen as Coordinator of Nursing Recruitment. She went on to become a Community Health Nurse (CHN) Supervisor in 1994. Cecelia continued as a CHN Supervisor when she was selected as BCHD’s Nurse Recruiter in 1996. She still holds both positions today.

Over the years, Cecelia’s earned the respect and admiration of her colleagues, the community and government officials. She’s received numerous awards citations and special recognitions. Some of those include selection as “Ms February” for the Maryland Nurse’s Association’s 2007 Face of Nurses Calendar, a selection honoring “stellar nurses” in the state. Cecelia received BCHD’s 2005 Award for Excellence in Nursing and the American Red Cross chose her as Nurse of the Year in 2002. That same year, she received the Harriet Tubman Legacy Award in Public Health Nursing. In 1999, the NAACP awarded Cecelia the Enablers of Excellence Award. Governor Glendening choose her to serve on both the Maryland Nursing Workforce Commission and the Statewide Commission on the Crisis in nursing. She has also received a Governor’s citation, four mayoral citations, and four BCHD Commissioner’s Commendations. For several years, Cecelia’s represented BCHD at the statewide Public Health Nursing Directors meetings.

Yet, while acknowledging Cecelia’s exceptional skills and outstanding achievements, those who know and work with her probably think Cecelia’s greatest achievement is the kind of human being she is. Cecelia is a warm, friendly, compassionate, kind generous and caring individual, who is also blessed with intelligence and an abundance of energy.
Carmela Coyle to Lead MHA

Carmela Coyle, an executive at the American Hospital Association (AHA), will become the next president and CEO of the Maryland Hospital Association (MHA) on July 1. She will succeed Cal Pierson, who is retiring after 16 years in the position.

Coyle will become only the third president of the MHA. She will join the MHA on June 3 to begin the transition. At present, she is the senior vice president for policy of the AHA. She has been a member of the AHA policy team for 20 years. Before that, she was a budget analyst in the Congressional Budget Office's Human Resources Cost Estimate Unit.

Coyle is a resident of Davidsonville. She attended the University of Michigan’s Pew Health Policy Program, where she completed course work toward a degree in public health. She earned a bachelor’s degree in economics and in Spanish literature from Carleton College in Minnesota.

www.mdahq.org

Invitation from Maryland Association for Healthcare Quality

Maryland Association for Healthcare Quality, an organizational affiliate of Maryland Nurses Association, invites you to visit our website at: www.mdahq.org. We also invite you to participate in our survey. It is located on our website at the bottom of the column on the left side of your screen. We’d love to hear from you and have you join our organization.

The Control of Childbirth—Women Versus Medicine Through the Ages

A birthday used to mean the day you were born. Now for most babies a birthday is the day that you were taken from the uterus, by induction or cesarean. How, why and when did the natural process of human birth become a sterile, male-dominated and medically oriented event? A new book covering the history of childbirth practices from ancient times to the present, by District 4 member and former President, Phyllis L. Brodsky, RNC, MS, has just been published by McFarland and Company, Inc.

From the age of the female midwife through the origins of modern obstetrics and gynecology, Brodsky shows that routine obstetric interventions and technologies in normal childbirth are not necessarily indicated. She uses research in the twenty-first century to show that many of these interventions are often better replaced by midwifery practices. Brodsky shared some of her work at the 39th Biennial Convention of Sigma Theta Tau International Honor Society of Nursing, November 5, in Baltimore., in a presentation called "Obstetric Interventions in Normal Labor & Birth: Are They Indicated?"

Phyllis Brodsky has been a nurse for fifty years and an educator for over twenty years, having served as an obstetric nurse and educator in hospital settings, and on several university faculties. She is also the author of several articles in journals and other publications. She has been a member of MNA since 1979, a delegate to the ANA convention, and a member of the Continuing Education Provider Committee since 1992.

Dr. Nail Advises CSM Students
How to Encourage Cancer Patients

Dr. Lillian Nail, PhD, RN, FAAN and a Komen-funded breast cancer researcher and oncology nurse, visited students of the college of Southern Maryland’s CSM nursing program. Her presentation “Becoming a Survivor” highlighted some of the pre- and post-care issues cancer patients face. “Cancer care has completely changed. In the past, cancer treatment was done almost entirely in the hospital and if you survived you went home and you didn’t talk about it,” said Nail, who noted that surviving cancer is “out of the closet…people talk about it, share their stories and hope.”

Speaking My Mind:
How Involved are You?

Gewreka L. Nobles, RN, MSN

How many times have you said things have got to change and then things did change, but, not to your satisfaction. What then did you do about the unwanted change? Too often this is the scenario: problem, discussion, research, recommendations. At the center of the problem is healthcare issues, discussion by Researchers, Educators from Institutes of Higher Learning, Business men, Representatives of the Workforce, Physicians, Pharmacist, Consumers, Legislators, Students…what is missing from this picture? Nurses.

Nurses are the most prominent entity of healthcare at the bedside around the clock; yet, we are the least represented in the area of decision making on issues of importance to the safe, efficient, and effective delivery of healthcare to the consumer. Many of the laws and regulations being drafted that deal with the delivery and cost of healthcare is done by those who are ill-informed or misinformed of the “real” issues of nurses. While their intentions are sincere the “real nurse” is most cases are not a part of the discussion or recommendations that are at the center of the problem.

Maryland nurses are intelligent, hardworking, dedicated and compassionate. We come with varying degrees of life skills that make us a force to be reckoned with. Life skills that can be used as a part of the repertoire of those skills required to be a nurse. We come as social workers and marketers of healthcare. We are teachers and managers of time, people and resources. We are novice nurses influenced and mentored by experienced nurses that share the role of advocates for nursing.

Then why are we not taken seriously? It is my thought that we are not involved. I don’t mean not involved in healthcare. I mean, not involved in those issues of the delivery of healthcare. With that said the “real nurse” must take a more active role in the discussion and recommendations. Many may say that I don’t have the time or the energy. Others will say I don’t know enough or I have not been working long enough to have a say. My response to that is “excuses.” It is easier to find an excuse than it is to take the responsibility or accountability of your actions. The action we take is up to each of us, whether we take action or not it is still an action that will affect how, when, why and where we deliver healthcare.

I urge you to become an active participant in the area of healthcare delivery by joining MNA or your specialty organization and then rally to become an affiliate of MNA. Let us support each other. Start by becoming involved with one project of your organization, experience the reward and soon you will find yourself a vibrant part of your organization. Talk with others about what you do and they will become involved, if not now, maybe later. Maryland nurses must become “involved” for the betterment of the profession and join forces to make Maryland the best place to receive healthcare. How involved are you?
New DHA and Infant Formula Report
by Marsha Walker, RN, IBCLC

The National Alliance for Breastfeeding Advocacy (NABA) contributed to a report written by The Cornucopia Institute on the novel oils DHA and ARA in infant formula. These oils appear to be marketing tools to tell mothers that formula is now “as close as ever to breast milk.” These lab-produced, hexane-extracted algal and fungal oils have been linked to diarrhea, vomiting and other adverse reactions in some infants, but the formula companies are not sharing the possibility of side effects with parents. Some infants have suffered through months of diarrhea because their parents did not know that a simple switch to non-DHA/ARA formula would, in many cases, relieve symptoms within a day.

This report is available online. A quick scan of the highlighted quotes and photo captions will give you a sense of the report’s contents although I do encourage you to take the time to read it in its entirety. The report is available for free download at http://cornucopia.org/index.php/replacing-mother-infant-formula-report/

On this webpage, you will also notice an Action Alert. NABA and The Cornucopia Institute have jointly filed a petition with the FDA to require a warning label on infant formula containing these novel oils. We believe that parents have the right to know that these oils may be the cause of their infant’s diarrhea or other gastrointestinal problems. We need to persuade the FDA to take action on this important issue! Please take a minute to look at the action alert and craft a short email or letter to the FDA commissioner. We have also petitioned the Federal Trade Commission to investigate misleading advertising claims by infant formula manufacturers.

Also, we are interested in hearing from parents whose infants suffered health problems potentially related to DHA/ARA oils in infant formula. All names will be held in strict confidence. We would like to share their stories with government regulators, infant formula companies, and the public. Showing that these adverse reactions are real—impacting real babies and real families—will hopefully go a long way in convincing lawmakers and corporate executives to take action and protect these vulnerable infants. We need your help in finding infants and their parents: and inviting them to share their stories. If you know anyone who has been impacted, please ask them to email their story, in confidence, to The Cornucopia Institute, at cultivate@cornucopia.org.

Happy 100th Birthday, Navy Nurse Corps! 100 Years Strong!

Congress formally established the United States Navy Nurse Corps in 1908. But, for nearly 100 years before 1908, women worked as nurses aboard Navy ships and in Navy hospitals. As early as the War of 1812, nurse volunteers performed duties in places often filled with adversity; requiring extreme courage and steadfast dedication to patients.

