Mentoring Matters: A Pilot Program for Novice Nurses, Up and Running

Executive Director, