MNA Protects Patient Safety by Blocking SB 205

The Maryland Nurses Association (MNA) demonstrated the power of nurses in Annapolis this session. When the Department of Health and Mental Hygiene (DHMH) introduced Senate Bill 205—State Board of Nursing–Licensure–Licensure by Endorsement–Provisional Practice Permits, MNA polled its members and sprang into action. MNA’s grass roots pressure and intense lobbying efforts eventually forced the Department of Health and Mental Hygiene to withdraw the bill, allowing them to avoid the bill being killed.

SB 205 drew strong opposition because it raised serious patient safety issues. The bill’s authors stated that it was an attempt to alleviate the nursing shortage by reducing “barriers” to licensure. However as soon as the bill was introduced, nurses across Maryland began to question its long-term implications for patient safety.

MNA partnered with other nursing organizations, including the Black Nurses Association of Baltimore and the Maryland Association of Nursing Students (MANS), to oppose the bill.

The controversy over the bill centered on the creation of two new pathways to licensure by endorsement. Through licensure by endorsement, a nursing board licenses a registered nurse or licensed practical nurse who has a license from another state or country and has passed an acceptable licensure exam. While licensure by endorsement is already a common practice in Maryland and other states, SB 205 created two new pathways for licensure for individuals without complete educations. MNA’s membership strongly felt that this lack of education would put patients at risk.

With the first new pathway, the Maryland Board of Nursing would have been able to license an endorsement candidate who lacked clinical training. Nurses who met certain conditions could substitute work experience for clinical training. MNA’s membership strongly felt that nurses need structured clinical training in order to learn how to practice safely. The nurses eligible for licensure through this pathway would have graduated from an accredited school that only offered a final assessment of clinical skills without the preparatory clinical training. These nurses would only have been required to have 44 days of clinical practice experience in the past year or 125 days in the past 5 years.

Under the second new pathway, the Maryland Board of Nursing would have been allowed to issue a provisional permit to an endorsement candidate who was missing clinical or didactic training. While the provisional permit holder would have only been allowed to practice within a limited scope, MNA’s membership felt that the provisional permit holder would put patients at risk for two reasons: 1) A nurse needs complete clinical and didactic training in order to deliver safe care. No one has considered licensing other health professionals, including physicians, without a complete education; and 2) Given the realities of the workplace, it would be nearly impossible for a nurse to stay within a limited scope of practice. In most health care facilities, nurses get moved from unit to unit and from shift to shift. There is no way to guarantee that the provisional permit holder would not be asked to practice outside the scope of the permit.

In response to such deep concerns about patient safety, DHMH asked the Senate to amend the provisional permit provision. The amendment renamed the provisional permit to a temporary limited license. Under the new name, an endorsement candidate could be missing one didactic component. However, MNA’s concerns about the bill still remained. The amended pathway for a temporary limited license still allowed a nurse to practice without a complete education. The pathway to allow clinical experience to substitute for clinical training still remained intact.

After the Senate passed the amended bill, MNA continue to oppose the bill in the House. A good hearing in front of the House Health and Government Operations Committee revealed the bill’s problems to the legislators.

MNA has agreed to continue discussions about reducing barriers to licensure for qualified applicants, as long as practicing nurses and educators are at the table. The legislative process revealed, workforce shortage proposals need to be thoroughly vetted before being implemented. Patient safety is too important to risk.

MNA would like to thank all of its members who contacted their legislators about the bill and our partner nursing organizations for their work. We also would like to extend a special thank you to Robyn Elliott, MNA’s lobbyist, for her efforts on this bill. We have demonstrated that nurses working together can have a significant impact on the legislative process.

ANA President Attends White House Fiscal Responsibility Summit

Rebecca Patton, President of The American Nurses Association (ANA) participated in the White House Fiscal Responsibility Summit February 23, 2009. ANA was the only nursing organization invited. The Fiscal Responsibility Summit was a three hour invitation only, bipartisan workshop charged with finding ways to reduce the budget deficit. The summit was open to the press. Ninety invitations were extended; 30 each to members of the Senate and the House of Representatives and 30 to scholars and advocacy group representatives. The meeting began in the State Dining Room with remarks by President Obama and Vice President Biden. Participants were divided into five breakout sessions; Social Security; Health Care; Tax Reform; the Budget Process; and Procurement. The health care discussion focused on how to control costs while still expanding coverage.

The summit report is available on the world wide web at: http://www.whitehouse.gov/assets/blog/Fiscal_Responsibility_Summit_Report.pdf
The Editorial Board welcomes articles for publication in The Maryland Nurse and authors are entitled to free reprints.

1. Articles should be word-processed using a 12 point font.
2. Articles should be double-spaced.
3. Articles length should not exceed five (5) 8½ X 11 pages (1500-2000 words).
4. All references should be cited at the end of the article.
5. Include name, credentials, e-mail, mailing address, telephone contact, and FAX number for each author.
6. Articles for refereed publications should be directed to the attention of Dr. Patricia Travis, Journal Editor, using APA format and following the above Guidelines.

Articles should not mention product and service providers. Please cite sources specifically and properly so we can verify them. Attach any supporting documents, as appropriate.

Many publications accept articles as is. However, to meet The Maryland Nurse's editorial board and publisher's requirements, articles may be edited. Refereed articles will be peer reviewed. These comments may be returned to the author if they request significant clarification, verification or amplification. Additionally, once the editorial process begins and if you decide to withdraw your submission, you may not use the editorial board's comments or suggestions.

It is standard practice for articles to be published in only one publication. If your submission has been previously distributed in any manner to any audience, your article might not be published in the next issue following its receipt. The timing of publication is dependent upon the editorial process cycle, other articles ready for publication, and the requirements for each issue. Authors will approve the article to be published in its final form. Authors must sign any release forms requested by the editorial board and publisher of The Maryland Nurse.

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Submissions should be sent electronically to TheMarylandNurse@gmail.com.

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 TheMarylandNurse@gmail.com. Be sure to include your name and contact information.
Nurse Practitioner Legislation Would Have Reduced Barriers to Care

by Sandi Nettina, CRNP, President-elect of The Nurse Practitioner Association of Maryland

House Bill 250 Authority to Certify Death or Incapacity passed the legislature heavily amended on March 31. Submitted by the Nurse Practitioner Association of Maryland (NPAM) through sponsoring Delegate Sue Kulllen (Calvert County) and crossfiled as SB 759 by Senator Dyson, the bill would have made progress in reducing barriers to care, a legislative agenda begun by NPAM in 2008. Last year, NPs gained the legal authority to sign handicapped parking permits, sign birth and death certificates, sign DNR forms, and authorize marriage of a minor in cases of pregnancy and childbirth.

The 2009 legislation had four proposals that aimed to permit NPs to better serve Marylanders. These were: Sign a certificate for the determination of a patient's incapacity (mental impairment) or debilitation (physical illness) so that a standby guardian can become effective for the "person or property of a minor"; Sign a certificate declaring a patient's incapacity and inability to make an informed decision so that an advance directive can become effective (This is a second signature, after a physician has examined the patient and determined incapacity; current law calls for two physician signatures); Remove the language "physician's collaborating" in regard to nurse practitioners' authority to sign death certificates, in order to simplify the process for the medical examiner and allow all NPs to sign death certificates for patients they care for; and Add that a nurse practitioner may subsequently remove a DNR order, pertaining to the law that was approved last year that allowed nurse practitioners to sign DNR certificates (MIEMSS form).

The legislation that passed this year was amended in both the House and Senate to remove three of the four parts. While the Maryland Board of Nursing, Maryland Nurses Association, and the Alzheimers Association supported the legislation, MedChi (Maryland Medical Society) proposed the amendments that left only the ability to sign a death certificate. An important part of the bill that was amended was the piece that addressed certification of incapacity for advance directives. Nurse Practitioners Diane Ng and Debbie Badro testified that it is often difficult to get two physicians to come to a nursing home to make this determination in a timely manner, however there often is a nurse practitioner who makes regular rounds in the facility and knows the patient and family. This legislation would have eased the burden of transporting the patient to get two physician assessments of incapacity, which is an additional expense, interrupts the care process, and is emotionally trying for the family.

NPAM members who testified in favor of the bill in the House Health and Government Operations Committee on February 18 and the Senate Finance Committee on March 6 included Susan Delean-Botkin, NPAM legislative chair and owner of Easton Family Care; Betsy Blank, NP director of a rehabilitation center in Southern Maryland; Diana Ng and Debbie Badro, NPs at long-term care facilities in Anne Arundel County; Julie Stanik-Hutt, past president of the American College of Nurse Practitioners; and Sandi Nettina, NPAM president-elect. Susan Delean-Botkin, testified that 37% of primary care is now provided by Nurse Practitioners in Maryland, illustrating the importance of these measures in allowing greater patient access to care through nurse practitioners in light of the physician shortage.

Nurse practitioners are authorized though their scope of practice in Maryland to “perform independently the following functions under the terms and conditions set forth in the written agreement: 1) Performing comprehensive physical assessment of patients; 2) Establishing medical diagnosis for common short-term or chronic stable health problems; 3) Ordering, performing, and interpreting laboratory tests; 4) Prescribing drugs; 5) Performing therapeutic or corrective measures; 6) Referring patients to appropriate licensed physicians or other health care providers; 7) Providing emergency care.” COMAR 10.27.07.02

MNA would like to congratulate three legislators for their successful work in moving forward bills that protect patient safety: Delegate Shirley Nathan-Pulliam, through the passage of HB 756–Cultural and Linguistic Health Care Provider Competency Program, has successfully advocated for the establishment of a cultural competency program under which the Department of Health and Mental Hygiene will work with health professional organizations to offer cultural and linguistic competency courses to their members.

Delegate Addie Eckardt, by placing an amendment in the budget bill, has required the Department of Health and Mental Hygiene to study how to discourage “Never Events” through Medicaid reimbursement policies. “Never Events” are grave medical errors, such as the amputation of the wrong limb.

Delegate Jim Hubbard, through HB 15–Child Care Articles Containing Bisphenol-A–Prohibition, has moved us one step forward in banning BPA from bottles or cups used by young children. For the first time, the House of Delegates passed this legislation. Next year, we will be ready to get it passed by the Senate. Research has linked BPA to serious health issues.

If you want to find out more about MNA’s legislative work, go to MNA’s website www.marylandrn.org.
MNA 2009 Legislative Lobby Day and Student Day in Annapolis

MNA Lobby Day 2009 a Success

by Karen Minor, MS, CRNP

MNA sponsored its first Nursing Lobby Day on Monday February 2, 2009 from 4-8 PM. The purpose of the event was two-fold: to bring nurses to Annapolis to introduce themselves to and get acquainted with their legislators and to bring important legislative issues affecting the nursing profession to the attention of the legislators. The number of legislators who were contacted by nurses was higher than in previous years. Participating nurses significantly raised the profile of nursing in Annapolis and showed that the voice of nurses is important in making decisions in laws that affect their profession.

Over 160 nurses came to Annapolis to attend training sessions where they learned about particular topics in the 2009 Legislation Session that were a priority for nursing. The training also helped the nurses to learn how to effectively communicate and educate their legislators. The training was presented by MNA lobbyist, Robyn Elliott of Ciekot and Elliott.

The nurses reported that they contacted 82 legislators. Most of this was direct contact with the legislators. MNA had made appointments for the nurses with their legislators a few weeks before the event. Some of the legislators were unavailable, so those nurses met with the legislative staff and left information about MNA at their legislator’s offices.

Topics that nurses discussed with their legislators included specific health care related bills: nursing education; the nursing shortage; the nursing faculty shortage; patient safety; public safety; never events in hospitals and long term care facilities; health care access; nurse patient ratios; minority healthcare disparities; end of life issues; medicare expansion; and privatization of the Shock Trauma helicopters.

Overwhelmingly positive feedback about MNA Lobby Day was provided by the nurses themselves after the event by a written evaluation tool. Participating nurses reported ending the night with a great feeling of accomplishment and a job well done.

The MNA Legislative Committee’s Lobby Day and Student Day Planning Subcommittee has already begun the planning for MNA Lobby Day 2010. The committee will utilize the feedback provided by this year’s participants to make next year’s event bigger and better. Their goal is to have even more nurses participate in next year’s event. Please visit the MNA website in the coming months for updates about this exciting event and contact us with your suggestions.

Student Day in Annapolis

MNA invited all Maryland schools of nursing to participate in a new event this spring. Student Day in Annapolis is an educational forum for nursing students to learn how the voices of the students can affect the outcome of legislation.

Student nurse attendees from both baccalaureate and community college nursing programs, some accompanied by faculty, filled the large room at the Calvert House for the forum. Ciekot and Elliott, MNA’s lobbyists and voice in Annapolis, presented a program for nursing students on advocacy in Maryland. Students discussed how to become advocates for the nursing profession, for the workplace and the education of nurses. They also reviewed some of the proposed legislation that would impact nursing in Maryland.

The Student Day in Annapolis forum was held from 1:00 PM to 4:00 PM on February 2 at the Calvert House in Annapolis. Space was limited to 175 students, but all schools that registered before the deadline were guaranteed at least ten student spots. After the deadline, remaining spots were available on a first request basis.

MNA President Rosemary Mortimer welcomed the students. Robyn Elliott and Michele Douglas of Ciekot and Elliott presented “The Power of Advocacy.” Registered Nurse and Delegate from District 37B on the Eastern Shore, Delegate Addie Eckardt, described how she as an RN became involved in advocacy through MNA activities, and then political office.

Linda DeVries, RN, CRNFA, discussed “Caring for the Profession.” A long-time Operating Room nurse, she described the critical roles of professionalism and advocacy in protecting the nursing profession and the welfare of patients.

Current issues in Annapolis affecting nursing were described by Nayna Philipson, JD, PhD, RN, CFNE, of Coppin State University, the MNA Legislative Co-Chair. There are an exceptionally large number of issues in Annapolis this year that may make significant differences in the ability of nurses to care for Marylanders in the future, from access to care and the profits that insurance companies can make to changes in the Maryland Nurse Practice Act and funding of the Maryland Board of Nursing.

Interested students and faculty can learn more on the MNA website, www.Marylandrn.org.

MNA awarded 10 student spots to each of the six participating schools. In 2009, only 175 student spots were available. In 2010, MNA sponsored a total of 175 student spots. MNA will continue to award a total of 175 student spots in future years. MNA also invited all Maryland schools of nursing to participate in a new event this spring, the Student Lobby Day, which will be held on Monday, February 2, 2009.

Several schools expressed an interest in linking the new Student Lobby Day and Student Day in Annapolis. MNA invited all Maryland schools of nursing to participate in a new event this spring, Student Day in Annapolis is an educational forum for nursing students to learn how the voices of the students can affect the outcome of legislation.

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INDIVIDUAL SUPPORTER
Joyce McAdoo

2010 MNA Legislative Day and Student Day Planning Subcommittee members are: Keisha Walker (front), and Brooke Bucci, Elise Schryver, and Karen Minor (rear)

Not pictured: David McAllister.
In 1999, the Institute of Medicine (IOM) estimated that as many as 98,000 deaths each year were attributable to medical errors. Another study, reviewing 18 types of medical events, concluded that medical errors may account for 2.4 million extra hospital days, $9.3 billion in excess charges (for all payors), and 32,600 deaths.

A “Never Event” is a rare medical error, one that should never happen to a patient. These include errors such as surgery performed on the wrong body part or on the wrong patient, leaving a foreign object inside a patient after surgery, Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility, patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility or discharging an infant to the wrong person. Institutions would not be reimbursed by Medicaid for an outcome identified as a “Never Event.”

Currently, institutions often benefit financially from institution-acquired Never Events, since they provide additional diagnoses for billable treatment. This means they get paid for your treatment even if they caused the medical error.

House Bill 78 sponsored by Delegate Addie Eckardt and cross-filed as Senate Bill 435 by Senator Della, stated that hospitals and nursing homes that admit or treat a patient from a long-term care facility for a never event must report the event to the Secretary and CMS within 10 days of admission or treatment. Failure to report is a rebuttable presumption that the event occurred at the hospital or nursing home unless previously reported by the long-term care facility. Long-term care facilities that admit or readmit a patient who has experienced a never event in a hospital or nursing home must also report the event or there is a rebuttable presumption that the event occurred at the long-term care facility unless previously reported by the hospital or nursing home. "Never Events" in Health Care

This bill would have expanded the Medicare “Never Events” model to Medicaid, withholding payment for “Never Events.” In November of 2006 the National Quality Forum released of its definition of 28 Never Events. Shortly after, Medicare determined it would not pay for eight Hospital Acquired Conditions, including three Never Events. MNA supports this bill because it promotes patient safety and the quality of care. The goals of the bill are to 1) provide a financial incentive for quality of care, and a financial dis-incentive for failure to provide the minimum acceptable level of quality care, and 2) save money for Medicaid, which needs funding more urgently than ever before due to the current state of our economy. If revenue decreases in our health care facilities because of “never events” this could impact nursing in many ways. The rate of pay, staff to patient ratio, availability of modern medical equipment, and our health insurance premiums will all be affected. Quality patient care needs to be in forced at all times to protect our patients and our profession. When should “never events” occur? In one word, Never!
Registered Nurses constitute a large majority of the healthcare workforce. Nurses are highly respected by the public for what we do, again leading the 2008 Gallup's Honesty and Ethics ranking. According to a September 2001 ANA survey, 88 percent of nurses reported that “health and safety concerns influence their decision to continue working in the field of nursing and the kind of nursing work they choose to perform...70 percent of nurses cited acute and chronic effects of stress and overwork as one of their top three concerns.” In the article noted above, the Institute of Medicine also recognizes that the health care “work environment is characterized by many serious threats to patient safety”.

What does it take to have greater impact in your workplace? How can nurses assure integrity in their day-to-day work? How do we assure that nurses are providing “leadership for healthcare change”? These important questions impact Maryland nurses in all areas of practice. The Maryland Nurses Association’s Annual Convention is an opportunity for Maryland nurses to gather, to network, to learn, to be invigorated, and focus on the nursing profession’s most pressing concerns.

The 2009 convention will be held Thursday October 15 and Friday October 16th at the Maritime Institute Conference Center. The convention location, near BWI airport, offers easy access from 295, and free on site parking. Conference fees include two days of continental breakfast, lunch, breaks and continuing education hours.

The theme of this year’s Convention, 2009 MNA: Leadership for Healthcare Change: Improving Your Workplace seeks to help Maryland nurses take an introspective look at how they contribute to improved workplace environments, healthcare change and better outcomes for our patients. The 2009 Convention will share tools for nurses to implement goals that improve every nursing workplace. The convention also assists nurses in achieving their unique professional goals. Networking abounds and vendors and employers from around the region will offer a wide variety of nurse focused services.

Convention presenters highlight cutting edge research and offer valuable insights on topics ranging from Workplace Safety to Conflict Resolution and Career Planning. Interested in presenting? The 2009 call for presentations and speaker information is located on the new MNA website, or contact convention chair Neysa Ernst via email at neysapernst13@verizon.net.

The Maryland Nurses Association recognizes the important contribution nurses make in the many types of workplaces where we practice our profession. Invest in your career and in yourself. Plan to join MNA members and registered nurses throughout the state October 15-16 as we come together to network and share nursing’s current and future ideas for workplace improvement.

Nursing Foundation of Maryland

The 2009 Mae Muhr Nursing Excellence Poster Awards

The Nursing Foundation of Maryland announces the 2009 Mae Muhr Nursing Excellence Poster Awards, established in 2008 to honor Mae Muhr, a dedicated Maryland nursing educator.

- Two awards for $500 will be presented to nurses who present a poster at the Maryland Nurses Association (MNA) 2009 Convention’s poster session.
- The Scholarship Committee of the Nursing Foundation of Maryland will review the applications from those submitted to the MNA for the 2009 Convention Poster Session to determine eligibility to compete for the Awards.
- Eligible posters will be rated by nurses attending the Poster Session at the MNA 2009 Convention. Their choices will be announced at the Convention Awards luncheon on Friday, October 16.

Eligibility Criteria
1. The poster must focus on a nursing topic in research or policy, which directly affects patient/client health outcomes.
2. The Scholarship Committee may ask applicants for further information to verify their status in nursing.
3. The poster must meet the submission requirements of the Maryland Nurses’ Association for the 2009 Convention poster session.
4. Applicant (or at least one applicant for a group project) must be a member of the Maryland Nurses Association or eligible to join and submit an application to join at the time of poster award.
5. Previous recipients of this award are not eligible to apply if it is for the same research program or policy effort.