On 19 Jun 1861, a Navy Department circular ordered the designation of nurse. The order stressed that nurse billets be filled by junior enlisted men. Fifteen years later, the duties were transferred to US Navy Bayman, a select group established in 1870 and changed to hospital apprentice in 1898. Although enlisted personnel were referred to as nurses, their duties and responsibilities were more related to those of what we now know to be those of hospital corpsman than the responsibilities of current registered nurse.

During the American Civil War, several African American women served as nurses and as paid crew members onboard the hospital ship Red Rover, located in the Mississippi River area. The nurses were Alice Kennedy, Sarah Kimno, Ellen Campbell and Betsy Young (Fowler).

The Sacred Twenty
After the Corps was established by Congress in 1908, twenty women were selected as the first members of the Navy Nurse Corps. These nurses became known as “The Sacred Twenty.” They were the first women to serve formally as members of the Navy Nurse Corps. The “Sacred Twenty,” included Mary H. Du Bose; Adah M. Pendleton; Elizabeth M. Hewitt; Della V. Knight; Josephine Beatrice Bowman, the third Superintendent of the Navy Nurse Corps, 1922-1935; Lenah H. Sutcliffe Higbee, the second Superintendent of the Navy Nurse Corps, 1911-1922; Esther Voorhees Hasson, the first Superintendent of the Navy Nurse Corps, 1908-1911; Martha E. Pringle; Elizabeth J. Wells; Clare L. De Ceu; Elizabeth Leonhard; Estelle Hine; Ethel R. Parsons; Florence T. Milburn; Boniface T. Smal; Victoria White; Isabelle Rose Roy; Margaret D. Murray; Sara B. Myer; and M. Sax. Cox.

World War I
The United State’s entry into World War I brought a great expansion of the Nurse Corps. Between 1917 and 1918, the U.S. Navy deployed five base hospital units into operational areas in France, Scotland, and Ireland. The US Navy established Special Operating Teams. These teams included nurses assigned to detached duty near the combat frontlines. Some of these teams were on loan to the Army during 1918’s intense ground offensives and worked in difficult field conditions, far removed from regular hospitals.

Nineteen active duty Navy Nurses died during World War I; over half of them from influenza. Three of four Navy Nurses awarded the Navy Cross were killed in action. The United States Navy Nurse Corps was established to last throughout the war plus six months. It is important to note that the Navy Nurse Corps reached its peak strength of 11,086 active duty nurses in 1945. Navy nurses served 40 naval hospitals, 176 dispensaries, and 6 hospital corps schools in the United States. Overseas, Navy nurses served aboard hospital ships, participated in aerial evacuation of casualties, and were stationed at land based facilities across the Pacific and throughout the Atlantic theater.

Viet Nam
In November 1964, male nurses entered the Navy Nurse Corps for the first time. Currently, they comprise 25 percent of the Corps’ overall strength. The 1960s saw Navy nurses serving on shore and aboard hospital ships in Vietnam.

In 1972, the first Navy Nurse Corps officer, Alene Duerk, was appointed to the rank of Rear Admiral, becoming the first woman appointed to flag rank in the U.S. Navy. The tradition of excellence continues.

Today
The Nurse Corps continues as a prominent part of the Navy medical establishment. The Director of the Navy Nurse Corps is Rear Admiral Christine Broker-Kohler, the 21st Director of the Navy Nurse Corps, and the Naval Medical Inspector General.

Whether in or out of harm’s way, the U.S. Navy Nurse Corps has demonstrated courage and commitment to our nation’s most vulnerable patients. Navy nurses are committed to excellent patient care today. The future for their care is as strong as we move into our country’s future.


Thank you for all you have done, for all you do! Gratefully, your nurse colleagues.
The Maryland Nurse’s Role in Organ Donation

Debbi McRann RN, BSN, In-House Coordinator, The Johns Hopkins Hospital & The Living Legacy Foundation

A Maryland donor mom honors her son and his organ recipients at The Johns Hopkins Hospital “Honored for Life Ceremony” in September 2007.

Author, Debbi McRann with a Maryland donor family at The Living Legacy Foundation’s annual “Ceremony of Remembrance” in April 2007.

The OPO serving most of Maryland’s hospitals is the Living Legacy Foundation. Living Legacy staff has worked diligently with the hospital partners in Maryland to implement these best practices with continued improvement in donation rates. Yet the waitlist and deaths on the waitlist continues to grow.

Today in the United States, over 98,000 people in our nation are waiting for a life-saving organ transplant; over 2,000 of these people live in Maryland (UNOS, 2008). As nurses caring for patients who are suffering from imminent end stage organ disease in our communities, in our hospitals, in our clinics, and in our schools, we have a bird’s eye view of the complications our patients of all ages endure. However, according to UNOS (United Network of Organ Sharing), there were only 21,403 transplants and 10,849 organ donors from January to September 2007. Sadly, the gap between the 98,000 waiting and the 21,000 transplants is great and as a result, 18 people die every day waiting for a life-saving transplant. How can our profession ensure that this experience out of the worst experience.” Christine, a nurse clinician in a Maryland Neuro ICU, expertly describes the science of nursing in her role in caring for patients and families at end-of-life by competently identifying potential donors using clinical triggers, by contacting Living Legacy, and by maintaining the option of donation so that a family has an opportunity to make a decision they are comfortable with.

The dilemmas that families face when making end-of-life decisions intertwine with the experience of loss and grief. By not underestimating how tightly bound this relationship is, we can assist families to lessen the burden of these decisions (Prigerson & Jacobs, 2001). Nurses also have a role in the interdisciplinary goals of care discussions which is particularly important at end-of-life because many medical decisions are determined at that time by emotional considerations and personal values (Weiner & Roth, 2006). The nurse assimilates this information and collaborates with the Living Legacy staff to help determine the best person to discuss donation options, the best time to discuss donation options, and the best location for this discussion.

Cassidy, a Maryland Surgical ICU nurse, depicts her role in caring for potential donor families as a balance between sharing information based on the family’s needs and providing accurate and timely information to Living Legacy. When we use the nursing knowledge base, the foundation of compassion, and the multidisciplinary resources to families facing end-of-life decisions, we are not only providing a framework of positive grief work for that potential donor family, we are also giving another potential recipient family hope. One donor family member expresses the comfort that donation can bring in a communication with her husband’s organ recipient, “When you dance with your daughter on her wedding day …know that my husband is smiling, and in a way, sharing those special times with you.”

For more information regarding Organ Donation in Maryland, please contact the Living Legacy Foundation of Maryland at 410.242.7000 or visit the Living Legacy Foundation Website at www.thelife.org.

The Intersection of End-of-Life Care and Organ Donation

ICU

Family’s End-of-Life Decision Making

End-of-Life Care

Organ Donation

References:


Best Practices for Organ Donation

- Create OPO Hospital Presence/In House Coordinator
- Analyze and Apply Current Hospital Specific Data
- Identify Physician/Clinician Champions
- Conduct Real Time Death Record Reviews
- Establish Clinical Triggers
- Hold Donation Team Huddles
- Identify and Utilize Effective Requesters in Every Case
- Conduct After Action Reviews

Clinical Triggers to call Living Legacy for Potential Organ Donor Evaluation

- Pt with a catastrophic brain injury
- Pt with a GCS of ≤5
- Pt for whom brain death testing is being considered
- Pt for whom withdrawal of life sustaining measures is being considered
- When a family member discusses donation

Average length of a full page: 204 words
Chemical Exposures on the Job May be Linked to Diseases in Nurses

First-ever national survey finds widespread exposure to chemicals and radiation and almost no mandatory workplace health protections.

A first-ever national survey of nurses’ exposures to chemicals, pharmaceuticals and radiation on the job suggests there are links between serious health problems such as cancer, asthma, miscarriages and children’s birth defects and the duration and intensity of these exposures. The survey included 1,500 nurses from all 50 states.

The results were released online today at, http://www.ewg.org/reports/nursesurvey, by the Environmental Working Group, the American Nurses Association, Health Care Without Harm, and the Environmental Health Education Center at the University of Maryland School of Nursing. The survey was extremely detailed and is the first of its kind, but it was not a controlled, statistically designed study.

Every day, nurses confront low-level but repeated exposures to mixtures of hazardous materials that include residues from medications, anesthetic gases, sterilizing and disinfecting chemicals, radiation, latex, cleaning chemicals, hand and skin disinfection products, and even mercury escaping from broken medical equipment. There are no workplace safety standards to protect nurses from the combined effects of these exposures on their health.

“Nurses are exposed daily to scores of different toxic chemicals and other hazardous materials whose cumulative health risks have never been studied,” said Jane Houlihan, vice president for research at Environmental Working Group. “Nurses ingest, touch or breathe residues of any number of these potentially harmful substances as they care for patients, day after day and face potential but unstudied health problems as a result.”

“This survey is a call to action for nurses to demand the use of safer products and protective measures to control exposures to hazardous agents in the workplace,” said Anna Gilmore Hall, RN, executive director of Health Care Without Harm, an international coalition working to reduce the environmental impact of the health care sector.

The Centers for Disease Control proposed a National Occupational Exposure Survey for the health care industry in 2002. To date, no such survey has been initiated to better understand the range of potentially hazardous chemical exposure in the health care industry and related illnesses.

“For many of the toxic chemicals in hospitals, there are safer alternatives or safer processes. We must make these healthier choices for the sake of our patients, nurses and all hospital employees,” said Barbara Sattler, RN, DrPH, FAAN, professor and director of the Environmental Health Education Center at the University of Maryland School of Nursing.

“ANA is dedicated to ensuring the health and safety of nurses and their patients,” said Rebecca M. Patton, MSN, RN, CNOR, president, American Nurses Association. “We are pleased to work with our partners in Health Care Without Harm to bring attention to the growing concern over chemical exposures in the workplace, and ANA will continue its efforts on behalf of the nursing profession to create healthier working environments.”

Self Regulation Barriers

Physicians’ attitudes toward professional and ethical standards—including being honest with patients and managing financial conflicts of interest—do not always match up to actual behaviors in practice, according to a new study in the Annals of Internal Medicine.

A research team led by Eric G. Campbell, Ph.D., of Massachusetts General Hospital found, for example, that 96 percent of physicians surveyed agreed that they should report impaired or incompetent colleagues to the authorities. However, when the same doctors were asked about their behaviors, 45 percent of those who knew of such individuals had failed to make reports on at least one occasion. The survey included 1,662 physicians in internal medicine, family practice, pediatrics, cardiology, anesthesiaology, and general surgery.

The Institute on Medicine as a Profession, founded in 2003 with support from the Open Society Institute, funded the study. Russell L. Green, M.D., a 2002-03 Commonwealth Fund Harkness Fellow in Health Care Policy at the Harvard School of Public Health, and now based at the University of Melbourne, was a coauthor.
National League for Nursing Convenes Innovative Think Tank on Expanding Diversity in Nurse Educator Workforce

New York, New York—February 4, 2008—Decrying a lack of diversity in the nation's nurse educator workforce, the National League for Nursing has taken the lead in working to change this reality by all types of nursing programs, the NLN's NLN initiative, which grew out of the League's 2007-2010 Strategic Plan, is projected to evolve over the coming decade. It began with an invitation to influential nurse educators, practicing nurses and professionals in health care and higher education to join a new NLN-led Think Tank on Expanding Diversity in the Nurse Educator Workforce.

Providing the rationale and context for the NLN's decision to spearhead the think tank, NLN CEO Beverly Malone, RN, PhD, FAAN, asserted, "Among NLN's stated core values is the understanding that a culture of diversity moves beyond simple tolerance to embracement and celebrating the richness of each individual, recognizing that while diversity can be about individual differences, it also encompasses institutional and system-wide behavior patterns."

The inaugural group of over 50 met on January 9-10 in Orlando, FL, with discussions facilitated by Sr. Rosemary Donley, SC, PhD, C-ANP, RN, FAAN, ordinary professor at Catholic University in Washington, DC, and Dr. Frances Henderson, EdD, RN, retired dean and professor at Alcorn State University in Natchez, MS. Sr. Donley, a past president of the NLN, has also chaired Catholic University's Community/Public Health Nursing Graduate Program, where one of the clinical specialty options is in global, immigrant, and refugee health. Dr. Henderson, a former member of the NLN Board of Governors, serves as deputy director of the largest, single-site, epidemiological, population-based study of African Americans and cardiovascular disease ever undertaken, the Jackson Heart Study.

Other think tank participants reflected the scope of diversity the NLN envisions in the nurse education workforce. Represented were Asian, Hispanic, Native American, African American, and Filipino voices in nursing, as well as those who deal with multicultural affairs and advocate for nurse educators with disabilities. With male representation on the think tank as well, increasing gender diversity is another current agenda priority.

Recommendations from the initial meeting include the use of several existing NLN initiatives to build diversity including the Centers of Excellence in Nursing Education Program, NLN awards, and the "Reflection and Dialogue" series. The think tank also discussed:

- Identifying two priority issues the NLN must address in order to expand diversity in the nurse educator workforce
- Identifying significant concepts and recommendations to be included in an NLN position statement on "Expanding Diversity in the Nurse Educator Workforce" that will engage the nursing education community in dialogue and encourage the development of diversity building initiatives within all types of nursing education programs
- Identifying potential authors for and concepts to be addressed in a new NLN book or other publication, to be titled Expanding Diversity in the Nurse Educator Workforce

Dr. Malone praised members of the think tank as "leaders we can count on to bring inspiration and real excitement to our work at the NLN. We are committed for the entire journey, beginning with racial/ethnic/gender diversity and moving to include a broader, more comprehensive spectrum of diversity," vowing, "I will keep you informed as our diversity initiatives take shape."

