Clinical Simulation: The Future of Nursing Practice and Education!

Within the health care community, there is a heightened awareness to promote patient safety by improving the clinician's ability to perform higher-level functions such as critical thinking, communication, and teamwork. Clinical simulation, a strategy to teach, train and evaluate clinicians, utilizes devices and equipment that mimic specific clinical scenarios. It is applicable across a wide range of settings including hospitals, community agencies and nursing education programs and varied situations including ACLS training, low frequency/high risk situations, and orientation.

This conference will address the methodologies, utilization and implementation of clinical simulation and its impact on patient safety and quality health care. National and local experts will awaken your interest, challenge your curiosity and expand your knowledge. There will be opportunities to meet with a wide variety of exhibitors and poster presenters and experience the latest state-of-the-art simulation equipment.

Join us.

Call for Posters

All conference participants are welcome to contribute posters. Posters will be displayed near the exhibitors so that all who attend will have an opportunity to see them.

Go to www.MARNonline.org and fill out the poster submission form by September 12, 2008. Guidelines for poster submission will also be available online.
Breakout Sessions

A. Think Big, Start Small: Integrating Simulation throughout the Curriculum
   Judith Healey Walsh, MS, RN

B. Simulation Educators: Step by Step Strategies for Successful Development
   Clare Lamontagne, MS, RN, CNE

C. Quality and Safety Education for Nurses (QSEN): Integration into Simulation
   Carol Durham, MSN, RN, EdD(c)

D. Pretending Never Felt So Real: Simulation and Pediatric Staff Development
   Lindsay Gainer, RN, MSN, CPON and Marcie Brostoff, RN, MSN

E. Don’t Make Your Manikin a Dnr: Strategies to Overcome Barriers to Implementation
   Stephen Donahue, BS, RRT

F. Geriatric Simulation: Moving Education to Practice
   Carol Durham, MSN, RN, EdD(c)

G. Debriefing: A Reflective Process to Enhance Clinical Practice
   Jeanne McHale, MSN, RN and Beth Nagle, MSN, RN

Clinical Simulation Faculty

Marcie Brostoff, RN, MSN
Director of Staff Development,
Children’s Hospital, Boston

Janis Childs, RN, PhD
Associate Professor and Director,
Learning Resource and Simulation Center,
University of Southern Maine, College of Nursing and Health Professions

Stephen Donahue, BS, RRT
Director, Simulation Center, Hartford Hospital

Carol Durham, MSN, RN, EdD(c)
Clinical Associate Professor,
Director of Clinical Education and Resource Center University of North Carolina at Chapel Hill

Lindsay Gainer, RN, MSN, CPON
Nurse Manager, Children’s Hospital, Boston

Judith Healey Walsh, MS, RN
Director, Center for Clinical Education and Research, College of Nursing and Health Science, University of Massachusetts, Boston

Clare Lamontagne, MS, RN, CNE
Professor of Nursing, School of Nursing, Springfield Technical Community College

Jeanne McHale, MSN, RN
Clinical Nurse Specialist, Massachusetts General Hospital

Beth Nagle, MSN, RN
Clinical Nurse Specialist, Massachusetts General Hospital

Daniel Raemer, PhD
Associate Professor of Anesthesia, Harvard Medical School, Bioengineer, Department of Anesthesiology and Critical Care, Massachusetts General Hospital, Research and Development, Director, Center for Medical Simulation

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MARN, RISNA, and other ANA Members $90
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Select your Breakout Session preferences below.

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Toni Abraham MSn, APRN-C

Since becoming MARN president I had the privilege of being part of the Massachusetts delegation to the ANA biennial House of Delegates (HOD) which took place in Washington DC from June 24 through 27. Attending this gathering was a great experience. I met so many outstanding and knowledgeable nurses. Other MARN ANA Delegates who joined me included Judy Sweeney, Myra Cacace, Anne Manton, Jeanne Gibbs, Gayle Peterson and Mary Manning. Many amendment proposals caused lively discussion throughout the week as more than 600 members struggled to come to consensus on the important issues about the future agenda and direction of the ANA. As a novice participant, I marveled at the enthusiasm and commitment I witnessed in the few days I was there.

Much to our pleasure, an amendment passed that allows for a ‘recent graduate’ (someone who has graduated within five years of taking office) to run for an ANA Director position. This new policy will go into effect at the close of the 2010 House of Delegates meeting.

One of the truly wonderful experiences I had while in Washington was to get off the Metro at DuPont Circle and see a beautiful poster calling attention to ANA's Safe Staffing Campaign. Safe Staffing Saves Lives is a national campaign launched by the ANA to help fight for safe staffing legislation. For more information on ANA’s safe staffing campaign and to send a letter in support of safe staffing legislation to your Member of Congress, please visit www.safestaffingsaveslives.org.

Closer to home, the compromise to MA Safe Staffing Bill No. 2805, was passed from the State Senate to the House in mid-July by a vote of 23-13. We thank the Senators who supported the compromise on patient safety. For up to date information, please visit our web site at http://www.MARNonline.org. Make calls to your local Senator and House Representative to do your part in making Massachusetts a safe place for patients and nurses in the hospital setting.

Special guest addresses the crowd. Urges support for the Democratic candidate for President.

Now that summer has ended I wish you all a happy and productive autumn. Remember, the MARN Board of Directors meets every month and we are working hard to represent all nurses toward reaching our common goals. Please feel free to contact us at info@MARNonline.org or visit our website at www.MARNonline.org.
The Massachusetts Association of Registered Nurses was well represented this year at the ANA House of Delegates (HOD) meeting. In addition to the elected delegates, many other members were present filling important non-delegate roles. Barbara Blakeney, MSN, RN, immediate past President of the ANA, was in attendance. She was always available to lend her support and share her history, wisdom and experience with us. The MARN delegation is proud that Barbara is from Massachusetts as she exemplifies leadership, courage and a strong commitment to our profession. Her love for nursing shines through in all her endeavors. Her presence brings a calmness and comfort to those around her.

Mary Manning, MSN, RN, Executive Director, had a non-voting seat at the Massachusetts table with the MARN delegation. Mary brought years of experience attending past House of Delegates meetings and a wealth of knowledge on the process with her. She prepared the delegates over several months before the actual HOD meetings to insure that we were ready to go full steam ahead once in session. She was always readily able to assist us and encouraged our growth in this important role as a delegate.

Karen Doley, RN, MS, MPH, PhD(c), was present as a candidate for the ANA Board of Directors. The entire delegation was excited to be involved in her campaign. Indeed, Karen not only won the election but “tapped the ticket”. It was a pleasure to campaign for her. Most delegates were already familiar with her and admired her for her strong leadership and commitment to our profession. Many had heard her speak in their home state on the issue of needle stick injury prevention. Karen brought years of experience attending past House of Delegates meetings and a wealth of knowledge on the process with her. She prepared the delegates over several months before the actual HOD meetings to insure that we were ready to go full steam ahead once in session. She was always readily able to assist us and encouraged our growth in this important role as a delegate.

Rachel Spector, RN, PhD, CTN, MARN member, was the recipient of one of the thirteen awards presented this year by the ANA. The Massachusetts Delegation was present to see her receive the “Honorary Human Rights Award.” Mary Manning, MSN, RN, CRRN, CNA, a member of the MARN nominating committee, was present in her position as the current national President of the Association of Rehabilitation Nurses.

Cidalia Vital, RN, MSN, CNL, Vice-President of MARN, was present in the capacity of an ANA Credentialing Committee member. Approximately 600 elected delegates were present at this House of Delegates. Only duly elected, credentialed delegates are allowed on the floor of the house to vote. The Credentialing Committee is charged with insuring through a thorough document review that each delegate is properly credentialed. The badges worn by each delegate throughout the HOD meetings allows them entry to the house with voting privileges. This is an important and interesting role!

Maryjoan Ladden, PhD, RN, FAAN is a MARN member and Peer Reviewer on the MARN Accredited Approver Unit. She is currently the Chief Programs Officer at the ANA and the Credentialing Committee member. Approximately 600 elected delegates were present at this House of Delegates. Only duly elected, credentialed delegates are allowed on the floor of the house to vote. The Credentialing Committee is charged with insuring through a thorough document review that each delegate is properly credentialed. The badges worn by each delegate throughout the HOD meetings allows them entry to the house with voting privileges. This is an important and interesting role!

It was an exciting time at the House of Delegates meetings.

Cynthia LaSala, MSN, RN, member of the MARN Mentoring Task force, Lindsay Gainier, RN, MSN, CPON, MARN Secretary, and Trish Bowe, RN, MS, MARN Treasurer attended the ANA Center for Nursing “Lead Conference” which was held during the House of Delegates.

It was an exciting time at the House of Delegates and one that I was honored to attend as one MARN member in the presence of so many members who give so much of their time and selves to work for the nurses of Massachusetts.

During the American Nurses Association (ANA) 2008 Biennial House of Delegates meeting in Washington, DC, the week of June 23, 2008, ANA placed the advertisement below at the Dupont Circle metro station to bring attention to ANA’s Safe Staffing Campaign.

Staffing ratios should be required by legislation but the number itself must be set at the unit level with Registered Nurse input, rather than by the terms of the legislation.

For more information on ANA’s safe staffing campaign and to send a letter in support of safe staffing legislation to your Member of Congress, please visit www.safestaffingsaveslives.org.
Preserve Your Roots
by Myra F. Carace, MS, GNP-BC

I was sitting in my friend’s garden last weekend meditating on the beauty of the flowers. Telling me what is involved in having such a beautiful garden to enjoy, she remarked that most of the work is done in the Spring and in the Fall. Starting in September she will dig up most of her plants and split them, being sure to keep the roots intact, and replant the parts in new places. Glad that it is not my job to do this, I listened instead to her excitement about the importance of preserving our roots in order to have a firm ground from which to travel and to ensure our growth throughout our lives.

This summer has been fraught with such rooting experiences. In June I said goodbye to one of my closest friends as he lost his blessedly short battle with cancer. At age 59, a husband and father of two daughters (and one of the best people I know) showed us all the importance of having deep roots in his faith in God. He and his wife, (whom he so deeply loved, the people I know) were so brave and often spent time encouraging and supporting us through his ordeal.

In June I had the opportunity to attend the ANA’s National Assembly in Washington, D.C. One of the great experiences was having the opportunity to tell another nurse about how she is one of the anchoring roots in my life. Here’s the story: I attended a nurse practitioner conference in 1999 where the keynote address was given by the ANA President, Beverly Malone. She was the first person to clearly explain the importance of belonging to your professional organization, especially ANA. I actually joined ANA that day and I told Dr. Malone that because of her, I was now a delegate and active member of MARN and that she made a big difference in my life. Her eyes became a bit teary, she kissed me on both cheeks and said “thank you.”

Also at the House of Delegates I ran into one of my nursing professors from 32 years ago in New York. She said she was really surprised to see me (I was 19 years old and really nervous and clumsy in those days). She went on to tell me she still treasured the time we spent doing a course in psychiatry and for being one of the roots of my nursing career. Hopefully this clumsy novice has learned a thing or two in the last 30 years.

On a more personal note I say farewell to my good friend and mentor, Bonnie L. Sharp who was involved to Culpepper, Virginia at the end of August. All the nurses in Massachusetts who have had the opportunity to work with and learn from Bonnie surely knew that even in her retirement, Massachusetts’ loss is Virginia’s gain. Bonnie is one of the strongest roots I have to nursing and in life and I know we’ll continue to be friends and see each other as much as ever in the coming years.

Speaking of knowing about our roots make sure you read Clo’s corner by Mary Ellen Doona on page 10. I am thrilled that she brings our nursing history alive in such a meaningful way.

So far I have received only positive comments about the new style for the newsletter. Remember, I am still an editor to be kind to my mentor. Just pick up your digital camera and snap a few pictures from your worksite or your neighborhoods that show your roots in the field of nursing. This great community that is our newsletter team will even publically acknowledge the picture as yours! With your help I am hoping to provide snapshots of a variety of settings that show our roots in nursing. Also watch for a postcard to be inserted into the packet that will allow the newsletter committee to collect your photographs. newsletter@MARNonline.org (deadlines to submit pictures: 9/11, 11/1, 2/1 & 5/1)
Introducing New MARN Board of Directors

Secretary
Lindsay L. Gainer, RN, MSN, CPON has served as a MARN Board Member since the fall of 2007. Lindsay comes to us from the North Carolina Nurses Association where she served as a Regional Director on their Board of Directors from 2005-2007. She strongly believes in the collective voice that state nursing organizations and the American Nurses Association provide to our profession. She enjoys serving on the Board of Directors of MARN and giving back to the nursing profession.

Directors
Susan L. Conrad, RN, PhD has been a nurse educator for 35 years. She is dedicated to helping nurses advance their professional development. “Professional organizations, such as MARN, offer a safe and nurturing environment for growth and self-fulfillment. As a member of the Board of Directors, I hope to help shape nursing’s future and the leaders of tomorrow.”

Barbra J. Gray, RN, BSN believes that nursing is a field that affects all realms of spiritual, physical and mental life. As a new graduate Board member, she was exposed to the background of health care in which nursing plays a significant role. “This has enlightened me on how nurses can make a difference.” She believes that it is part of the role of a nurse to become involved in professional organizations that empower nurses to advocate for our profession.

Anne P. Manton, PhD, APRN, FAAN, FAEN thinks that the myriad of issues that confront today’s health care in general, and nursing in particular, will need care. “Thank you for your support of the Minimum Wage. It is that he will continue to fight for those interests that he has held near and dear his entire career. Ted Kennedy, like his grandfather “Honey Fitz” Fitzgerald, has a special place in his heart for working men and women. He has spent his career trying, through legislation and public policy, to make sure working people get a fair shake. It’s been Ted Kennedy who has pushed, sometimes for years at a time to improve the minimum wage, to enhance Head Start, and early childhood education. It’s been Ted Kennedy who has worked for decades to improve access to health care. Nursing simply cannot have a better friend. Time after time he has taken on the hard issues. He simply will not give up. He is called the liberal lion of the Senate and he has clearly, over a 40 plus year career earned the title. Orrin Hatch, the conservative Senator from Utah who has become a good friend, has said he ran for the US Senate to take on the Ted Kennedy’s and found himself working with him. Senator Hatch has written a song about his friend that was played at the Democratic Convention in August 2008. Imagine that, a conservative Republican penned a song honoring his liberal friend and it he played at a Democratic convention. Senator Kennedy once said of his friend Senator Hatch, “When we co-sponsor a bill people just assume that one of us hasn’t read it.” It’s a testament to both that good people can reach beyond bare knuckle politics and create change.

Ted Kennedy is a master at building bridges. He is the embodiment of the saying “Politics is the art of the possible.” If this is the case then Ted Kennedy is a true artist who, through his skill and commitment has made many things possible. Were I to chronicle his accomplishments I would need this entire issue to do so. No one works harder in the Senate than Ted Kennedy. In all the times I’ve met him and spent a bit of time with him, I’ve never actually thanked him for all he has done and all he has tried to do. I should. In this day and age we are quick to voice our displeasure and slow to share our praise.

Somehow I can’t help thinking your grandfather is proud as well. I should. In this time at each stop to shake the hands of the workmen on their way home, still in their work clothes, often covered in dust and dirt. They’d doff their caps and try to wipe their hands on their pants before shaking the Mayor’s hand. Hard working men surprised and pleased that the Mayor would stop and talk with them. I told him that my grandfather thought that any politician who would do that was a good man “of the people.”

His face broke into a wonderful broad smile and he took me aside and treated me to several stories about his grandfather. He described how as a boy it was his job to ride off on his bicycle each day to get all the Boston papers and in those days the papers were “two a day” so his trip was both morning and evening. He told me how his grandfather loved to travel about the city and meet people, how he never seemed to tire of the people of the city and how sometimes his grandfather would take him along. He was animated and a good story teller, but his assistant was becoming anxious because he was now late for his appointment. He seemed not to notice and as we shared stories about our grandfathers I appreciated more than ever the commitment, passion and tenacity of the man who has been my United State Senator the majority of my life.

Ted Kennedy is in the fight of his life—for his life and if we know anything about our Senior Senator it is that he will not give up. He is called the liberal lion of the Senate and he has clearly, over a 40 plus year career earned the title. May you continue to represent Massachusetts in the United State Senate for many years more with the same skill, humor and resourcefulness you always have.

Consider Me
I am frail
I am an orchid
I am a buffalo
I have a hump
I am sacred to God

Consider me
Consider me
Please consider me

I don’t hear well
I have no teeth
I can’t see now
Yet I am here
Please consider me

When I struggle to look into your eyes
I know
Whether you are really here, or not...
Please touch me with tenderness
Please handle with care

I am old
I used to be you
You will be me
We are here together.
Years tell us the truth...
Always

I am frail
I am an orchid
I am a buffalo
I am more human than I’ve ever been
Diane Findlen Garrow
Expansion of Mandated Mental Health Benefits Signed by Governor Patrick, August 5, 2008

by Craven & Ober Policy Strategists, LLC

The Massachusetts House of Representatives on June 30th overwhelmingly passed the Mental Health Parity House Bill 4423. The Bill was introduced by the House Chair of the Joint Mental Health and Substance Abuse Committee, Representative Ruth Balser (D-Newton) and it builds on the first Massachusetts Mental Health Parity Law which gave full coverage to “biologically-based” mental disorders, such as neurodegenerative disorders. The Massachusetts State Senate before the end of the formal session on July 24th, voted to pass the measure as Senate Bill 2840 and sent it to the Governor’s desk. Having the Governor sign the bill into law August 5th, this new law will take effect July 1, 2009.