The application must be in the MNA office by the close of business on September 4, 2009. The application may be mailed, faxed or e-mailed.

Mail to: Maryland Nurses Association
21 Governor's Ct., Suite 195
Baltimore, MD 21244-2721
Phone: 410-944-5800 Fax: 410-944-5800
E-mail: info@marylandrn.org

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The Maryland Nurses Association has nine (9) awards that are given annually. 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.

**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.

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.

Selection:
Each award is competitive and will be selected by the Awards Committee.

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

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

The MNA office must receive all Nominating materials no later than September 14, 2009 for consideration.
Maryland Nurses Association’s 15th Annual Poster Session

Deadline for Proposal Submission: September 4, 2009
Poster Presentation Sessions: October 15 and 16, 2009

Submit a poster proposal on any aspect of your practice, research, or student activities. Share your creative nursing care approaches, research finds, clinical innovations, projects or models for change in healthcare with your colleagues. Convention attendees will judge your poster for excellence in evidence based practice or information sharing with your peers.

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 4, 2009, to:

Maryland Nurses Association
Convention Posters
21 Governor’s Court, Suite 195
Baltimore, Maryland 21244-2721
Fax: 401-944-5802

You will be notified by October 2, 2009 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

Award Criteria
MNA Convention attendees will rate each eligible poster for the 2009 Mae Muhr Nursing Excellence Awards of $500 from the Nursing Foundation of Maryland, Inc. (NFM). Please contact MNA or the NFM for more information.
More likely you are aware that this nation is facing a shortage of nursing professionals. A shortage of nearly a half a million nurses and a serious shortage of nurse educators threatens to disrupt health care in this country. Maryland nursing schools have had to turn away thousands of qualified applicants over the years due to limited capacity. Are you aware that this is a shortage that is going to affect all of us—not just those of us that are either directly or indirectly involved in healthcare? If we do not respond, the nursing shortage may reach critical proportions as the single largest generation in our nation’s history, the Baby Boomers, reaches the age of retirement, which is usually the age of greatest health care need.

To address this need the Maryland Nurses Association (MNA) has joined together with many other leaders in healthcare in Maryland as well as the Johnson & Johnson Campaign for Nursing’s Future to avert this projected acute shortage.

This fall “The Promise of Nursing for Maryland” steering committee will be hosting a gala celebration, which will raise funds to address the nursing shortage. Our funding will be going into the following categories:

- Nursing Student Scholarships—this will be administered and managed through the Foundation of the National Student Nurses Association and will go to any qualified nursing student currently enrolled in a Maryland nursing school.

- Nurse Educator Fellowships—this will be administered and managed through the Foundation of the National Student Nurses Association and will go to any qualified nursing student currently enrolled in a Maryland nursing school.

- Nursing School Grants—this will be administered by the Maryland Hospital Association’s Who Will Care? Fund for Nurse Education 501(c)(3) and will go to nursing schools through program development grants, which will enable these institutions to broaden their nursing programs, thereby increasing the number of students they can enroll. All Maryland institutions with first-degree nursing programs are eligible.

The purpose of this event is to honor Maryland Nurses. Johnson & Johnson covers the entire cost of the event—every penny raised will go directly to the Maryland nursing community.

The sponsorship cost of each table is $7500. Funds raised through this effort are processed by the Foundation of the national Student Nurses Association. The Foundation also takes fully tax-deductible contributions—all donations will be accepted.

The event will be held on Thursday, September 24, 2009 at the Baltimore Marriott Waterfront. To find out how you can become a table sponsor or contributor, contact the MNA office at 410-944-5800.

by Rosemary Mortimer, MS, RN, MNA President

It is amazing how quickly things change. Two years ago we were faced with an incredible nursing shortage. Graduating nursing students had their pick of jobs and opportunities were prevalent. The Maryland Hospital Association reported in 2007 “that to fully staff hospitals across the state would take an additional 2,540 nurses. The vacancy rate rose in 2006 to 13 percent from 10 percent in 2005. Maryland’s vacancy rate for nurses hits its peak in 2001 at 15.6 percent.” (Schultz, 2007)

Students flooded to school to do their prerequisites and to apply to nursing school. So many students wanted to attend that schools could not accommodate them. As recently as January 2009 a representative of the Maryland Hospital Association spoke to this issue. Catherine Crowley, a vice president at MHA, stated, “This is a significant statewide issue. Lots of people are interested in being nurses but we don’t have the space to educate them all as they are all applying.” (Sharrow, 2009)

Today, our graduating nurses are having difficulty finding jobs. There are virtually no jobs for new grads to be had in Boston or San Francisco. Here in Maryland the market has definitely changed. It is not impossible for new RN graduates to find jobs but it is certainly harder than it was. There are jobs out there but the grads have to work harder to get them. Often students who were nursing externs on a unit have the first pick of the jobs. Some who do their last intensive rotation on a unit are picked up but for the rest they find they have to work harder to get a job and really sell themselves. They may not get their first or even their third choice of jobs and straight nights is often the best they can find. While these new graduates may not find what they thought was their perfect job they need to be open to other possibilities such as long term care. They may find a field in which they fall in love.

So what has happened? The economy has had a major impact on jobs. Those of us who have been in nursing a number of years have been down this road many times before. This situation is temporary and as soon as the economy improves the retirement floodgates are going to open and jobs will be coming very plentiful again. Many nurses, whose average age in Maryland is 55, are looking toward retirement with bated breath, but until their stock portfolios improve they are unwilling to make a move. Those nurses who were working part time have taken full time jobs and those who were per diem are now part time. This has definitely shrunk the pool of jobs for new graduates.

What we in nursing have to do is to remember that this is a temporary situation and to continue to plan accordingly. Encourage new graduates to find a job and stick with it for a while. We need to continue to educate nurses because the average age of nurses is just going to keep going up. Nothing can change that except getting more and more young nurses into the field. What we cannot do is think the shortage is over. Now, more than ever we need to plan ahead and be ready to deal with an improving economy and the retirement of those who are seasoned and have a lot of history. Let us not lose sight of the big picture while the area in front of us has changed!


ANA Works to Remove Practice Barriers for APRNs

ANA is actively engaged in efforts to remove barriers to practice for Advanced Practice Registered Nurses (APRNs) in federal law, and to ensure that they are recognized appropriately in developing federal programs such as Medical Home and Health Information Technology, as well as other health care reform efforts. ANA ensured that APRNs are included in the electronic prescribing program that passed in the Medicare Improvements for Patients and Providers Act in the 2008 session of Congress. ANA is working toward reintroduction of several APRN bills. These include The Medicaid Advanced Practice Nurses and Physician Assistants Access Act, which would remove barriers that keep APRNs from participating fully in state Medicaid programs, and The Home Health Care Planning Improvement Act. This act would change Medicare law to grant Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), and Certified Nurse Midwives (CNMs) the ability to order home health services and to sign home health plans of care. ANA is deeply concerned about the Medical Home Initiative. This initiative remains a federal level demonstration project. ANA was unsuccessful in their efforts to change the language in last year’s Medicare legislation.

APRNs are eligible for incentives in the grant section of Stimulus Health Information Transfer (HIT) bill. Nurse Practitioners and CNMs are eligible for funds under the Medicaid provisions. However, APRNs are not included under the Medicare incentives. The definition of provider used in this section of the bill covers only physicians, dentists, podiatrists, optometrists and chiropractors. The speed with which the bill was crafted, and the level of funding allocated to the program ($20 billion instead of the originally promised $50 Billion), were the key reasons why other vital providers, including APRNs, were not a part of the Medicare section.

The administration and the Congress characterize the HIT provisions in the stimulus bill as groundwork for a full program, indicating that the bill, in its present form is not the last version of the bill. ANA expects Congress to engage in further discussion on HIT, on its own or as part of health care reform.

ANA will continue to work to ensure that APRNs are appropriately included in HIT and other federal programs and will work to further educate members of Congress and their staff about APRNs, their practice, and the vital role that they play in care.

The Changing Face of the “Nursing Shortage”

by Rosemary Mortimer, MS, RN, MNA President

More likely you are aware that this nation is facing a shortage of nursing professionals. A shortage of nearly a half a million nurses and a serious shortage of nurse educators threatens to disrupt health care in this country. Maryland nursing schools have had to turn away thousands of qualified applicants over the years due to limited capacity. Are you aware that this is a shortage that is going to affect all of us—not just those of us that are either directly or indirectly involved in healthcare? If we do not respond, the nursing shortage may reach critical proportions as the single largest generation in our nation’s history, the Baby Boomers, reaches the age of retirement, which is usually the age of greatest health care need.

To address this need the Maryland Nurses Association (MNA) has joined together with many other leaders in healthcare in Maryland as well as the Johnson & Johnson Campaign for Nursing’s Future to avert this projected acute shortage.

This fall “The Promise of Nursing for Maryland” steering committee will be hosting a gala celebration, which will raise funds to address the nursing shortage. Our funding will be going into the following categories:

- Nursing Student Scholarships—this will be administered and managed through the Foundation of the National Student Nurses Association and will go to any qualified nursing student currently enrolled in a Maryland nursing school.

- Nurse Educator Fellowships—this will be administered and managed through the Foundation of the National Student Nurses Association and will go to any qualified nursing student currently enrolled in a Maryland nursing school.

- Nursing School Grants—this will be administered by the Maryland Hospital Association’s Who Will Care? Fund for Nurse Education 501(c)(3) and will go to nursing schools through program development grants, which will enable these institutions to broaden their nursing programs, thereby increasing the number of students they can enroll. All Maryland institutions with first-degree nursing programs are eligible.

The purpose of this event is to honor Maryland Nurses. Johnson & Johnson covers the entire cost of the event—every penny raised will go directly to the Maryland nursing community.

The sponsorship cost of each table is $7500. Funds raised through this effort are processed by the Foundation of the national Student Nurses Association. The Foundation also takes fully tax-deductible contributions—all donations will be accepted.

The event will be held on Thursday, September 24, 2009 at the Baltimore Marriott Waterfront. To find out how you can become a table sponsor or contributor, contact the MNA office at 410-944-5800.
MNA President Named NSNA 2009 Leader of Leaders

by Neysa Ernst, BSN, RN

“Nurses should advance their profession by contributing in some way to the leadership, activities and viability of their professional organizations.”

ANA Code of Ethics for Nurses 7.1

MNA president Rosemary Mortimer has been selected by the National Student Nurse’s Association (NSNA) as the 2009 Leader of Leaders. This distinguished national award, sponsored by Elsevier, is presented to an outstanding dean, faculty advisor, or state consultant who demonstrates distinguished support and service to nursing students. NSNA constituent associations nominate one outstanding individual for the award. The winner receives an expense-paid trip to the 2009 NSNA Annual Convention at the Gaylord Opryland Resort and Convention Center, Nashville, TN.

There were nominees from students around the country. In their award letter the NSNA staff noted, “The students of Johns Hopkins University Nursing Student Association are indeed fortunate to have Rosemary Mortimer as their faculty advisor, confidant and friend.”

From the moment students enter 525 North Wolfe Street, Rosemary Mortimer seeks to advance the profession of nursing by engaging students NSNA and its leadership activities. Serving for many years as faculty advisor to the Maryland Association of Nursing Students and the Johns Hopkins University School of Nursing NSNA, Rosemary Mortimer sends the message that nurses must learn leadership and teamwork; integral in preparing nurses to leaders for multidisciplinary care.

Rosemary Mortimer reminds students that leadership begins in nursing school. Rosemary tasks NSNA members to make the choice to be leaders. She teaches NSNA members that when leadership is a choice, challenges are recognized and problems become opportunities. Rosemary motivates students to participate in NSNA and learn from other students and nurses who have made leadership their choice. Rosemary’s mentorship fosters NSNA members as they evolve into nursing leaders, better equipped to be a force for change in healthcare.

Rosemary Mortimer sees each encounter with an nursing students as an investment in nursing’s future. She engages students in open and frank discussions throughout nursing school on the role of NSNA and leadership in their professional development. She ensures that NSNA and MNA are a visible presence in student life at Johns Hopkins University School of Nursing.

Mrs. Mortimer will be awarded with a plaque in Nashville at the Plenary Session on Thursday, April 16, 2009. The plaque will be presented by a representative from Elsevier.

Nurses Talk to Obama

Nine registered nurses from around the country participated in the White House’s online town hall meeting on March 26. Prince George’s County nurse, Linda Bock, discussed the need to include nurses in discussions about health care reform. She urged the President to ensure that nurses are included because they have firsthand knowledge about care needs that will enable creation of a health care system that puts caregivers in charge of decisions that affect patients and that will ensure high quality care. Ohio nurse Cathy Stoddart discussed several critical issues needed in health care reform, including improved nurse-to-patient ratios, a ban on mandatory overtime and more affordable care for patients.

The President expressed his appreciation for all the hardworking nurses who work “around the clock” to provide the best care possible for their patients. Obama called nurses the backbone of the country’s health care system, and said, “I’m biased towards nurses, I just like nurses.”

MNA welcomes two new members to the Editorial Board of The Maryland Nurse with this issue. Linda F. Stair, RN, is the Clinical Supervisor at the Howard R. Strauss, DDS, PA/Western Maryland SurgiCenter where she has worked since 1991. She currently holds the position of Secretary of Nursing Caucus, WMAHEC and is active on the Nursing Caucus Planning Committee for Nursing Conferences. Diane Friend, BSN, RN, also from Western Maryland, is an infection control nurse, staff development educator, and regional GNA evaluator.

MNA / ANA News

Welcome!

Linda Stair
Diane Friend

Rosemary Mortimer

Welcome!
District One Legislative Update

by Bea Lamm, MS, RN

District One MNA recently held an informational session held in Allegany County on the topic of “Legislative Update: How You Can Make a Difference for Nursing.” Nayna Campbell Philipsen, PhD, JD, RN, co-chair of the MNA Legislative Committee, was the speaker. The program was held at the Braddock Campus of the Western Maryland Health System (WMHS). The session was sponsored by District One MNA, WMHS, and the Nursing Caucus of the Western Maryland Area Health Education Center. The session was an approved continuing education activity provided through WMHS.

Approximately 35 nurses attended the event where Dr. Philipsen reviewed newly sponsored state legislative bills that are being supported by the MNA. She also reviewed how the MNA decides on what bills to sponsor. The MNA has a platform each year of health and workforce issues that they decide to sponsor. Also, nurses in Maryland have a voice in the MNA to bring up areas they are concerned about and how the new bills will affect their nursing practice. This input is invaluable to the MNA and the Legislative Committee. The MNA hires a lobbyist group to persuade the Maryland Legislature to approve or oppose a bill. The lobbyist group follows the MNA platform and meets regularly with the MNA legislative committee and the co-chairs. If any nurses are interested in becoming a member or want to sit in on session of the MNA Legislative Committee they should send an email to Nayna Philipsen at TheMarylandNurse@gmail.com. The MNA encourages all nurses to become active members and to be involved in committee work. Nurses in outlying areas can be members of the MNA committees by participating through conference calls and email.

District 9

Roy Squires, RN, the new President of District 9. Roy is a nurse at Fort Washington Medical Center in Southern Prince George’s County, Maryland. District 9 membership is open to all registered nurses who live or work in either Charles, Calvert, or St. Mary’s Counties.

District 5 MNA Bowiefest Health Fair June 6

District 5 nurses will participate in the Bowie Fest Health Fair on Saturday June 6, 2009, 10:00AM to 6:00PM, at 3330 Norththrive Drive, Allen Pond Park in Bowie, by volunteering with nurses from Doctors Community Hospital. Nurses will perform blood pressure and cholesterol screening. The free festival has been going on for more than 30 years and typically draws between 3,000 and 5,000 people.

Contact District 5 coordinator, Jo Kim, ACNS-BC hikim155@comcast.net to schedule volunteer time. Jo will coordinate District 5 volunteers with Mary Dudley at Doctors Community Hospital.

The rain date is Sunday, June 7.

MNA Participates In Congressman Hoyer’s Meeting With Health Care Leaders

MNA President-Elect Patricia Travis, RN, Ph.D., CCRP joined legislators, legislative staffs, healthcare professionals and other stakeholders to discuss President Obama’s principles of health care reform on March 13 at the Anne Arundel Medical Center in Annapolis, Maryland. Health care leaders had an opportunity to provide input about future health care priorities to Congressman Steny Hoyer (House Majority Leader and Representative for Maryland’s Fifth Congressional District), Congressman John Sarbanes (Representative for Maryland’s Third Congressional District), and Congressman Frank Kratovil (Representative for Maryland’s First Congressional District).

Congressman Hoyer spoke of the vital role of nurses in our healthcare system. Dr. Travis thanked participating colleagues who recognized the need for investment in the nursing workforce and the potential nursing shortage.

News from District 5

Kathleen Smith was elected President in March, after Joseph Haymore resigned due to work responsibilities. District 5 hosted a continuing education and dinner meeting for nurses on May 12. District 5 is planning a similar event for the fall. Our meeting schedule is posted on our website http://www.md5nurse.com and all are welcome to join us in person or on line for our board meetings.

District 2 Maryland Nurses Association Hosts “Back to School” Night

District 2 hosted a Seminar to disseminate information to nurses regarding continuing education and BSN completion programs on April 21 at the Community College of Baltimore County’s Catonsville campus. Panel Speakers describing the RN to BSN in transition in Maryland were Dr. Janet Cornick, former Senior Policy Analyst for Academic Affairs, Maryland Higher Education Commission. Dr. Nayna Campbell Philipsen, RN, Coppin State University, former Director of Education, Examination, Research and Communication, Maryland Board of Nursing. In addition, a representative from the American Nurses Credentialing Center discussed specialty certification.
Pamela Jeffries
Named Associate Dean for Academic Affairs at Johns Hopkins University

Nursing Education

CCBC Awarded $2.5 Million President’s Community-Based Job Training Grant from the U.S. Department of Labor

Funds to support expanding and new health care curricula and resources

Join the Maryland Nurses Association Today!

Application on page 22.
Eleven nursing students from Johns Hopkins University Student Nursing Association (JHUSNA) at the Johns Hopkins University School of Nursing (JHUSON) took an unusual trip to New Orleans for their spring break. What was unusual about the trip is that they didn’t go to attend concerts or to see the sights but they went to help the people in the Lower Ninth Ward to try and recover from the devastation caused by Hurricane Katrina. Known as an alternative spring break this is the second year in a row that nursing students from Hopkins have chosen to spend their break not on the beaches but helping others. They trip was paid for by grants from the JHUSON Alumni Association, JHU Student Government Association, the JHU Alumni Association, and by the fundraising efforts of the students.

The students worked as a team and did different activities every day and were joined for thirty-six hours by the JHUSNA faculty advisor Rosemary Mortimer. The students left Friday after their clinical and drove in two vans from Baltimore to New Orleans and got there on Saturday evening. On Sunday they were given a tour of the area by two New Orleans residents working for the City of New Orleans’ Office of Recovery and Development Administration, who were very familiar with the area and the devastation. Even now, after four years there is still a lot that needs to be done in the Lower Ninth Ward of New Orleans as only about a third of the inhabitants have returned and what they have found has been very discouraging.

The participants spent a little time in the French Quarter and what was remarkable was how that area was still the same with thousands of tourists and street vendors and life there seemed to be much like before the storm. However, no New Orleans resident had escaped some impact from the storm and its’ aftermath. One thing that became very clear as we worked with the clients was that like the birth of a child or a marriage, the hurricane was the defining moment in there lives. Every discussion included a reference to the storm and what had changed in the lives of these people because of the storm.

In addition to rebuilding houses, the students helped re-hab two different houses and what they found was that under many of the floors there was rot and decay and the walls held dust and probably asbestos. Many houses have been torn down but many of the returnees are doing what they can to try and refurbish their homes. Many of the houses have been homes to families for two and three generations so there is a lot of sentiment that goes in to trying to salvage these structures. How does one tear down the home their grandparents lived in and their mother was born in? Another complication is that how does one prove ownership when all records were destroyed and original deeds may be in the names of grandparents long deceased.

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The students also saw where the levees had broken and are now repaired though it is not clear if they would sustain another deluge. One convenience store in the area was open and at the very edge of the ceiling had a tape across it that showed how high the water had reached. It was way over everyone’s head.

Houses are barely habitable. The students helped to repair two different houses and what they found was that under many of the floors there was rot and decay and the walls held dust and probably asbestos. Many houses have been torn down but many of the returnees are doing what they can to try and refurbish their homes. Many of the houses have been homes to families for two and three generations so there is a lot of sentiment that goes in to trying to salvage these structures. How does one tear down the home their grandparents lived in and their mother was born in? Another complication is that how does one prove ownership when all records were destroyed and original deeds may be in the names of grandparents long deceased.

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In addition to rebuilding houses, the students worked in a variety of clinical settings. They worked in the Lower Ninth Ward Health Clinic that was written up in numerous news articles including the September 2008 Reader’s Digest. This clinic was the home of the clinical nurse coordinator and she and her husband allowed the city to refurbish it and turn it into a health clinic to serve the community. Charity Hospital which traditionally cared for the people in this area still has not re-opened. She had been a maternity nurse who spent the storm in a labor and delivery suite for six days at one of the teaching hospitals. The executive director of the clinic is also an R.N. nad they make a great team and show the clients so much caring love and concern. The students and faculty spent time doing routine vital signs and talking with the clients. The two head nurses know many of their clients because they lived near them or had gone to school with them growing up in New Orleans.

Students also worked in a mobile van and did some mental health screening for employees for stress at a parish office building. These people had secure jobs and homes that were for the most part either new or refurbished but their lives were still very much impacted by the storm and the aftermath. The students, also, had an opportunity to observe and work in a local emergency room. This is certainly an area that could benefit from many more hands and the expertise of many more professionals.

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Baltimore, Md.—Rebecca Wiseman, PhD, RN, an assistant professor at the University of Maryland School of Nursing and former director of the Governor’s Wellmobile program, has been named assistant dean for the nursing program at the Universities at Shady Grove (USG) in Rockville. Wiseman, who joined the faculty in 2002, is a 1998 graduate of the School of Nursing’s PhD program, where her studies focused on education policy and administration.

Prior to joining the School of Nursing, Wiseman worked as a senior staff specialist for workplace advocacy at the American Nurses Association in Washington, D.C. The remainder of her career has been spent as a nurse educator, administrator, and staff nurse at a variety of universities and health care facilities.

The School of Nursing launched an expansion of its Bachelor of Science in Nursing (BSN) program at USG in fall 2008 to meet the increasing demand for highly skilled nurses in the Baltimore-Washington, D.C. region. BSN enrollment at USG now stands at 160, and is slated to nearly double within the next five years.
Hopkins Students Head to Capitol Hill to Fight for Patient Safety

Nursing students from Johns Hopkins University School of Nursing headed to Washington, D.C. in February to advocate with Members of Congress for important patient safety reforms. The students, baccalaureate nursing students meeting with Congressional offices to press for measures that would help prevent patient exposure to hepatitis, HIV and other blood borne diseases by ensuring syringes and other medical instruments are used once and only once.

“In recent years, numerous healthcare outbreaks—including one on our area—have resulted occurred because healthcare providers have failed to follow evidence-based safe injection practices,” said Johns Hopkins Clinical Instructor Julie Hindmarsh, who led the student delegation. “Our students are committed to preventing such outbreaks in their careers and are stepping in now is imperative if we want to avoid future tragedies,” she added.

In addition to meeting with lawmakers, the students joined with Senate Majority Leader Harry Reid, other members of Congress, federal health officials and national healthcare stakeholders to launch a national public health campaign to re-educate healthcare providers—and patients—about safe injection practices.

Top U.S. Global Health Researcher to Push for More U.S. Support

Jacquelyn C. Campbell, PhD, RN, FAAN, professor at the Johns Hopkins University School of Nursing and long time MNA member, has been selected to join a group of 25 experts in global health research who will advocate for greater U.S. investment in global health research. They join 50 of their peers in Research!America’s Paul G. Rogers Society for Global Health Research in a united effort to build a national conversation around the value and importance of U.S. investment in global health research.

The Rogers Society, named for the Honorable Paul G. Rogers (1921-2008), former Florida Congressman, renowned champion for health research, and Research!America chair emeritus, works to increase awareness of and make the case for greater U.S. investment in research to fight diseases that disproportionately affect the world’s poorest nations.

Campbell is an expert in domestic and intimate partner violence (IPV) and research in the area of domestic violence is important for the health, security, and quality of life of people in Maryland and all over the nation. Her work also plays a crucial role in boosting the economy of Maryland and maintaining America’s overall competitiveness. She and her peers were selected by an advisory council comprised of renowned leaders in science, public policy and communications, including four Nobel Laureates. Together they will meet with their policymakers to make the case for an increased U.S. investment in global health research through the examples of their own research.

“We have a new Congress and a new Administration. Now is the time when we can make a difference for global health research. These Ambassadors will be exceptional leaders in advocacy. Their example will serve as an inspiration for every global health researcher” said the Honorable John Edward Porter, chair of the Rogers Society Advisory Council and Research!America board chair. “Paul Rogers’ spirit lives on through the work of each of these Ambassadors. As he often said, without research, there is no hope.”

The Society was established in 2006 by Research!America with funding from the Bill & Melinda Gates Foundation. Research!America works with the Ambassadors to maximize the effectiveness of their outreach to policy makers, opinion leaders and the media.

Research!America is the nation’s largest not-for-profit public education and advocacy alliance working to make research to improve health a higher national priority. Founded in 1989, it is supported by 500 member organizations, which represent more than 125 million Americans. For more information, visit www.researchamerica.org.

Mobile Clinic Brings Health Services—and Hope—to Greenbelt’s Uninsured

Greenbelt, Md.—The Governor’s Wellmobile Program, a fleet of four 33-foot long vans equipped as traveling health clinics, opened its newest location March 9 at the Springhill Lake Elementary School in Greenbelt, Md. The clinic plans to offer services to uninsured members of the community from 9 a.m. to 3 p.m. the second and fourth Monday of every month.

The Wellmobile is run by the University of Maryland School of Nursing and operates on a combination of public and private funding. It uses family nurse practitioners to provide free primary health care services and social service referrals for uninsured and underinsured populations in Central Maryland, Western Maryland, and along the Eastern Shore. In 2008 alone, the program handled 7,514 patient visits, 45,084 case management and follow-up encounters, and helped hundreds of families apply for MCHIP. As the recession penetrates deeper into the economy and layoffs deprive more and more families of their health coverage, the Wellmobile has become a crucial safety net for the most vulnerable.

“There is a demonstrated demand for mobile services in Greenbelt,” said Rebecca Wiseman, PhD, RN, director of the Wellmobile Program and an assistant professor at the University of Maryland School of Nursing. “Many of these families were already vulnerable before the economic downturn, stepping in now is imperative if we want to avoid disastrous consequences.”

A December 2008 needs assessment revealed that nearly 40 percent of Greenbelt residents had no regular medical care due to lack of insurance, a scarcity of providers, and transportation barriers. The study, which was conducted by Bowie State University School of Nursing and the University of Maryland School of Social Work, recommended mobile health screening and support services as a solution. The Wellmobile fit the bill because it is mobile, designed to cope with the range of health-related needs encountered by low-income households, and has the multi-lingual staff that can best assist the area’s diverse Spanish and French speaking populations.
An agreement between Stevenson University and Montgomery College will ease the transition for Montgomery College nursing students interested in pursuing a bachelor’s degree. Officials from Stevenson and Montgomery College signed the articulation agreements in December.

Montgomery College nursing students can transfer up to 70 general education credits toward the 120 credit hours required for a Stevenson degree. Additionally, Stevenson University will award 30 upper division credits for students with an active registered nurse license. This marks the eighth community college in the state to articulate with Stevenson’s Nursing Division.

“We look forward to adding Montgomery College to our community college partners. This articulation makes it more convenient for students to continue their education and pursue a bachelor’s degree in nursing,” says Dr. Judith Feustle, Associate Dean for Nursing Education at Stevenson.

“We are excited about this partnership with Montgomery College,” says Dr. Kevin J. Manning, president of Stevenson University. “This agreement continues our commitment to make a college education more accessible to students interested in making a difference in their community.”

Stevenson University will offer some RN-to-BS classes at Montgomery College as part of its commitment to develop easy access to a bachelor’s degree for working nurses. Through partnerships with community colleges and an investment in distance learning technology, Stevenson has established itself as a leader in easing the nursing shortage in Maryland.

Montgomery College is a public, open admissions community college with campuses in Germantown, Rockville, and Takoma Park/Silver Spring, plus workforce development/continuing education centers and off-site programs throughout Montgomery County, Md. The College serves nearly 60,000 students a year, through both credit and noncredit programs, in more than 100 areas of study. Stevenson University is the third-largest independent, coeducational undergraduate university in Maryland.

Baltimore, MD—(April 06, 2009)—Dr. Marcella A. Copes, Dean of The Helene Full School of Nursing at Coppin State University, has been named as one of Maryland’s Top 100 Women for 2009.

Since 1996, The Maryland Daily Record newspaper has recognized high-achieving Maryland women who are making an impact through their leadership, community service and mentoring. An awards ceremony will be held for Dr. Copes and other 2009 honorees May 11, 2009 at the Meyerhoff Symphony Hall in Baltimore.

Dr. Copes, who has served as The Helene Full School of Nursing dean since 1999, also holds the rank of full professor. She is widely-recognized for her leadership and achievements in the areas of development, recruitment, and curriculum revision during her tenure as dean.

“I am proud to be able to influence and shape the lives of individuals who have made the decision to become a registered nurse, advanced practice nurse or Health Management Professional,” said Dr. Copes.

“It is an honor to be able to shape healthcare and health practice for this nation and influence nursing education, research and service,” Dr. Copes said. “I will continue to advocate prevention of urban problems through community participation and education.”

Dr. Copes has advanced Coppin’s nursing program on several fronts including a significant increase in financial support. She has secured more than $10 million in grants and federal, corporate, healthcare, and individual philanthropy. Other achievements include:

- Building the capacity and infrastructure by increasing the undergraduate enrollment from 150 to 500 and the graduate enrollment from 7 to 35.
- Implementing the State of Maryland and region’s sole baccalaureate Health Information Management program.
- Fostering community engagement, outreach, and commitment through the nursing school’s Nurse Managed Clinic located on Coppin’s South campus.

“On behalf of the Coppin faculty, staff and students, I am happy to extend hearty congratulations to Dr. Copes on receiving this outstanding recognition,” said Coppin’s President, Dr. Reginald S. Avery. “We are grateful for the creative leadership she provides the School of Nursing and her distinguished service to the University.”

Dr. Copes’ work experience includes service as the Assistant Dean of Nursing at Howard University (Washington, DC), faculty post at Howard and Delaware State University and staff or teaching positions at Kent General Hospital (Dover, DE), and the Hospital of the University of Pennsylvania School of Nursing.

She has received numerous awards and honors including Who’s Who in Nursing and Health Care in 2002, Howard University Merit Award for fiscal years 1995-96, 1996-97, and 1997-98, Delaware State University Faculty Merit Award, Excellence Award for Community Service, Delaware State University 1990 Who’s Who of Nursing Education, Marvin B. Sussman Dissertation Award in 1989, and was nominated by Dr. William B. DeLauder, President Delaware State University For the Governor’s Outstanding Volunteer Award in 1988. She received the Strattner-Gregory Scholarship in Child Development in 1986, and a University of Delaware Minority Fellowship from 1985-1987.

Dr. Copes serves currently as a consultant to nursing education programs in the areas of curriculum development and evaluation and clinical practice site selection. She has authored and co-authored numerous publications and served as a writer for the NCLEX State Board Test Pool Examination for RN Licensure.

Maryland’s Top 100 Women
### Barbara Smith Receives Prestigious Research Award

The Southern Nursing Research Society (SNRS) awarded Barbara Smith, PhD, RN, FACSM, FAAN, professor and associate dean for research at the University of Maryland School of Nursing and MNA member, its highest honor—Researcher of the Year—at its annual conference held recently in Baltimore, Md. The award recognizes the lifetime achievements of an individual whose established program of research has enhanced the science and practice of nursing in the Southern region of the United States.

Smith, an exercise physiologist, has spent much of her career studying the effects of exercise as an intervention for various patient populations. For many years, her research focused on the effects of aerobic exercise on cardiac patients. She later expanded her work to include other at-risk populations such as patients with diabetes, breast cancer, HIV, Parkinson’s disease, and other illnesses. More recently she has worked to improve the quality of life of people with HIV in sub-Saharan Africa and the Caribbean.

“Although we had a large number of outstanding applications for this year’s award, which speaks to the excellence and talent of our members, our reviewers were extremely impressed by Dr. Smith’s sustained work in the important areas of cardiovascular risk and HIV,” said Cindy L. Munro, PhD, RN, ANP, FAAN, chair, SNRS Awards Committee.

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<td>Phlebotomy &amp; IV Access Workshop</td>
<td>ANCC</td>
<td>University of MD Medical Center</td>
<td>410-328-7542 email: professional <a href="mailto:development@umm.edu">development@umm.edu</a></td>
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<td>May 22</td>
<td>Call</td>
<td>Adult/Geriatric Drug Therapy</td>
<td>ANCC</td>
<td>University of Washington</td>
<td>206-543-1047 email: <a href="mailto:CNE@washington.edu">CNE@washington.edu</a> web: UWCNE.ORG</td>
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<td>June 5</td>
<td>Shoreline Conference Center</td>
<td>Neuropsychotropic Drug Therapy</td>
<td>ANCC</td>
<td>University of Washington</td>
<td>206-543-1047 email: <a href="mailto:CNE@washington.edu">CNE@washington.edu</a></td>
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<td>June 20-24</td>
<td>The Westin Providence, RI</td>
<td>Primary Care Conference &amp; Women’s health Specialty Track</td>
<td>ANCC</td>
<td>Nurse Practitioner Associates for CE</td>
<td>508-907-6424 <a href="http://www.npace.org">www.npace.org</a></td>
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<td>Sept 30–Oct 4</td>
<td>Hyatt Regency Union Station St. Louis, MO</td>
<td>Primary care Conference &amp; Pediatric Specialty Track</td>
<td>ANCC</td>
<td>Nurse Practitioner Associates for CE</td>
<td>508-907-6424 <a href="http://www.npace.org">www.npace.org</a></td>
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<td>Oct 1–Dec 12</td>
<td>Call</td>
<td>RN Re-Entry Into Practice: A Unique Refresher Course</td>
<td>ANCC</td>
<td>Rutgers College of Nursing</td>
<td>www:nursing.rutgers.edu/cpd</td>
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<td>2009</td>
<td>Online Courses</td>
<td>Bioterrorism and Emerging Infectious Diseases Preparedness Nursing Care of Patients Living with HIV/AIDS</td>
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<td>Rutgers College of Nursing</td>
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New White House Council on Women and Girls: Supporting Women, Families, and Breastfeeding

by The United States Breastfeeding Committee

Washington, DC—On March 11 President Obama created the White House Council on Women and Girls with the stated purpose “to ensure that American women and girls are treated fairly in all matters of public policy.” During its first year, the Council will focus on formulating comprehensive, coordinated policies in the areas of women’s economic security, work-family balance, violence prevention, and healthy families and improved health care. The United States Breastfeeding Committee applauds the President’s recognition that issues like equal pay, family leave, and child care “are not just women’s issues, but family issues and economic issues,” and looks forward to working with the Council on policies that support women, families, and breastfeeding.

The evidence for the value of breastfeeding to children’s and women’s health is scientific, solid, and continually being reaffirmed by new research. The American Academy of Pediatrics (AAP) 2005 Policy Statement on “Breastfeeding and the Use of Human Milk” references a substantial body of evidence from over 200 articles that meet scientific standards for accuracy and rigor. AAP experts agree with the U.S. Department of Health and Human Services in recommending exclusive breastfeeding for six months and continued breastfeeding for the first year of life and beyond. Additionally, the comprehensive, objective review and analysis of breastfeeding research released in 2007 by the Agency for Healthcare Research and Quality strongly supports the evidence of health benefits demonstrated in the research:

- For the child: reduced risk of ear, skin, and respiratory infections, diarrhea, sudden infant death syndrome, and necrotizing enterocolitis; and in the longer term, reduced risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia.
- For the mother: reduced risk of breast cancer, ovarian cancer, and diabetes.

Yet the breastfeeding experience is valuable for so much more than the health benefits imparted by a mother’s milk: breastfeeding forms a bond between mother and child in a way that both nourishes and nurtures. But until American society genuinely recognizes the value of motherhood (and fatherhood), this factor will continue to be overlooked, and support for true work-family balance will remain elusive. The White House Council on Women and Girls’ unique opportunity to bring about significant progress in work and family policies in this area.

Likewise, breastfeeding is intimately linked with the focus area of women’s economic security. Many mothers find breastfeeding to be both cheaper and easier than buying and preparing formula, but working outside the home still presents a major challenge. Employment is one reason that the Center for Disease Control and Prevention recently found that 60% of women do not meet their own breastfeeding goals. Even fewer achieve the medically recommended goals for optimal breastfeeding. The U.S. is the only developed country in the world without paid maternity leave. In a few states, laws require worksite support for breastfeeding mothers in all types of jobs. But in most states, mothers who breastfeed must manage with little or no employer support, and currently most women just can’t afford to stay home when their babies are young.

The future prosperity of our country greatly depends on the productivity of women, as workers and as mothers. Women’s economic security and the health—emotional and physical—of mothers and families translate directly into the potential of our future workforce and the vigor of our economy. But the achievement of these goals requires genuine liberation and empowerment, which only come with a woman’s supported right to fulfill both her productive and reproductive roles. Just as importantly, the role of fathers and other family members in children’s lives includes supporting their mothers to breastfeed.

USBC Chair Joan Younger Meek, MD, MS, RD, FAAP, FABM, IBCLC affirms: “The White House Council is a laudable step forward in America’s acceptance of common responsibility for the welfare of all mothers and children. The United States Breastfeeding Committee calls upon all women—and men—to join in our efforts to develop an inclusive vision regarding family and work policies and to find ways to integrate breastfeeding with paid employment. Our work together can significantly improve women’s rights in the labor force, while also providing the support mothers and families desperately need.”

The USBC is an organization of organizations. Opinions expressed by USBC are not necessarily the position of all member organizations and opinions expressed by USBC member organization representatives are not necessarily the position of USBC.

Maryland nurses can with other leading evidence-based clinical guideline producers for a summit on June 4-5 to address the use of quality systematic reviews to inform evidence-based guidelines. Experts on the latest methods and practices for systematic review and guideline development will share successes, pitfalls, current challenges and future opportunities for evidence-based guidelines, and consider the role of clinical guidelines in the shifting federal debate about quality health care and comparative effectiveness. Participants will engage with guideline developers from multiple disciplines to consider:

- Can systematic reviews effectively inform guideline development?
- How do the methods used in such systematic reviews are of the highest quality?
- When can we build on existing reviews and when do we need to start over?
- Can we partner effectively with systematic review producers?

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US Cochrane Center to Present Stakeholder Summit in Baltimore on Using Quality Systematic Reviews to Inform Evidence-based Guidelines

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- Can we partner effectively with systematic review producers?

- Should guideline producers also conduct the underlying systematic reviews?
- What can systematic reviewers do to meet the needs of guideline producers?
- Standardization of the guideline development process: A step forward?
- What quality standards are available for adoption in producing guidelines?
- Cutting edge tools for grading the evidence.
- Who should be on the guideline development panel?
- How to engage participation from multiple specialties and from methodologists?
- How to integrate the patient perspective?
- Conflict of Interest: How to avoid it, or White House Council opportunity to prevent it?
- Promoting use of clinical guidelines

More information is available from Janie Gordon, USCC, 410-502-4641 or jlgordon@jhsp.edu.

Connie Delaney, PhD, RN, FAAN, FACMI
Appointed to the Health Information Technology Policy Committee

Connie Delaney, PhD, RN, FAAN, FACMI, dean of the University of Minnesota School of Nursing was appointed to the newly established Health Information Technology Policy Committee by Gene L. Dodaro, Acting Comptroller General of the United States. Dr. Delaney is one of 13 appointed to make recommendations for the policy framework for the development and adoption of a nationwide health information technology infrastructure. The policy will include standards for sharing patient information.

The American Recovery and Reinvestment Act required the Comptroller General to establish this policy advisory committee for 3-year terms. The first committee has staggered terms. Dr. Delaney will serve a one-year term.

Dr. Delaney is the only dean of a school of nursing to serve as board member for the American Medical Informatics Association (AMIA). She is a past chair of the AMIA Nursing Informatics Working Group and the Alliance for Nursing Informatics. She has held offices in national and international organizations including the American Nurses Association (ANA) and the International Medical Informatics Association.
10 Tips for Perfecting a Nursing Interview

by Susanne Gaddis, PhD, CSP

According to the 2008-2009 Bureau of Labor Statistics, in the next ten years almost 587,000 new jobs will open up in the health care field. Acing an interview is the gateway to the many opportunities that await you. Follow these ten tips for better interviewing and you’ll be on your way to landing your dream job.

1. Go the Extra Mile on Your Resume.
Your resume is the first impression a prospective employer has of you. Don’t blow it by submitting one that is incomplete. Make sure your resume is free of grammatical and spelling errors. Have a friend proofread your resume before your interview. Also, even if it’s not required, show you’re willing to go the extra mile by sending a cover letter along with your resume. Cathy Ivers, a nursing recruiter at Harborview Medical Center, one of the top hospitals in the nation according to the U.S. News and World Report, also recommends including clinical or employment performance evaluations, as well as references and letters of recommendations from managers. “We want applicants to list out their clinical experiences because it’s nice to see that they’ve had experience handling unique challenges at a place comparable to our environment,” she said.

2. Explain the Gaps.
Employers want to see a logical progression in your career. It shows that you are reliable and committed. If you have gaps in your resume, explain them in your cover letter and then later in your interview, even if your employer doesn’t ask. This keeps you from appearing like you are hiding anything.

3. Role-play.
Before the big day, practice what you’re going to say by staging mock interviews with family and friends. Practice answering common interview questions such as:

Tell me a little bit about yourself.
What would you say are your strengths? Your weaknesses?
What do you know about this organization?
Why are you interested in working here?
Why should we hire you?
Why is your family situation like?
Do you have children? If so, how many and how old are they?
Do you plan on having a baby within the next few years?
Do you own or rent your home?
What church do you attend?
Do you have any debt?
Do you belong to any social or political groups?
How much and what kinds of insurance do you have?
Do you suffer from an illness or disability?
Have you been hospitalized? What for?
Have you ever been treated by a psychiatrist or psychologist?
Have you had a major illness recently?
How many days of work did you miss last year because of illness?
Do you have any disabilities or impairments that might affect your performance in this job?
Are you taking any prescribed drugs?
Have you ever been treated for drug addiction or alcoholism?

While you can’t predict every question you’ll be asked during an interview, it may ease your mind to know that certain questions are off limits. According to a 2007 White Paper published by the HR Specialist, these include personal questions such as:

Are you married? Divorced?
If you’re single, are you living with anyone?
How old are you?
What is your family situation like?
Do you have children? If so, how many and how old are they?
Do you plan on having a baby within the next few years?
Do you own or rent your home?
What church do you attend?
Do you have any debt?
Do you belong to any social or political groups?
How much and what kinds of insurance do you have?
Do you suffer from an illness or disability?
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Do you have any disabilities or impairments that might affect your performance in this job?
Are you taking any prescribed drugs?
Have you ever been treated for drug addiction or alcoholism?

5. Put A Positive Spin On It.
So things at your last job weren’t perfect. Your boss was overbearing, you were always short-staffed because your colleagues never worked as hard as you. “An interview is not the time to air your dirty laundry,” said Charles Cheek, Clinical Manager at Wake Med Health System. He said that during an interview, you are trying to sell your talents and skills to the interviewer, so you need to be positive. “Tell the interviewer about your willingness to do what you’ve been told.”

Many interviewers purposefully ask tough questions to see how you’ll respond under pressure. Your future employer wants to know that if there’s an emergency, you’ll be able to keep your cool and maintain composure. When answering tough questions, keep your responses brief, following up with “did that answer your question?”

7. Show Your Interest.
Companies want a committed and motivated employee. Make sure your enthusiasm for the job throughout your interview.
Also, do your homework. Research the company by studying their Web site. Know what the exact qualifications are for the position and be prepared to demonstrate how you have exemplified them in the past. Make sure to point out any extra certifications you’ve completed. This demonstrates that you’ve actually taken steps to improve your potential.

Cheek shared an experience he had when searching for a job as a sales representative at a medical device company. “What do you know about our company?” was the first question he was asked. Luckily, Cheek had done his homework and had created a note card, which he studied for three weeks prior to the interview. Cheek knew not only the president’s name, but also was able to accurately identify the leader of each division. The response? The board saw that Cheek had done his homework and gave him the job.

8. Stay Focused
Leanne Marchiano, Human Resources Generalist at CSPI Health Facility Resources, encounters many candidates who get too comfortable in the interview and end up sharing too much information. “I recently interviewed a woman who worked at a well-renowned facility and I asked her why she was leaving her position. She told me she was on her third corrective action and she needed to get out before she got fired,” said Marchiano.

Be sure of the juicy details as they can hinder your professional credibility.

You are a stranger when you walk into an interview. The only information the interviewer has about you is from your resume. This is why interviewers feel more comfortable hiring you when someone within their organization can vouch for you. If you’ve worked with someone, ask him or her to give you a recommendation before the interview. Networking won’t get you the job but it will definitely give you a leg up.

10. Follow-up.
Not only is it polite to send a thank you letter, it’s expected. Use the thank you letter to your advantage. Graciously thank the interviewer for taking the time to meet with you. Jog their memory by including some of the topics you discussed, especially anything unique. Express your excitement and enthusiasm for the position. The letter could be the last contact you have with the company before they make their hiring decision. Putting some thought into creating a memorable thank you letter is a great investment of your time.

Land of Opportunity
Get excited. It’s a great time to interview in the field of nursing. Overall job opportunities abound and many places are offering signing bonuses, family-friendly work schedules and subsidized training. Secure these benefits and more by implementing these ten tips for perfecting your next nursing interview.

To contact Susanne Gaddis, PhD, CSP, professionally known as “The Communications Doctor” call 919-953-3237 or visit: www.communicationsdoctor.com
Men in Nursing: Addressing the Nursing Workforce Shortage and Our History

by Jennifer Bonair, RN, RN to BSN Student and Nayna Philipson, RN, JD, PhD

Helene Fuld School of Nursing, Coppin State University

As we all face a shortage of qualified RNs in the workforce, one of the proposals that we hear to solve this problem is to attract more men to the profession. The shortage is partly the result of about half of our population (males) feeling shut out. Men comprise only about 5.4% of the total nursing population now. Even if these men were recruited at the same rate as now and retained at the same rate as women nurses, their representation would grow in the future. That is because the average male nurse is younger than the average female RN. The average age of the RN population in the United States is 45.2 years, and only 9.1% of all RNs are under the age of 30. About 38% of male RNs are under 40 compared with 31% of female RNs. Twenty-one percent of male RNs are 50 years of age or older, compared with 34% of female RNs.

This is an urgent issue. In January 2006, one out of three nurses under the age of 30 in the United States plans to leave their current employment within one year, and the workforce is clearly aging (Blais, Hayes, Kozier, & Erb, 2006). In 2007 the percentage of male graduates in nursing did not increase compared to 2006, but held steady at 12 percent. If the total population of men in nursing was the same as women there would be no nursing workforce shortage.

Many of us fail to realize that in recruiting more men to nursing, we are also dealing with the past. As William Faulkner said, “The past is not dead. In fact, it is not even past.” We have to identify and address that past. What are the reasons why men decide not to go into nursing as a profession open to all qualified and motivated future nurses.

Like teaching, nursing was primarily a male profession throughout early history, before it became “maternal” around the beginning of the twentieth century. Then a pattern of gender segregation and subsequent stereotyping began.

In the Parable of the Good Samaritan, Jesus mentions a male innkeeper being paid to nurse an injured man. Nursing schools were for men. In 1783 mention the Alexian Brothers nursing school which opened in 1866 for men; 2 We should all eliminate use of the term “male nurse” and just refer to all nurses as nurses. 3. Identify and eliminate references to the stereotype of nursing as a feminine profession in our daily practice, and protest when it is done in the media; 4. Schools and professional associations should focus on recruiting men into the profession; and 5. Fight the isolation of men that comes with being a minority by supporting peer groups and mentoring for our male nursing students and nurses.

Some actions to promote equity and diversity in nursing and health care in our communities, including advocacy for men as professional nurses, are actions that an individual nurse must take, such as recognizing references to the stereotype of the female nurse at the workplace, and objecting when we hear a comment such as, “Male nurses are good because they can lift patients.” Other actions require us to work together as an authoritative group, for example, by joining organizations such as ANA and the Maryland Nurses Association (MNA). This is the way that individual nurses can contribute to actions such as working with representatives of the media to promote a non-discriminatory image of nursing, or with the Maryland legislature to support workforce diversity. The MNA Center for Ethics and Human Rights is an example of a Maryland group that is ideally located to address the nursing workforce shortage while they promote equality and human rights.

References

The MNA Center for Ethics and Human Rights is working to develop a course on Cultural Competency for Maryland Nurses and Healthcare workers, to comply with requirements developed by the Department of Health and Mental Hygiene pursuant to legislation from Delegate Shirley Nathan-Pulliam this year. The Center is also developing resources on cultural competence for men nurses. Pictured here are: front row Dr. Kathy Galbraith and Tina Reinecker; back row left to right, Kier Reid Young, Jacqueline Thomas, and Doris Scott

The American Nursing Association is one of the oldest nursing organizations. In 1912, the Nurse’s Alumni (female) was changed to the American Nursing Associated Alumnae (female). In 1911, the Nurse’s Alumnae (female) was changed to the American Nursing Association. The American Nursing Association is one of the oldest nursing organizations. In 1911, the Nurse’s Alumnae (female) was changed to the American Nursing Association (ANA). This is the way that individual nurses can contribute to actions such as working with representatives of the media to promote a non-discriminatory image of nursing, or with the Maryland legislature to support workforce diversity. The MNA Center for Ethics and Human Rights is an example of a Maryland group that is ideally located to address the nursing workforce shortage while they promote equality and human rights.

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Cesarean Surgery Rates Rise to Historical Levels

In spite of increasing research evidence about the risks of cesarean surgery, the Center for Disease Control and Prevention (CDC) announced that the United States cesarean delivery rate rose 2 percent in 2007, to 31.8 percent, marking the 15th consecutive year of increase and another record high (National Center for Health Statistics, 2009 March 18). The announcement comes after the New England Journal of Medicine (NEJM) published significant findings from research conducted by Tita, Landon, Spong, Lai, Leveno, Varner, and others. This study reinforces previous studies and found that birth by cesarean surgery before 39 weeks of pregnancy causes increased complications in newborns (Tita, Landon, Spong, Lai, Leveno, Varner, et al., 2009). Of the babies in the Tita study born before 39 weeks, more than 26% had complications, including the need to be on a ventilator, respiratory distress syndrome, low blood sugar and severe infection (Tita, et al., 2009). Health care practitioners cannot determine a baby’s due date with 100% accuracy. Cesarean surgeries scheduled before a woman’s estimated due date could result in a baby born as early as 36 weeks to a few days before the baby is actually due. The last few weeks of pregnancy are critical for lung development, including shifting lung cells from fluid producing cells to fluid absorbing cells (Lamaze International, 2009).

In 1985, the rate of cesarean section delivery in the United States was 4.5 per 100 deliveries. That was the first year cesarean section rates were measured. In 1985, the rate was 22.7 percent (Taffel, Placek, & the first year cesarean section rates were measured. In 2009, the rate is more than one of every four babies. Cesarean surgery is major abdominal surgery. It raises maternal risks for blood loss, clotting, infection and severe pain. Surgery poses future risks, such as infertility and complications during future pregnancies including stillbirth and placental problems like preeclampsia and accreta, which can lead to excessive bleeding, bladder injury, hysterectomy and maternal death. The research is clear, however, that when medically necessary, cesarean surgery can be a lifesaving procedure for both mother and baby, and worth the risks involved.

As the cesarean surgery rate has risen, so has the rate of pregnancy-associated deaths. In 2003, the rate was 13 per 100,000 live births. That was the first time it exceeded 10 per 100,000 since 1977. The rate rose to 14 per 100,000 in 2004, or 540 reported pregnancy-related deaths. National Center for Health Statistics researchers, who reported the maternal mortality trend in August, attribute the increase mainly to better reporting of pregnancy-related deaths, not greater actual numbers. But activists opposed to the growing use of C-sections and some doctors say the increase is probably the result, at least partly, of the increase in surgical deliveries (Rubin, 2008).

“Overuse of cesarean surgery complicates the otherwise natural process of birth,” says Lamaze Institute Chair Debra Bingham, MS, RN, DrPH, LCCE. “Allowing the natural process to occur not only reduces risks for mothers in this and future pregnancies, but also reduces health risks for her baby (Lamaze International, 2009).”


For Everyone’s Health, Greener Hospitals are Catching On

by Sara Michael
Examiner Staff Writer 12/19/08

Paxson Barker spent more than a decade as a nurse scrubbing down the cardiac catheterization lab with harsh cleaning products that left her with severe asthma and a debilitating airway disease.

Now Barker, a Ph.D. student at the University of Maryland School of Nursing, is spreading the word about these harmful chemicals and the need for hospitals to adopt greener cleaning practices.

“If you start educating people and giving them knowledge to make good decisions, they don’t want to ruin their lungs or get cancer,” Barker said.

Maryland hospitals are on the forefront of a movement to reduce waste, eliminate toxic chemicals and raise awareness for healthier health care.

At the University of Maryland School of Nursing’s Environmental Health Education Center, director Barbara Sattler and her colleagues are researching and educating health care professionals on environmental health.

“We need to make changes in what we purchase and how we clean,” Sattler said.

Barker said she often hears some concerns that changing cleaning methods will compromise the sterility of the hospital. But, Barker points out that not everything has to be disinfected.

“When was the last time we put patients on the floor? Do we have to disinfect it or clean it?” she asked.

At the University of Maryland Medical Center, staff have made broad changes to the cleaning products.

Staff no longer use aerosol cleaners and have switched to microfiber mops that track less dirty water. They also have opted for less toxic cleaners and even have added longer carpets to entryways to catch dirt, said Denise Choiniere, a nurse and environmental health coordinator for the hospital.

“I think it’s just a different mindset,” she said.

Infection control is the No. 1 priority, she said, but that can be done with less-toxic chemicals.

Like several others in the area, the hospital has also worked to reduce waste and up recycling, Choiniere said.

Using less-toxic cleaning practices isn’t more expensive and can make a big difference in the health of the patients, staff and environment, said Joan Plisko, technical director for the Maryland Hospitals for a Healthy Environment, which helps hospitals adopt more sustainable practices.

More hospitals are demanding green cleaners from their vendors, Plisko said, and eventually it will be standard practice.

“The whole greening of America is based on education,” said Barker. “Once we show people what these chemicals cause, they get on board.”

This article is reprinted with permission from the author, Sara Michael. It was first published in The Baltimore Examiner on December 19, 2008. For related articles see www.baltimoreexaminer.com

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Practice News
Nominations for State Office

The Maryland Nurses Association’s Committee on Nominations is seeking candidates for two officers for the 2009 election.

First Vice President: The First Vice President shall assume all duties of the president in the absence of the President and to designated committee. The term of this office is 2 years.

Treasurer-Elect: The Treasurer Elect shall serve as a member of the Finance Committee, member of the Board of Directors and member of the Executive Committee.

Members interested in running or would like to submit a nominee for either of these offices must complete and return the following consent to serve form. All nominations are due in the MNA office to the attention of the MNA Nominating Committee at least 60 days prior to the MNA Convention. Deadline for nomination August 8, 2009.

Consent To Serve Form

If you wish to run for office, please fill out this form and return it to the MNA office.

Please print or type

Name______________________________ MNA Membership No.__________________

Address______________________________

City____________________ State________ Zip_______

Home phone________________ Work phone________________

Email______________________________

I want my name on the ballot for ___________________ Area of practice____________

Education (Please check those levels you have completed and indicate degree)

☐ Diploma  ☐ Associate Degree  ☐ Baccalaureate (Specify BSN / BA)

☐ Master’s (Specify MSN / MS / MA)  ☐ Doctorate (Specify PhD, EdD)

☐ Certification (Specify CS/ CNAA etc)____________ Area of Certification____________

Current offices you hold in nursing organizations (specify local, state, national)____________

_________________________________________________________________________

I am currently a member of MNA District #__________________

If elected to the above office, I promise to serve MNA to the best of my ability in the promotion of the platform adopted by the MNA membership in the best interest of nurses and nursing in Maryland.

_______________________________________________________  ________________________
Signature Date

Please submit this form plus 1) A description (200 words or less) about why you are interested in serving and what qualifies you for the office, 2) A copy of your curriculum vitae or resume and 3) An endorsement from your district signed by the District President or Chair.

Return to:  Maryland Nurses Association Nominating Committee
21 Governor’s Court, Suite 195, Baltimore, Maryland 21244-2721

MNA President Rosemary Mortimer and the Board of Directors have announced that Dee Jones, MSN, RN, has been appointed Chair of the MNA Workforce Advocacy Committee. Dee is a care coordinator at Veterans Affairs Medical Center in Perry Point. She is also a musician, internationally known as the composer of “Nurses’ Anthem.” Nurses interested in working with this committee should contact Pat Gwinn at MNA, tel. 410-944-5800.

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MSN/MPH • MSN/ MBA • MSN/PhD
Nurse Practitioner
Public Health Nursing
Women’s Health Clinical Nurse Specialist/Nurse-Midwifery
In collaboration with Shenandoah University Division of Nursing
Health Systems Management
Emergency Preparedness/Disaster Response
Clinical Nurse Specialist
(Including Forensic, Gerontology, Oncology, Infectious Disease, and others)
Doctor of Philosophy in Nursing (PhD)
Doctor of Nursing Practice (DNP)
Welcome New & Reinstated Members

**District 1— Allegany & Garrett Counties**
Lori Johnson
JoAnne Lease
Christine L. Ruhl

**District 2— Carroll, Baltimore, Howard Counties & Baltimore City**
Sherryl Gussio Amoyal
Jylla Deane Artis
Archiena R. Beaver
Anna L. Brown
Clarissa Banales-Vinhvan
George Clifton Carter
Tannya O. Coleman
Angela R. Davis
Karen E. Doyle
Frances Donahue Finley
Nancy Niesz Funk
Elizabeth Gibbs-
Nancy Glass
Romanowski
Claudia Marie Handley
Susan C. Immelt
Karen R. Keim
Bridget Anne Kelsey
Leslie Michelle Leggett
Megan Christine Mann
Dana Lawler
Patricia C. McMullen
Noah Miller
Rockelle Newcastle
Geweika L. Nobles
Marie Therese Nolan
Karen E. Doyle
Frances Donahue Finley
Tannyka O. Coleman
Angela R. Davis
Clarissa Bunales-Vinluan
George Clifton Carter
Michelle M. DeJesus
Jane C. Holden
Michelle M. DeJesus
Jane C. Holden
Dana Lawler
Kathy Jo Bertelsen Keever
Patricia C. McMullen
Regina Peck
Kimberly Andrews
Stauffer

**District 3— Anne Arundel County**
Cynthia Bennoff
Kathy Jo Bertelsen Keever
Patricia C. McMullen
Regina Peck
Kimberly Andrews
Stauffer

**District 4— Kent, Queen’s Anne, Caroline, Talbot, Dorchester, Wicomico, Somerset, Worcester Counties**
Mary Buchanan
Susan Lewis
Gloria Peithman

**District 5— Montgomery and Prince George’s Counties**
Marcella A. Copes
Prosper Komla Dor
Annette Jackson
Brenda Knopp
Adora U. Nnanna
Deborah L. Parham
Theresa S. Robinson
Hopson
Vicky Ann Taheri

**District 7— Harford and Cecil Counties**
Michelle M. DeJesus
Jane C. Holden
Donna Lynn Seigler
Amy Young

**District 8— Frederick County**
Alvina M. Bass
Susan Hetzer
Mildred A. Kashmere
Billie Wooten Lyons
Victoria S. Nelson
Juliana L. Tier
Susanne E. Wise-Campbell
Cheryl N. Wyatt
Connie Renee Wintering

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**MEMBERSHIP APPLICATION**

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<th>Reduced Membership Dues</th>
<th>Special Membership Dues</th>
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**MEMBERSHIP VARY BY STATE**

District Full Membership Dues Reduced Membership Dues Special Membership dues

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# Member Benefits

- **Reduced Membership Dues**
  - $221.00
  - $209.50

- **Special Membership Dues**
  - $234.00

**Annual EDPP**

- $20.00
- $20.00
- $20.00
- $20.00
- $20.00
- $20.00
- $20.00
- $20.00
- $20.00

**Make checks payable to:**
American Nurses Association
8515 Georgia Avenue, Suite 400
Silver Spring, Maryland 20910-3492