Echoing that commitment, NLN President M. Elaine Tagliarini, EdD, RN, said, "Fulfilling the vision of the NLN Board of Governors, through this process, we fully intend to bring about an ethnically and racially diverse workforce of faculty, researchers, and pedagogical scholars who mentor and serve as role models for future nurses and nurse educators."

RWJF Launches National Program to Build Next Generation of Academic Nurse Leaders

$28 Million Nurse Faculty Scholars Program Offers Career Development to Promote Ranks of Junior Faculty

PRINCETON, N.J.,—The Robert Wood Johnson Foundation (RWJF) announced on January 10 a new scholars program to develop the next generation of nurse leaders in academia and boost the stature of junior faculty in nursing schools. The RWJF Nurse Faculty Scholars program will provide $28 million over the next five years to outstanding junior nursing faculty to help them advance in their fields and seek faculty positions earlier in their careers by providing mentorship, leadership training, salary and research support.

Despite a rise in applicants, nursing schools around the U.S. turn away thousands of prospective students from baccalaureate and masters programs because of an acute shortage of faculty and clinical preceptors, training sites, space and funding constraints. Since the stature of nursing schools and the promotion of nursing faculty are dependent on the quality of the nursing faculty's scholarly and/or research pursuits, the Nurse Faculty Scholars program will work to strengthen the link between institutional reputation and faculty success by providing career development and other opportunities for outstanding junior faculty. Scholars will be given opportunities to develop a research program and other scholarly activities; work closely with institutional and national mentors; participate in leadership training; and network with scholars, experts and colleagues in their field and other related fields. Scholars also will be able to gain much-needed protege time to get the critical skills needed for a successful career in academic nursing.

"Universities are turning away thousands of qualified applicants to nursing schools each year because they lack the faculty to teach them. We have a pipeline problem. We need to fill that pipeline or we will all suffer the consequences," said RWJF President and CEO Risa Lavizzo-Mourey, M.D., M.B.A. "We're committing the next generation of nursing leaders and encouraging more nurses to seek faculty positions earlier in their careers. Recruiting more nurse educators to the classroom and retaining them in academia is critical if we want to successfully address the nursing shortage."

There are also not enough nurses lined up to fill positions that will be vacated by retiring faculty, and the Nurse Faculty Scholars program will aim to encourage junior nurse faculty to continue on in their roles as educators.

"Our intent is to retain the most talented junior faculty we have and create outstanding role models so that more nurses might choose nursing academia as a career," said RWJF Senior Program Officer Susan Hassmiller, Ph.D., R.N., F.A.A.N.

The program will be run out of the Johns Hopkins University School of Nursing. Jacquelyn C. Campbell, R.N., Ph.D., R.N., F.A.A.N., Anna D. Wolf Chair and Professor in the Johns Hopkins University School of Nursing, respectively, will direct the five-year program.

"The Johns Hopkins University School of Nursing (JHUSON) is proud to be the national program office of the RWJF Nurse Faculty Scholars program, and I am excited to have the opportunity to direct the program," Campbell said. "As one of the leading schools of nursing in the country, JHUSON holds among its highest priorities the development of nursing faculty as academic leaders—leaders who combine excellence in research, teaching, practice and service.

"This program is exactly what Schools of Nursing like JHU need to develop our young, promising faculty members so that they continue to teach the future nurses of this country," Campbell added.

The program will award up to $350,000 for three years to each RWJF Nurse Faculty Scholar; up to 15 scholars will be selected each year. Applicants must be junior faculty members with at least two but no more than five years of experience in a faculty role. Candidates who completed their doctoral degree within 10 years of receiving their initial nursing degree are encouraged to apply.

The Nurse Faculty Scholars Call for Applications is available online at the RWJF Web site, www.rwjf.org. The deadline for applicant registration is April 1, 2008. Potential applicants should visit www.rwjfnursefacultyscholars.org for more information.
Antifreeze poisoning often results in severe
and wide-ranging toxicity. In 2005, more than
14,000 cases of exposures to the chemicals found
in antifreeze were reported to U.S. poison centers. The
facts below will help nurses to recognize and
understand antifreeze poisoning.

Why do people drink antifreeze?
Children sometimes drink antifreeze due to easy
accessibility and its sweet taste. Adults may drink
antifreeze unintentionally, but more commonly,
adults drink it as a substitute for ethanol or in suicide
attempts.

What are the clinical effects seen when someone
drinks antifreeze?
Most patients initially have mild symptoms
and appear inebriated, sometimes leading to a
misdiagnosis of ethanol intoxication. More severe
effects occur over the next 4-72 hours as the chemicals
are metabolized to toxic metabolites.

Nausea, vomiting, tachycardia, hypertension
followed by hypotension, tachypnea, lethargy, coma
and renal failure are seen with ethylene glycol
poisonings. Methanol produces similar central nervous
system and gastrointestinal symptoms but
renal function remains intact. Methanol poisoning is
characterized by visual defects, often described as
looking through a snowstorm, and blindness due to
toxic effects of the methanol metabolite on the retina
and optic nerve. A hallmark of both poisonings is a
severe anion gap metabolic acidosis. Since serum
concentrations of ethylene glycol and methanol are
usually done off-site and thus delayed, poisonings
should be suspected and assumed in the presence of
an unexplained anion gap metabolic acidosis.

How toxic are ethylene glycol and methanol?
Both of these antifreeze agents are extremely
toxic. Ingestions should almost always be considered
a medical emergency. Serious toxicity has occurred
with the ingestion of as little as 0.1 mL/kg of 100%
methanol. The minimum lethal dose is estimated to
be about 1 mL/kg of methanol and approximately 1.5
mL/kg of ethylene glycol.

An interesting fact is that ethylene glycol and
methanol are not very toxic before being metabolized.
Both are converted by alcohol dehydrogenase and
aldehyde dehydrogenase to toxic metabolites: glycolic
acid and oxalate from ethylene glycol, and formic acid
from methanol.

Can toxicity occur from other types of exposures?
Yes, toxicity can occur from inhalation and dermal
exposures to methanol or ethylene glycol; however,
severe toxicity is much more likely with ingestions.

What are diethylene glycol and propylene glycol?
Diethylene glycol is found in industry as antifreeze,
brake fluids and various solvents, as well as in
cosmetics and some canned cooking/heating fuels. It
has properties and toxicity similar to ethylene glycol.
Poisonings are not very common since it is not often
found in everyday household products. Seventy years
ago, more than 100 people in the United States died
after taking sulfanilamide mixed with diethylene
glycol. This event led to the adoption of strict drug
manufacturing regulations. Mass poisonings with
diethylene glycol have occurred more recently in
other countries. In Panama, at least 100 people died
in 2006 as a result of taking cough syrup contaminated
with diethylene glycol that had been substituted for
glycerin. A similar mass poisoning occurred in China
that same year.

Propylene glycol is often called the “non-toxic
antifreeze.” Serious poisonings are unlikely to occur
unless very large quantities are ingested. Propylene
glycol is also approved to be used in food, personal
care products and pharmaceuticals. Lactic acidosis,
ECG changes and hypotension have occurred as a
result of receiving large quantities of parenteral drugs
(primarily lorazepam) that contain propylene glycol.

For assistance in diagnosing and treating suspected
antifreeze poisonings, call the experts at the Maryland
Poison Center at 800-222-1222.
### Continuing Education Calendar