In 2000, the Legislature passed, “An Act Relative to Mental Health Benefits,” now referred to as the Mental Health Parity Law (MHPL). The original MHPL designates the following mental disorders as biologically-based: schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder, delirium and dementia and affective disorders. It requires private insurers, Blue Cross/Blue Shield and HMOs to cover treatment of mental health conditions on a non-discriminatory basis, compared to coverage for “physical illnesses.” The law also applies to health plans offered to state employees and retirees of the Group Insurance Committee. The law does not apply to so-called “self insured” plans governed by federal ERISA law.

Since 2000, a number of issues have arisen. The Department of Mental Health was authorized by the Legislature, in consultation with the Division of Insurance, to add to the list of “biologically-based” illnesses that are covered services, but unfortunately, prior Administrations have been unwilling to do so. Health Law Advocates together with a number of organizations and advocates, mindful of this provision, petitioned the Commissioner of Mental Health back in 2004, specifically requesting that eating disorders be added to the list of biologically based illnesses.2 The petition was unfortunately dismissed, leaving the question of whether eating disorder treatment was a service covered by Massachusetts carriers. The original MHPL left out coverage for eating disorders, post-traumatic stress disorder (specifically mentioning rape) and substance abuse.

This new law, passed with the advocacy of mental health professionals including psychiatric clinical nurse specialist members of NURS, updates the current list of nine biologically-based conditions covered by the 2000 law, to include coverage of these three additional conditions. Furthermore, the bill expands mental health coverage for children diagnosed with autism. This represents a significant expansion of mandated mental health benefits in the Commonwealth since the MHPL was enacted. “As a psychiatric nurse clinical specialist, I am pleased that Mental Health Parity, which was first adopted in the year 2000, mandating insurance coverage of biological psychiatric disorders same as physical illnesses, will now also include Eating Disorders, Post Traumatic Stress Disorder, Substance Abuse and Autism. It is vital that anyone experiencing a mental health illness have access to treatment without having to worry about their insurance coverage," said Representative Kay Khan (D-Newton), Representative Mary Grant (D-Beverly), also a psychiatric clinical nurse specialist serving in the Massachusetts House of Representatives noted, “We continue to move closer and closer to understanding through our payments and our policies that mental health is an integral part of the overall health and functioning of every citizen. Expanding what is covered helps us move forward.”

In addition, the new law provides a significant regulatory change. The Commissioner of Mental Health will now have unilateral authority to require unlimited coverage for any additional disorder contained in the DSM. Under Governor Patrick’s Administration, the current Commissioner of Mental Health is Barbara Leadholm, a psychiatric clinical nurse specialist herself. This is a meaningful policy difference given the Massachusetts Department of Mental Health’s (DMH) vision, as the State Mental Health Authority, to promote mental health through early intervention, treatment, education, policy and regulation so that all residents of the Commonwealth may live full and productive lives. DMH assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities.3 “This historic legislation is both health care expansion and civil rights legislation. It expands treatment for mentally ill and addicted individuals and ends discrimination against the people who suffer from these diseases,” noted Chairwoman Balser.

Craven & Ober Policy Strategists, LLC is a full service Massachusetts-based government relations firm dedicated to credible, assertive advocacy and to the dissemination of reliable public policy information.

References
3. Massachusetts Department of Mental vision and mission statement accessed August 4, 2008 at http://www.mass.gov/?pageID=Eohhs2agencylanding&L=4&L0=Home&L1=Government&L2=Departments&L3=Divisions&L4=DepartmentsofMentalHealth&sid=3eobhbg4

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Mary Ellen Doona RN EdD

Rita Flynn Nursing Scholarship at Northeastern University

The late M. Rita Flynn (9 April 1935-4 January 2005) epitomized many nurses of her era. After earning a nursing diploma from the Boston City Hospital School of Nursing (1956), she practiced nursing at the Boston City and the Peter Bent Brigham Hospitals while continuing her education first at Boston College where she earned a baccalaureate degree (1962) and then at Northeastern University where she earned a masters degree (1966). These clinical and academic credentials, made Flynn part of the profession’s post war transformation and subsequent movement of its education from hospitals to college campuses. She accepted a position with the nursing school at Northeastern University where she directed its cooperative program.

As Flynn matured in her profession, she realized that where nursing had been was as important as the urgent now of practice. That heightened sense of nursing’s history prompted Flynn’s joining the Nursing Archives Associates soon after it was established in 1970. As crowded as her organizational commitments to her alumnae associations, professional associations and nursing’s honor society already were, the NAA had priority for the rest of her career and life. Once she became a director of the NAA Board and later its vice-president, Flynn was able to shape policy even as she focused on making the NAA’s by-laws, which made it contemporaneous with changes happening in the profession. Similarly, she served as an unofficial parliamentarian ensuring that meetings did not stray from the task at hand. Effectively, Flynn said by her behavior that nursing’s history was serious business.

The time has long since passed when Flynn herself might have answered the obvious question: How did nursing’s history become of such importance to her? Posternity is left to speculate. It is not unreasonable to assume that being awarded the Frances Sanger Medal for excellence in surgical nursing as she graduated from the BCHSON (7 September 1956) might have been when Flynn began to realize that the past touches the present.

The award came as a “complete surprise,” Flynn recalled many years later, adding “I slightly remember the Director of Nurses, Ms. Margaret B. Welch, mentioning Frances Sanger.” Flynn treasured the gold medal and learned once she became a graduate nurse in the operating room that the supervisor, head nurse and surgeons had recommended her for the award. These senior professionals touched the future as they validated the worth of the young nurse.

Sanger who was just four foot ten inches tall had also graduated from the BCHSON (1937). A few years later on D Day (6 June 1944) she was hanging on to the straps of a taller soldier so she would not be washed beneath the waves as she landed with the U. S. Army in Normandy. For the next four months Sanger and her fellow nurses in the 45th Field Hospital cared for wounded soldiers. One evening after duty Sanger wrote a letter to the GIs telling them: “We want [the soldiers] to know how much we think of them” and mused with her unseen audience how their lives were like the fire that warmed her as she was writing the letter. Even “if there is a spark of life in a fire,” she said, “it can be nursed back to life.” So, too, can a human being be nursed back to life. “It is slow, it is gradual,” she wrote, “but nurses do it all the time in these field hospitals.”

That evening, 21 October 1944, she mailed her letter to the GI newspaper, Stars and Stripes. A few hours later German artillery strafed the camp striking many nurses. All recovered except for Sanger who died within hours of being wounded. Unaware of what had happened, Stars and Stripes published Sanger’s letter in its 7 November 1944 issue. Soldiers were always expressing their gratitude for the nurses’ care and compassion. That gratitude only increased once they learned of Sanger’s death. Before long the military responded, refitted the Italian luxury liner Saturnia into a hospital ship and commissioned her the U.S.S. Francis Sanger.

As precious as the Sanger Medal was, it was only with the passing of years that Flynn came to a full understanding of its true worth. With her best friend and sister, Ann Marie McDonald (BCHSON 1945), Flynn attended the NAA annual meeting in the Spring of 2004 where they listened to Bob Welch the author of American Nightingale: The Story of Frances Sanger, Forgotten Heroine of Normandy (Simon and Schuster), Flynn pointed out to the Sanger family the Medal that rested in the exhibit next to Sanger’s Purple Heart and a copy of 7 November 1944 Stars and Stripes. Sanger came alive as Flynn chatted with her family.

Five decades after receiving the Sanger Medal, Northeastern University’s Nurses Alumni Association has created the Rita Flynn Nursing Scholarship to be given to a nursing student in clinical or cooperative experience. Jane Franks and her husband Peter donated the lead gift. Nancy Hoffart, Lynn Babington, both current faculty members, and Elaine Capozzoli, a retired faculty member and Flynn’s colleague added to this gift, as did, alumnae: Marie DeStato and her husband Thomas of Massachusetts, Mary Margaret Baker of Hawaii, Kathy Davidson, Ginny Murphy; and, other Northeastern University staff: Cindy Zilch and Nan Wetherhorn. Grateful for the NEU experience and guided by then Dean Nancy Hoffart the NEU Alumni Association encouraged the gifts from many other alumni to recognize Flynn’s guidance of nursing students in their cooperative program.

Each time the Rita Flynn Nursing Scholarship is awarded, the past will touch the present. Recipients will not have known the tall, slim, blonde nurse with the warm smile that lit up her brown eyes but at the ceremony they will learn of her dedication to their predecessors and their co-operative experiences. The awardees will be furthering Flynn’s own commitment to nursing as they use the scholarship to advance their own learning. And each time that happens the present will honor the past.
A Victory for Massachusetts Nurse Practitioners

S 2660 Promoting Cost Containment, Transparency and Efficiency in the Delivery of Quality Health Care Passed by Representatives and Senators

July 31, 2008: Nurse Practitioners from around the Commonwealth called and e-mailed their legislators in record numbers to urge them to remove damaging language that had been inserted into the section of the bill relating to consumer choice of nurse practitioners as primary care givers, prior to being released from the House Ways and Means Committee.

For Nurse Practitioners, their role and services are a pivotal component of the bill. For the first time, all health insurers will be required to recognize NPs as primary care providers and list them in directories alongside other primary care providers so consumers may choose them to coordinate and direct their care. This also makes NPs more transparent to consumers, who may choose them to coordinate and direct their care. This also makes NPs more transparent to consumers, who may choose them to coordinate and direct their care. This also makes NPs more transparent to consumers, who may choose them to coordinate and direct their care. This also makes NPs more transparent to consumers, who may choose them to coordinate and direct their care.

The bill’s 62 sections have many other provisions of vital importance for advancing NP practice and the NP role. Of note:

- **Focuses on “providers,” not just physicians;**
- **Establishes a new Health Care Workforce Council to study methods of increasing the nursing workforce and creates the Workforce Development Trust Fund to increase the nursing workforce;**
- **Creates a new loan forgiveness program for doctors, NPs and nurses who commit to practicing in certain specialties;**
- **Requires the recognition of NPs for consumer choice and increased access to primary care;**
- **Authorizes a MassHealth “Medical Home” Demonstration project to encourage primary care “providers” to adopt a coordinated, patient-centered care model;**
- **Establishes a Pharmacy Academic Detailing Program to provide patient education on the appropriate use of medications, antibiotics, anti-anxiety drugs and other commonly prescribed medications.**

Rationale:

- **Nurse anesthetists are recognized in Massachusetts, along with nurse practitioners, midwives, and psychiatric nurse clinical specialists, as advanced practice registered nurses (APNs). Nurse practitioners, midwives, and psychiatric nurse clinical specialists currently have the authority to order tests, therapeutics and prescribe medications.**

Examples of how this bill will benefit the anesthesia care provider:

- **Confusion over the ability of nurse anesthetists to write prescriptions related to pre and post-anesthesia care has made it more difficult for nurse anesthetists to deliver quality care to patients in some settings.**

- **Nurse anesthetists need clearer language under tests and therapeutics and prescribe medications, just as their APN colleagues now have.**

- **The Board of Registration in Nursing requires that APNs are educated in advanced pharmacotherapeutics and work in collaboration with a physician.**

- **Prescriptions written by APNs must also include the name of the APN’s supervising physician.**

- **Twenty-five states and the District of Columbia authorize nurse anesthetists to write prescriptions.**

For more information, contact Mary Ann Hart at 617-797-8488 or malcambjd@aol.com

Stacey Ober, of Craven & Ober Policy Strategists, LLC shared details of the vote in the State Senate:

We won this battle and had our amendment adopted! Ours was the very last amendment negotiated to be adopted before the vote on House Bill 1144. Today, I wanted to take a moment to work and understand the exceptional importance of issues significant to nurse practitioners on the part of the sponsor of HB 1144, Rep. Jen Callahan. Two other amendments which had an impact on our amendment were also adopted—the loan forgiveness section and a change in the text relating to physician assistants. We worked hard to work and understand what the final product looks like after the House clerk pulls together all the changes which occurred before the vote was taken.

Advanced Practice News

Rep. Callahan made these remarks on behalf of nurse practitioners:

It is a beautiful day. The sun is shining and the sky is blue. Both the bill and the response to the legislation. I had to file an amendment to undo language that was aimed at meeting the needs of special interest groups rather than for health care consumers. I am, very, very pleased that I was able to get the listening ear of the gentlewoman from Stow and the Speaker of the House. Each of us has been elected to speak for those who cannot. We’re not elected to do the bidding of special interest groups. The Senate President knew better and the speaker knows better, and everybody knows that in this chamber we’re fighting for families back home.

I had a wonderful conversation with the gentleman from North Adams, about relaxing out on the grass in the western part of the state. But we can’t do that yet. It is really difficult to work on a bill and see it finally released but with new language that does not serve the best interests of people who need primary care—language that could undo an entire industry.

People at home are waiting months to get an appointment with a primary care provider. People with no insurance who can’t meet the current demand, never mind who must deal with the insurance access provision we passed. Today, through hard work. I think we’re able to come to a consensus. What this amendment is going to do is go to fix some important things. It’s going to provide transparency for consumers to see what’s available to them and to pick a nurse practitioner to help them to feel better.

Today I want to thank the people who signed onto the original amendment. I want to thank the speaker who listened to my concerns and worked hard on the field, the nurse practitioners. I want to say that the original language in the Senate President’s bill was the right language.

If we are not able to pass my amendment, we will fail to do what is right by the people in favor of doing what is right by the special interest groups. We can’t just take a bill that is lobbed over to us from the Senate and not do due diligence—even if it is the end of a beautiful day in the middle of July.

Thank you everyone.

The amendment was adopted. Chorus of yea’s came from members. By a ROLL CALL VOTE OF 114-0, THE BILL WAS PASSED. The bill is now on the heels of the state’s passage of massive reform just last session to insure every citizen of the Commonwealth.

MARN to have a designated seat on the Advisory Council.

The legislation establishes a 16 member Healthcare Workforce Advisary Council. There is a designated seat on the Advisory Council for a MARN representative.

As stated in the legislation:

“The council shall advise the center on the capacity of the healthcare workforce to provide timely, effective, culturally competent, quality physician and nursing services. The council shall consist of 16 members who shall be appointed by the governor: 1 of whom shall be a representative of the Massachusetts League of Community Health Centers, Inc.; 1 of whom shall be a representative of the Massachusetts Medical Society; 1 of whom shall be a representative of the Massachusetts Nurses Association; 1 of whom shall be a representative of the Massachusetts Association of Registered Nurses; 1 of whom shall be a representative of the Massachusetts Hospital Association, Inc.; and 1 of whom shall be a representative of the Massachusetts Medical Society.”


Legislative History:

7/24/08 engrossed in the House; 7/28/08 in Senate Ethics and Rules

What the Bill Does:

- **Gives nurse anesthetists the authority to order tests and therapeutics and prescribe medications.**
- **Advanced practice registered nurses (APNs). Nurse practitioners, midwives, and psychiatric nurse clinical specialists currently have the authority to order tests, therapeutics and prescribe medications.**

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The other important item in this bill is the restoration of loan forgiveness for both physicians and nurse practitioners. This is a comprehensive amendment, but if we fail to pass it, we cannot claim to increase access to primary care.

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Dr. Alfred Worcester and the Waltham Training School

For Nurses

Mary Ellen Doona RN EdD

The Trained Nurse Movement was a decade old in 1885 when Alfred Worcester, M.D. (1855-1951) an 1883 graduate of Harvard Medical School and his partner Dr. Edward Cutler opened a hospital in Cutler's house on Waltham's Main Street. The year before they had joined with medical peers to found the Waltham Fellows of the Massachusetts Medical Society. The following gives an idea of the state of medicine practiced at that point in Waltham. Appendectomy and caesarian sections were radical procedures, surgeries at home were a common practice, infectious diseases were the leading cause of death, antibiotics were a century away and refusal to believe that bacteria caused disease was ordinary.

It was in this climate that Worcester and his medical peers opened the Waltham Training School for Nurses. The doctors lectured pupil nurses on the basic sciences each week, first in a hired parlor, then in a former grocery store on the corner of Lyman and Main Streets and finally in rooms on the first and second floors of the new hospital. The doctors taught the pupil nurses how patients should be nursed and had volunteer women teach cooking, sewing and housekeeping. When Wilhelmina Worth, Addie Kelton and Nettie Hathaway graduated, Mrs. Elizabeth Stone handed them their diplomas and her former lady housekeeper gave each a bouquet of "choice" flowers (Newsclipping, May 18, 1907). Several years later when Mary Hackett, a graduate of the Long Island College Hospital Training School came to Waltham to nurse her sister, Worcester persuaded her to join the School.

Worcester's concept of nursing was the neighbor nurse that he had witnessed and done as a child. When he was twelve years old he had nursed his friend during a bout of typhoid fever. Through the long night of watching the convalescent, Worcester chafed, washed and dried the soiled linens. He had learned from the example of his mother and father that neighbors helped neighbors in sickness. The tasks were various. Some provided nursing services as night watchers allowing the worn out family to get some rest, while others did housework, farm chores or read to a blind person. The occasional neighbor stood out for natural skill in caring for the sick, said Worcester, suggesting that in these "born nurses" rested the seeds of the nursing profession (Worcester, A. 1949).

Worcester contended that it was a "mistaken idea" that nurses training such as that at the Massachusetts General Hospital or Boston City Hospital was sufficient for neighbor nursing (Worcester, A. 1926, 1027). He was keenly aware that most graduates in people's homes. The problem with graduate nurses, said Worcester, was that people of little means, such as the immigrants and factory workers in industrialized Waltham, could not afford to hire a nurse, and those who could afford nursing services were unable to locate a nurse. The Boston Medical Library's directories of nurses addressed the latter problem so successfully that doctors and patients found nurses easily and the fees that nurses paid dissolved the Library's debt. By 1912 a large number of nurse directed nurses would develop their own Central Directory.

The nursing services that the WTSN provided the community were based on the concept of the neighbor nurse and, as well, from those offered by the innovative Boston Instructional Nursing Association that Phoebe G. Adam and Abbie Howes founded in 1886. The BINA nurses went into homes to care for the sick poor, most of whom were immigrants, and to instruct them in hygiene. Boston philanthropists who equated sick with sickness, undertook these services as part of their mission to teach immigrants American ways, and thereby, protect the city's health and morality.

Worcester's WTSN contrasted with its contemporaries at the MGH (1873), ICH (1878) and Massachusetts Memorial Hospital (1883) and with the BIDNA. The WTSN was not associated with a general hospital nor with philanthropy. It was a free-standing school where pupil nurses paid tuition, cared for patients in Waltham, Lincoln, Auburndale, Concord, West Newton, Newtonville, Watertown and Belmont and collected fees for their services which were turned over to the School. The WTSN's uniqueness would eventually become its downfall.

In the meantime, the number of hospitals grew and training schools proliferated. Each promised a nursing education but exacted the cheap labor of their pupil nurses. Medicine staunched the proliferation of hospitals and Rockefeller millions subsidized the reformation of medical education. The hospital ward became the classroom where medical students studied the cause of disease and learned to make exact diagnoses. The pupil nurse became more essential as the hospital replaced the home as the site of care. The reformation of nursing education would have a prolonged and troubled journey.

Worcester feared for medicine's art of practice as doctors focused on science. His solution was to make nursing medicine's art. As was his wont, he did so without collaborating with nurses who were on another path. They hoped that path led to nursing as a distinct profession with its education separate from a hospital's labor needs. Their efforts came to naught in 1903 when Harvard Medical School erected its magnificent buildings on Longwood Avenue, Worcester turned to his alma mater to institutionalize his concept of nursing. It did no harm that Worcester held that Harvard's degree was the son-in-law of former President Thomas Hill (1862-1866), President Charles Eliot (1869-1909) looked at Worcester's proposal for a nursing school at Harvard. The necessary large endowment was readily promised but the benefactor's portfolio took a hit on the stock market. As Worcester put it, "Obstacles...wrecked the enterprise before its start" (Worcester, 1949 [6]).

In the meantime, the number of training schools increased from 35 to 432, nursing's leaders created: a superintendents society (1893); training school alumni associations (c. 1900); a national nursing organization of the alumnae (1896); and, the American Journal of Nursing (1900). Then, along with other state associations throughout the United States, Massachusetts's nurses began a drive to gain laws to regulate the practice of nursing.

From 1903 to 1910 they sponsored House Bill #564: An Act to Regulate the Practice of Professional Nursing of the Sick in the Massachusetts Legislature. That bill sought an all nurse board of registration and mandated graduation from a training school in a general hospital. The severity of the opposition earned for the Massachusetts's bill the distinction of having been the most virulently resisted. The graduates of other nurses, most of whom had trained in specialty hospitals like the McLean Hospital, were not eligible for registration according to the bill's criteria. Rightly, they feared that their earning power would suffer if registration were passed. Many of them joined doctors and hospital administrators against the nurses. A valiant few did not and these are listed in 1910 among the first registered nurses in Massachusetts. The doctors supporting the nurses were vocal but their voices were too few. When a much watered down bill was passed, nurses had won the educational criterion but the governor appointed a doctor to head the Board of Registration in Nursing. Two years before his death at ninety-six Worcester summed up for the Harvard Medical Alumni Bulletin (1949) what registration of nurses meant: "All went well with us [WTSN] until the graduates of Hospital Schools obtained the political and legislative control of nursing. [The 1910 law] made the [WTSN] diploma worthless" (Worcester, 1949). In 1919, when Worcester was president of the Massachusetts Medical Society (1919-1921) the Massachusetts State Nurses
Association’s secretary, Mary E. P. Davis, wrote him that his training school graduates had lost their eligibility for membership in the MSNA because: pupils were “indifferent to Miss Pringle.” Nor could Massachusetts’ nurses win over Worcester with his opinion that their concept of nursing was a more valid response to American needs than Nightingale’s? But he did not, nor did he tolerate any criticism of it. Here the evidence is silent. Nonetheless, history was important to Worcester. He was a charter member of the Waltham Historical Society, Incorporated. He valued the past and was sensitive to how the future would look back on its past. In 1930 he created an historical moment that served him more than it did its subject. In the last month of her life, Worcester had Linda Richards transferred from the Frances Willard Homestead in Northborough, Massachusetts to the New England Hospital for Women and Children. Private nurses had cared for Richards during the five years since she suffered a stroke 17 March 1925. Richards spent her last month on this earth in the hospital where she had earned nursing’s first diploma. Nursing students of her alma mater relieved her private nurses and shrouded her body when Richards died 16 April 1930 in her eighty-ninth year (Eaton, L. August 31, 1989). Worcester had his symmetry but his sympathy for the frail old lady must be questioned.

One month later, on the 16 May 1930 more than eight hundred registered nurses and nursing students gathered for the Massachusetts State Nurses Association’s memorial service at Boston’s Old South Church. Worcester, then Harvard’s second Henry K. Oliver Professor of Hygiene (1925-1935) led the eulogists with inflated claims that Richards and Florence Nightingale knew each other well. The truth was they had met once over lunch at Nightingale’s home in May 1877, a visit MGH’s Martin Brimmer had arranged in gratitude for Richards rescuing the faltering Boston Training School in 1874. Lucy Lincoln Drown, BCHSON (1884) who succeeded Richards as superintendent remembered Richards when she was full of hope, energy and enthusiasm. Mary Riddle, BCHSON (1889), the first chair of the Board of Registration of Nursing spoke of the light that Richards had cast on the care and comfort of patients. Then, as the Memorial drew to a close Annie Goodrich trumpeted nursing education. It must have cost Worcester a twinge or two as he listened to the Dean of the Yale School of Nursing (Memorial, 1930, 781-2). His wish for nursing’s connection with Harvard was history as his WTSN soon would be.

The WTSN closed in 1935 in its fiftieth year having graduated seven hundred and seventy-six nurses. The elegant u-shaped WTSN building that Robert E. Glancy of Watertown built in 1899 with its front parallel to the Charles River and its rear facing Christ Church Episcopal at 760 Main Street was sold to the owners succeeded Rhineheart through the years until the building came to rest most recently with Fred Kimbark. Architect Kimbark who is rehabilitating the building celebrates its small foot-print and its wood, brick and stone structure. His commitment to Waltham’s history is evident in his designating rooms on the building’s first floor for exhibits of the Waltham Historical Society, Incorporated. There, Co-presidents Sheila FitzPatrick and Wayne McCarthy mount displays from the documents and artifacts the Society has collected and preserved since 1913. The Society’s efforts have made it possible to tell the story of Worcester’s contentious relationship with Massachusetts’ nurses.

Works cited.
Eaton, Louise. (31 August 1989). Correspondence with Mary Ellen Doona.
Students Experience Attitude Adjustments

The Value of Nursing Leadership in the Setting of Caring for the Homeless

by Theresa Lynch, about her experience at Barbara McInnis House

There is much to be said of the perceived value of title. Our Northeastern University clinical instructor’s domination invited greater cooperation from the medical team, specifically, providers of this respite hospital setting, than did the presence of individual nursing students. Thank goodness for that, for today Rebecca asked a nurse practitioner, Karen, to work with one of us. When her willingness was apparent I seized the opportunity, introduced myself as a student and off we went for the morning.

Ironically, I had not noticed this nurse practitioner during the previous weeks of study. However, I must remark on the strengths of her clinical poise. Her clear maturity and youthful energy, a mirror reflection perhaps, made me smile and admire. Assessment of each patient clearly incorporated the emotional as directly as it did the physical. In my experience, trust is found in the exchange of glances. Could a figure in authority maintain that confidence, moderate endearment and secure the reliance of a client? Karen did just that.

Homelessness creates a vulnerable population with countless needs who require care by skilled nurses. The survival tactics developed by this population can include manipulation and reluctance to lose what little control they feel they have. And yet, this vulnerability leads to paramount loneliness, pain, and illness. Nursing goals of harm reduction, patient education, and effecting change, are steps only achieved with trust.

Karen beholds this tragedy with sincerity. The observed evidence of practice included encouragement, patient accountability, medicinal intervention and referrals and she gave each client her full attention. This nurse practitioner excelled in communication as a bilingual provider, expert care during assessment, collaborative care by confirming and avoiding conflicting BMC dialysis and cardiac appointments, and effective time management as evidenced by prompt nursing notes.

I gladly followed the footsteps (actually, she wore clogs) of this kind mentor, who provided the kind of inspiration that every nursing student needs during their clinical experiences. That day, Karen’s manner was inviting, tutorial, supportive and encouraging, I had a fabulous experience.

First Clinical Experience Changes Long-held Attitudes

by Debbie Cullen

Pine Street Inn was my first clinical experience as a student nurse. On May 19, 2008, we were given our placements at orientation. When I first heard I was at Pine Street Inn, I was both excited and a bit apprehensive. I live in South Boston and drive by this area all the time. My friends and I use to joke about how nobody should ever walk down there at night. With this was my perspective, I was horrified by the idea of facing Thursday…

Thursday was the day I started clinical. As we were oriented to the shelter, and introduced to the nurses there, on that scary Thursday, I was surprised to find my views beginning to change.

There are so many programs provided at the homeless shelter to help the people who want to get off the streets. The staff works with homeless men and women to help them to find jobs and apartments. There are programs to provide necessary services to homeless people who also suffer from mental illness. There are post-detox programs to help the homeless population with substance abuse issues. The Pine Street Inn is mostly an emergency shelter but offers case managers for individuals who want to help themselves.

It used to frustrate me to walk down the streets and see homeless people begging for money or swearing at you as you walked past them. I use to think to myself, “Why can’t they just get off the streets? Money is tight for me and my family and we have a roof over our heads...why can’t they?” My experiences working with the people at Pine Street taught me that many of these people have no choice. Some people are on the streets due to a mental illness, or are substance abusers and have lost their homes because they can not keep their jobs and can not cope with their lives. I never realized how much mental illness and substance abuse contributes to the problem of homelessness. I have a better understanding of a homeless person. I now understand that substance abuse is an illness and should be treated as such and that a person who is addicted needs consistent help to overcome the illness.

My favorite story from the clinic is about a patient with a severe mental illness, who is being cared for by a nurse, who is the only nurse the patient would allow to care for him. This client believed that his nurse was actually a lower ranking officer who worked with him in the CIA. He called her “McSergeant” (he was “McGeneral”) so she was allowed to treat him. Since the Pine Street Inn is an emergency shelter and not a mental health clinic, the challenge for nurses to approach patients to help their clients get their medical care. I think this is a wonderful way to take care of a person in need who would otherwise not have let anyone else treat him.

The staff at Pine Street Inn does such a great job working with substance abusers! They do not ‘talk down’ to them because of their habits. They reach out to them and help them want to try to turn their lives around. The clinic at Pine Street is one-of-a-kind and my attitude about life and nursing the homeless has changed deeply and dramatically due to this tremendous experience.

As a student at the Massachusetts General Institute of Health Professions, I was fortunate to be placed at The Pine Street Inn for my Bio-behavioral clinical experience. I was eager to learn but unsure of what to expect. The increasing number in the homeless population poses a challenge to nurses to find and teach individual’s healthcare needs. It quickly became very obvious to me that many factors affect access to healthcare within the homeless population, including lack of resources and unreasonable costs.

The clinic at the Pine Street Inn provides healthcare to those in need. The nurses at Pine Street demonstrate a tremendous amount of respect for the patient’s individuality, and provide education that focuses on prevention of illness, such as the importance of a healthy diet, exercise, and medication adherence. The nurses at Pine Street approach each patient as an individual with sensitivity and competence, and provide the high quality care that every human being deserves.

My experience as a nursing student in this setting has been challenging yet rewarding. I have encountered uncomfortable situations involving substance abuse and mental illness, and have learned to take risks when responding to meet the needs of each patient. I recognize that substance abuse and mental illness creates uncertain and unstable circumstances for the people who are plagued with them. I also learned a bit about myself, and learned so much about working in unpredictable environments. I know that the experience I had and helped prepare me for my future in healthcare. From my experience at Pine Street, I am inclined to continue my work with an at-risk population, and pursue a career involving public service and serving those in need.

(continued on page 13)
Not So Bad After All

by Shauna Worrell-Waldron

The homeless population is one that tends to be overlooked within our society. Society has placed the stigma that people who are homeless are violent, worthless, and an unfair burden on society. We often build a wall between the homeless and ourselves to protect us from perceived danger, but mostly so that we do not have to be bothered. Honestly, think about it: When you are walking in the city or riding the public transportation and you come face to face with a homeless person, do you immediately think of the stereotype and think “crazy” or “violent” as we think they are!

360 once you realize that people who are homeless take the time to start the conversation and really appearances are not what you might think after you to get back on their feet. First impressions and guidance, support and someone to talk to in order I. They are just not as lucky and just need caring alleviated. As the semester progressed I began to

Could I really help them? But my fears were quickly I had my wall up. I start a conversation with a clinic patient during my was afraid of rejection. What if the individual did not first few weeks at Pine Street Inn…I had my wall up. I want to speak to me or share his/her story with me? and changing the lives of the people they treat!

The Pine Street Inn staff who handles these encounters professionally, caring for individuals to receive excellent care and treatment.

People like Robbie Gamble who has worked at BHCHP for more than 7 years. He started as a part time new graduate at the McInnis House. He has worked on the family team for several years. He & his wife, Martha (also a nurse practitioner) are bilingual & sponsor a clinic in Central America.

Robbie Gamble is an FNP who has worked at BHCHP for more than 7 years. He started as a part new-on-the-job provider as you would a skittish racehorse just holding me in your presence, and for two years I wrote the same terse progression: advanced emphysema/oxygen dependent/no place to go. Robbie writes beautiful poetry. Alex was a track man (Trish knew him well) who died at McInnis House.

Robbie is an adjunct educator with the MGH IHP (Institute of Health Professions) program, meeting with new nursing students to orient them about issues related to being homeless.

Milford Nurse Practitioner Collects Sox for the Homeless (at a Red Sox game)

Alex by Robbie Gamble 2/28/01

You were close to your riding weight when you died but all that wiry jockey muscle had pulled up into your chest as you heaved and strained for every breath you drew.

I knew you almost two years, senior third-floor denizen ever serene on morning rounds the days I had your team, rarely any complaints unflaggingly polite reminiscing about East End Toronto where you first worked the track where I got married.

At first you calmed me new on-the-job provider as you would a skittish racehorse just holding me in your presence, and for two years I wrote the same terse progression: advanced emphysema/oxygen dependent/no place to go. Robbie Gamble is an FNP who has worked at BHCHP for more than 7 years. He started as a part

I was surprised to discover that some of the individuals who reside at Pine Street Inn have lost their homes, abuse substances and may have undiagnosed mental illness. Many of the individuals will have a place to call home sometime in their lives but unfortunately the choices they made or the paths they crossed (hanging with the wrong crowd, abusing substances) left them with no money, no job, in order to get by on what they had available. RobbieGambe was “treated the best in their lives.” For some Pine Street Inn is “home.” I agree that Pine Street Inn indeed offers many services to these individuals and the staff there try their best to assist people to meet their needs as well as possible. Services like the Engage Program and the Working Women’s Program at Pine Street Inn are two of the programs that are structured to help the residents at Pine Street Inn to get back on the right track and back into society. Health is a huge factor when dealing with the homeless/mentally ill. Due to lack of money, lack of access to care, heavy substance abuse and poor routine healthcare visits these individuals are usually in poor physical health and are more prone to chronic health conditions.

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I met people who were suffering from foot ulcers, respiratory problems and hypertension. Access to the health clinics on site at Pine Street Inn helps these individuals to receive excellent care and treatment from the staff. There are major challenges when trying to provide quality care to a person who is sick, under the influence of substances and mentally ill at a health clinic. Kudos to the Pine Street Inn staff who handles these encounters professionally, caring for and changing the lives of the people they treat! I met people who were suffering from foot ulcers, respiratory problems and hypertension. Access to the health clinics on site at Pine Street Inn helps these individuals to receive excellent care and treatment from the staff. There are major challenges when trying to provide quality care to a person who is sick, under the influence of substances and mentally ill at a health clinic. Kudos to the Pine Street Inn staff who handles these encounters professionally, caring for and changing the lives of the people they treat! I must admit that, at first, it was hard for me to start a conversation with a clinic patient during my first few weeks at Pine Street Inn…I had my wall up. I was afraid of rejection. What if the individual did not want to speak to me or share his/her story with me? Could I really help them? But my fears were quickly alleviated. As the semester progressed I began to knock down my wall and talk to the people. It has been a pleasure to lend an ear to the many individuals who I met at Pine Street Inn. The people I I met have many of the same concerns as you and I. They are just not as lucky and just need caring, guidance, support and someone to talk to in order to get back on their feet. First impressions and appearances are not what you might think after you take the time to start the conversation and really listen to what they are saying. You will do a complete 360 once you realize that people who are homeless are not as “crazy” or “violent” as we think they are!
Consulting Opportunities

Registered Nurse Participants Sought for New Nursing Study Exploring the Experience of Sharps Injuries

Every year, it is estimated that hundreds of thousands of US healthcare workers sustain sharps injuries. Those injuries account for up to 80 percent of occupational blood-borne pathogen exposures, including exposures to HIV, hepatitis B and hepatitis C. Nurses report the majority of these work-related injuries. Despite clear indications that suggest they contribute to nurses’ job stress and detract from nurses’ ability to care for patients, no prior research exists that provides an in-depth understanding of the experience of sharps injury, including its aftermath and meanings.

Karen Daley, a PhD candidate in the nursing program at Boston College, is conducting dissertation research designed to provide a better understanding of the impact and meanings associated with the experience of sharps injuries. Registered nurse volunteers from Massachusetts, Rhode Island, New Hampshire and Maine are being sought as participants for this study. Nurses who have sustained their injury within the previous six months are eligible for participation, which involves one or more face-to-face interviews. A clearer understanding of the impact and meanings of this experience will better inform the care provided to nurses and other healthcare workers who sustain these injuries.

For more information, please contact the investigator, Karen Daley, RN at (617) 596-1381 or email: daleyvk@bc.edu.

Application deadline October 1, 2008.

MARN Continuing Education Unit Director

ANA NEWS

MARN Member Elected to the ANA Board of Directors

MARN member Karen Daley was elected to the ANA Board of Directors. Thank you to all MARN members who supported her campaign for national office. Congratulations to Karen!

ANA Delegates Vote to have a “New Grad” seat on the ANA Board of Directors

There is now a designated seat for new graduates (within 5 years of graduation) to serve on the ANA Board of Directors. MARN was the first state organization to establish a designated voting seat for a new graduate. New graduates are appointed to the MARN Board. The new member to the ANA Board will be elected position.

Rachel Spector Receives American Nurses Association’s Honorary Human Rights Award

The Honorary Human Rights Award, established in 1985 by the Board of Directors of the American Nurses Association, is presented to a member in recognition of an outstanding commitment to human rights and acknowledging the essence of nursing’s philosophy about humanity. In 2007 MARN selected Rachel as a Living Legend in Massachusetts Nursing for her lifelong dedication to understanding the need to respect diversity in all the people we serve as nurses. Rachel received her award at a special ceremony during the annual House of Delegate convention in Washington DC on September 2, 2007.

Congratulations Rachel!

Mark your Calendar

This program has sought approval by the Massachusetts Association of Registered Nurses, an accredited approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Sexual Health Matters Conference

September 26, 2008, 8:00am-4:00pm Harvard Medical School, Boston

What is sexual health, and why is it important to you and those you serve?

Sexual Health is not only about behavior.

Join us to understand how cultural, social, biological and economic factors, and sexuality education, determine sexual health.

Workshops include Vulvar Pain, IU/Ds, Oncology, Minors and more!

Learn more & register online: www.shm.allurexel.com

Approval for 2.5 nursing Contact Hours is pending.

Save the Date

MARN 2009 Spring Convention will be April 3rd and 4th at the Dhemd Hilton.

Congratulations to Winchester Medical Center, Winchester, MA

Re-designation of Magnet Status Achieved!

Under Construction:

New CE Units are being developed so there will not be a Mentoring Program. Look for a new Continuing Education Unit in the next edition of the MAssachusetts Report on Nursing.
MEMBER BENEFITS

Your guide to the benefits of ANA/MARN membership...It pays for itself

- Dell Computers—ANA/MARN and ANA are pleased to announce a new member benefit. MARN and ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this available offer, or for more details, call 1-800-695-8133 or Visit Dell’s Web site at www. Dell.com
- Walt Disney World Swan and Dolphin Hotel
- Professional Liability Insurance—a must have for every nurse, offered at a special member price.
- Nursing Center—free checking, online bill paying, and high yield savings all available to you 24/7 to fit any shift or schedule at an affordable price—Liability/Malpractice, Health Insurance.
- CBCA Life and Health Plans—Catastrophe, Medicare Supplement, Cancer Insurance and Life Insurance Plans provided by CBCA Insurance Services.
- Discounts on auto rental through Avis and Budget.
- Access the applications at the MARN website: www. MARNonline.org

Exhibitor and Sponsor Opportunities Available at the Simulation Conference Visit: www.MARNonline.org

Policy for Accepting Announcements for the Newsletter: MARN encourages organizations of higher education to submit announcements about continuing education opportunities and upcoming events that are of interest to nurses. Fees must be included with submissions. The Fee Schedule is as follows:
Non-MARN Approved Providers/Sponsors—$50
MARN Approved Providers/Sponsors—$25
Payment can be mailed to MARN, PO Box 285, Milton, MA 02186. Please include a copy of the announcement and contact information (name, address, telephone, Email) with the check. Please email copy to www.MARNonline.org

Announcements are limited to 75 words.

New Member Benefit—Research Recruitment Notices

MARN members are eligible to submit nursing research recruitment notices via the email list and on the MARN website free of charge. For more information visit the MARN website www.MARNonline.org—Join MARN—Member Benefits of for American Nurses Launches Redesigned Website

nursesbooks.org— ANA’s information service about a variety of nursing topics. Fees must be included with submissions.

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In Memory of Ida Jean Orlando Pelletier

Author, clinician, consultant, educator, friend, mentor, researcher, loving wife

by Patricia A. Tyra, Ed.D., PMHCNS-BC

Ida Jean Orlando Pelletier, a first generation Italian American, was born in Jersey City, New Jersey, August 12, 1926. She died Nov. 28, 2007, at age 81, in Mt. Auburn Hospital, Cambridge, MA, following a fall at home and a long battle with a stroke that began in 2002. Orlando earned her nursing diploma from Flower Hospital in July 1948. After graduation, she married Robert C. Pelletier, her Bachelor of Arts degree in psychology from St. John's University, New York, in 1961. Orlando's Deliberative Nursing Process is now taught at many Massachusetts educational institutions, and in other countries. Orlando's theory has been translated in 12 languages identifying the appearance when she was recognized as a psychiatrist, nurse, and Orlando and was to have written the introduction. "Understanding her model may be easy, but actual use is more difficult. As a living legend, she was a model for many of us in the field of psychiatric nursing."—A.G. Hargreaves, personal communication, January 29, 2008)

Orlando's Deliberative Nursing Process is now taught at many Massachusetts educational institutions, and in other countries. Orlando's Deliberative Nursing Process (1972) is a classic "little book" that has been translated in 12 languages identifying the "Nursing Process" as a general theoretical framework for the nurse-patient relationship in any clinical setting. As an out of print book it has been reissued by the National League for Nursing.

Orlando's Deliberative Nursing Process is now taught at many Massachusetts educational institutions, and in other countries. Orlando's theory has been translated in 12 languages identifying the appearance when she was recognized as a psychiatrist, nurse, and Orlando and was to have written the introduction. "Understanding her model may be easy, but actual use is more difficult. As a living legend, she was a model for many of us in the field of psychiatric nursing."—A.G. Hargreaves, personal communication, January 29, 2008)

References


Web Site URL: http://www.theadvocate.com/entertainment/ida_brief.html
Two years ago, Meg Styles quit commercial real estate to found a nonprofit that will not go away. Now Styles, who is 40 and lives in Danville, is raising funds for her own nonprofit organization to increase the worldwide supply of nurses.

"My mom, Dr. Margretta Styles, known as Gretta, was a global leader in nursing. She was dean of nursing at UCSF from 1977 to 1987. Then she became president of the American Nurses Association and later president of the International Council of Nurses, which is like the U.N. of nursing, in Geneva. She is known as an international leader in nursing education, regulation and credentialing. She died in 2005.

When my mother passed away, I made a life change. I ended a career, 13 years in commercial real estate, and went back to get my master's in public administration. I started to work for a nonprofit focusing on education and health care. I'm looking at a profoundly chronic shortage, and it's the one career that will never go away. Globally, we're bringing impoverished persons and providing them the nursing education in disease-burdened nations. We're taking persons who are suffering from diseases in Africa. One of their programs is in-country nursing scholarships.

I wanted to model it go global, and the only way I could do that was to go it alone and start this foundation in her memory. The Gretta Foundation (www.grettafoundation.org) provides in-country nursing education in disease-burdened nations. We're taking impoverished persons and providing them the tools to enter into an indispensible career. Nursing is the one career that will not go away. They are looking at a profoundly chronic shortage, and it's getting worse day by day. There are organizations where aspiring nurses from other countries are brought to developed countries like the United States to get an education. This is specifically in-country. We're not taking persons out of their culture or their purpose. We're going there.

The Gretta Foundation is taking persons who would not have the opportunity and providing them the tools to enter into their own country's nursing-school system. If they go to a government-sponsored college, then it's about $1,200 a year for a full scholarship. Worst case scenario we're looking at maybe $3,300 a year. At the end, they will become registered nurses. Their obligation is to work in a paid position in a hospital or clinic in their country one year for every year of scholarship assistance.

We're looking at Malawi, Tanzania, Uganda and Zambia. I've been to Malawi. I found incredibly gracious people living in the most deplorable situations. It's a long way from Danville and anything that's Danville. It's a long way from anything any of us would know.

We have no seed money yet. To get this far I have been funding it personally. I have a board of directors, and we're looking for grants. Our goal is to offer our first 75 scholarships in September, which will cost $112,000. My goal is to see Gretta Scholars all over the world.

Recently, I had the opportunity to go to Washington, D.C., because my mother's birthday, March 19, was declared Certified Nurses Day and was read into the Congressional record. I don't want to jinx us, but we've been asked to put together a very robust proposal to do work in countries in Africa.

I don't miss commercial real estate, but having a business background is extremely valuable. I also think being a single mother for nearly my entire adult life makes me very tenacious.

The Lightbulb: I realized that to fulfill my dream of taking nursing scholarships global, I would have to go it alone. I recalled my mother's words that she would say to herself during her profession. "I put myself in a corner and I fight my way out." I knew this to mean "You do something because it is right and there's a great need and you're the one to do it." That became the Gretta Foundation.

This challenge was made by the nurse scholar renowned globally as an international leader in nursing education, regulation and credentialing: the late Dr. Margretta Madden Styles or "Gretta," as she was known to her fellow nurses.

For those living in developing countries, conceiving a world without nurses takes no imagination at all. Today, many are in a death grip due to chronic shortages in the healthcare workforce. These shortages profoundly undermine global efforts to improve maternal health, decrease child mortality rates, and fight the devastating and disproportional advance of diseases such as HIV.

No one are these conditions more evident than in Africa. According to the WHO World Health Report 2006, Sub-Saharan Africa has 24% of the global disease burden but only 3% of the health care workforce worldwide and 1% of the global health expenditure. Where the need is most dire, the healthcare resources are nearly nonexistent.

Exacerbating the healthcare crisis is a problematic trend of the nursing "brain drain." Due to higher pay and better workplace conditions, many skilled nurses are migrating from disease-burdened countries to more industrialized countries in the north. As a result, the loss of this essential human capital negatively affects healthcare availability and patient's quality of care.

These conditions are crying for relief and The Gretta Foundation is answering that cry. Gretta's daughter, Meg Styles, is proud to honor her mother's memory through the creation of The Gretta Foundation. The Gretta Foundation is a 501(c)(3) charitable corporation, whose mission is to provide in-country nursing scholarships to disadvantaged persons living in disease-burdened nations while bolstering desperately depleted healthcare workforces.

The Gretta Foundation's nursing scholarship strategy is based on four important principles:

❖ Nursing scholarships are granted to persons most vulnerable and disadvantaged.
❖ Nursing education empowers persons by providing the tools to enter into an indispensible and remunerative profession;
❖ An economic commitment to nursing through a career of care and cure is incalculable;
❖ By increasing the nursing workforce globally, there is the potential to gradu-ate persons advance of diseases like HIV and improve patient care worldwide.

As professor and dean of nursing colleges throughout the US, and as a past president of the American Nurses Association (ANA), the American Nurses Credentialing Center (ANCC) and the International Council of Nurses (ICN), Gretta demonstrated a lifelong commitment to leadership in nursing. She defined nurse credentialing: critical work that recognizes and differentiates quality in all aspects of nursing practice. She spearheaded ICN's definitive work on nursing regulation. Gretta's most enduring legacy is her signature work in credentialing and its contribution to better patient outcomes globally.

Nursing scholarship recipients will enter into nursing programs in their country's system of education. Each scholarship will provide its recipient with an annual tuition, room and board, living allowance, books, school uniforms, shoes, and clinical supplies, such as stethoscopes and blood pressure readers. Once students have completed their nursing programs and have passed the exit exams administered to ensure they have the necessary skills, they are qualified to take their nation's registered nursing exam and become licensed to practice nursing. In repayment, they are obligated to graduate and go back to work in their own country's clinics and hospitals for a predetermined period of time commensurate with each year of academic assistance.

With nursing school education being cost prohibitive for many around the globe, The Gretta Foundation will provide young people in disease-burdened countries the opportunity to enter into this noble profession. For a sum modest by most economic standards, donations to this requisite work can have an exponential impact.

The Gretta Foundation is proud to contribute to the noble aspirations of future nurses while increasing healthcare capacity around the world. Nurses are instruments of change who empower their communities by caring for the ill and provide the only real hope for disease prevention and cure. A nurse's impact on the world is inestimable.

To learn more about The Gretta Foundation and how you can support our mission, please contact: Meg Styles, President and Founder meg@grettafoundation.org

101 California Street, Suite 2450 PMB 868
San Francisco, CA 94111
415-391-3139.
An Invitation for MARN Members!
Become an active member—Join a MARN Committee today!

Mary A. Manning, MJRN
Executive Director
Massachusetts Association of Registered Nurses
PO Box 285
Milford, MA 02186
617-990-2856

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

MARN Awards Committee: Develops criteria and selects winners for three annual nursing excellence awards, two scholarship awards and Living Legend Awards. Meets quarterly by teleconference and email and once/year in person to prepare for Awards Luncheon/Dinner. Members expected to attend Awards Luncheon/Dinner during the Spring Convention. For more information, please contact MARN at info@MARNonline.org or 617-990-2856.

MARN Bylaws Committee: Reviews MARN Bylaws annually to create and propose changes and additions as suggested by the membership and/or Board of Directors and to maintain compliance with ANA Bylaws. Meets in person as necessary (usually once per year) and by teleconference and email as necessary. Meets quarterly by teleconference and email and once/year in person to prepare for Annual Meeting held during Spring Convention. For more information, please contact Cammie Townsend at Ctownsend@masgunci.com or 617-990-2856.

MARN Spring Convention Planning Committee: Plans and executes Annual Spring Convention and Business Meeting. Responsibilities include site selection, speaker selection, developing contact hour application, assisting with marketing and on-site registration. Meets monthly by teleconference and/or email to review articles for publication, develop story lines, and create a quarterly newsletter circulated to every RN licensed by the Commonwealth. ALL MARN MEMBERS ARE INVITED TO ATTEND ARTICLES OF INTEREST. For more information, please contact Editor Myra Cacace at newsletter@MARNonline.org or 617-990-2856.

MARN Continuing Education Committee: The Massachusetts Association of Registered Nurses, Inc. is accredited as an approver of continuing nurser education by the American Nurses Credentialing Center’s Commission on Accreditation. This committee plans and executes an Annual Provider Forum, writes quarterly newsletter articles, and functions as the MARN Approver Unit in reviewing provider and activity applications for continuing education credit. Meets monthly by teleconference and/or email and once/year in person to prepare for Annual Meeting held during Spring Convention. For more information, please contact Cammie Townsend at Ctownsend@masgunci.com or 617-990-2856.
MARN Vision Statement

MARN is committed to the advancement of nursing standards and practice, and to continuing professional development of registered nurses across the Commonwealth who share the belief that greater achievement occurs in an environment that embraces mutual respect of diverse perspectives, a spirit of collegiality, and the advocacy role of the nurse to individually and collectively shape quality health care.

This contemporary organization provides a virtual home for the nurturing and development of its membership. As a constituent member of ANA, the membership proactively responds to regional and national issues in ways that produce rippling outcomes in larger communities of professional nurses, health care decision makers, and citizens. Membership initiatives serve to strengthen enduring partnerships with other stakeholders in health care.

ANA Receives Award For Safe Patient Handling Education

SILVER SPRING, MD—The American Nurses Association is proud to be one of two recipients selected to receive the 2008 National Occupational Research Agenda (NORA) Partnering Award for the Safe Patient Handling and Movement Training Program for Schools of Nursing project.

"Creating and maintaining a healthy work environment is a top concern of registered nurses and is vital to the recruitment and retention of nurses...ANA hopes that safe patient handling concepts will be taught in all schools of nursing and safe patient handling programs will be made available in the workplace so nurses can be free from the devastating impact of musculoskeletal disorder injuries due to manual patient handling," said ANA President Rebecca M. Patton, MSN, RN, CNOR.

ANA partnered with the National Institute of Occupational Safety and Health (NIOSH) and the Tampa Veterans Administration Patient Safety Center of Inquiry on this important project. The effort is designed to develop and evaluate a new evidence-based curriculum module for schools of nursing introducing safe patient handling and movement concepts into fundamentals of nursing. The use of assistive devices and equipment had been shown to protect nurses by reducing injuries due to manual patient handling while improving the quality of care.

To learn more about ANA’s efforts to create a healthier work environment, and its Handle With Care campaign, please visit http://www.nursingworld.org/MainMenuCategories/OccupationalandEnvironmental/occupationalhealth/handlewithcare.aspx.