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<tr>
<th>Date</th>
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<th>Provider</th>
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<tr>
<td>Ongoing</td>
<td>OnLine</td>
<td>Nursing Grand Rounds&lt;br&gt;Wound Academy&lt;br&gt;Geriatric Health&lt;br&gt;Domestic Violence&lt;br&gt;Hepatitis Case Students&lt;br&gt;Depression&lt;br&gt;HIV/AIDS</td>
<td>ANCC Accredited</td>
<td>University of Washington, Seattle, WA</td>
<td>206-543-1047 pcme.org</td>
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<td>May 1 thru November 20</td>
<td>Rutgers-Newark Campus, Newark, NJ</td>
<td>NCLEX-RN Review Courses&lt;br&gt;ANCC Accredited</td>
<td>Rutgers College of Nursing</td>
<td><a href="HTTP://nursing.rutgers.edu/cpd">HTTP://nursing.rutgers.edu/cpd</a></td>
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<td>May 2</td>
<td>Holiday Inn Columbia&lt;br&gt;Columbia, MD</td>
<td>Maryland Elderlaw 2008 Legal Financial-Medicaid&lt;br&gt;ANCC Accredited</td>
<td>Health Education Network, LLC</td>
<td>800-839-4584 <a href="http://www.health-ed.com">www.health-ed.com</a></td>
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<td>June</td>
<td>Call for location&lt;br&gt;Maryland&lt;br&gt;Geronotological Annual Conference</td>
<td>Pending</td>
<td>Maryland Gerontological Association</td>
<td>410-381-1176 or 2401 x 231</td>
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<td>June 3-4</td>
<td>Rutgers-Newark Campus, Newark, NJ</td>
<td>Informatics Nurse&lt;br&gt;ANCC Accredited</td>
<td>Rutgers College of Nursing</td>
<td><a href="HTTP://nursing.rutgers.edu/cpd">HTTP://nursing.rutgers.edu/cpd</a></td>
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<td>June 7</td>
<td>Tampa Marriott Waterside Hotel &amp; Marina, Tampa, FL</td>
<td>New Primary Care Topics for 2008 for NPs &amp; PAs&lt;br&gt;ANCC Accredited</td>
<td>CE Alliance and University of Nebraska Medical Center College of Nursing&lt;br&gt;Continuing Nursing Education</td>
<td><a href="http://www.practiceringclinicians.com">www.practiceringclinicians.com</a> 293-983-6128</td>
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<td>June 7</td>
<td>Hilton Parsippany, Parsippany, NJ</td>
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<td>September 9&lt;br&gt;November 11</td>
<td>Four Points Sheraton at BWI Baltimore, MD</td>
<td>American Association of Legal Nurse Consultants&lt;br&gt;ANCC Accredited</td>
<td>American Association of Legal Nurse Consultants</td>
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<td>October 11</td>
<td>Rutgers-Newark Campus, Newark, NJ</td>
<td>The Nurse as a Case Manager&lt;br&gt;ANCC Accredited</td>
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<td><a href="HTTP://nursing.rutgers.edu/cepd">HTTP://nursing.rutgers.edu/cepd</a></td>
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<td>October 12-15</td>
<td>Broward County Convention Center, Ft. Lauderdale, FL</td>
<td>NAHC’s 27th Annual Meeting&lt;br&gt;ANCC Accredited</td>
<td>National Association Home Care</td>
<td><a href="mailto:rmb@nahc.org">rmb@nahc.org</a></td>
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### Committing Ourselves to the Responsible Conduct of Research

by Megan Hoffmann, RN, BSN, Senior Research Nurse, Johns Hopkins University School of Nursing

We know that nursing and medical research helps us bring the best evidence-based care to our patients. Reading articles from the many resources available to us, such as nursing journals and electronic databases like Pub Med, we can access data-based research from all over the world to incorporate into our nursing practice. Have you ever wondered what would happen if research studies were poorly conducted or falsely reported?

So, who watches out for misconduct in research? The Office of Research Integrity (a division of the Department of Health and Human Services) is charged with defining misconduct, providing guidelines for reporting and investigating research misconduct, and protecting both the whistleblowers and those accused of breaching good conduct. They classify research misconduct in four major categories. Falsification involves the inaccurate representation of data in the research record. For instance, if a nurse was doing a study on post-operative healing and wanted to show that people recover more quickly than they actually did, the nurse may change a patient’s answer of “it was 6 weeks until I felt better” to “it was 4 weeks until I felt better.” Surprisingly enough, this type of misconduct represents the largest portion—36%—of the research misconduct allegations reported to the Office of Research Integrity from 1992-2001.

Fabrication is the recording and/or reporting of created data. For example, if a research nurse was feeling pressured to enroll more patients, filling out a survey form for a “created patient” and portraying this response as that of a subject would be considered fabrication.

We are all familiar with Plagiarism—the presentation of others’ ideas without proper citation. The final grouping collects Other Serious Deviations, such as inadequate record keeping or not upholding human subject research guidelines.

So, what can nurses do? In our own research practices, we can commit ourselves to protecting human subjects, keeping good research records, and truthfully reporting data. Beyond ourselves, we can encourage our colleagues to do the same and create research environments that foster open lines of communication and fair division of responsibilities among research team members.

This piece was written for The Maryland Nurse with information from the Office of Research Integrity’s website which can be found at www.ori.dhhs.gov.
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☐  Annual Payment Plan
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Employer City/State/Zip code

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Employer FAX Number  License State

Payment Plan (continued)

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☐  Electronic Dues Payment Plan (EDPP)-$16.16

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There are currently 8 districts in MNA. You may select membership in only one district, either where you live or where you work. Each district sets its own district dues.

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District 8: Frederick County
District 9: Howard County
District 10: Carroll County
District 11: St. Mary’s County
District 12: Charles County
District 13: Calvert County

All membership dues are apportioned to the American Nurses Association, the Maryland Nurses Association, and the District. All membership category dues may be paid either annually, or through monthly electronic dues payment plans (EDPP). A service charge applies to the monthly electronic dues membership payment plan except annual membership paid in full at the time of application.

Please choose your district and payment plan from the following chart:

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Make checks payable to: American Nurses Association
Maryland Nurses Association
21 Governors Court, Suite 195
Baltimore, Maryland 21244-2721

Send complete application and check to: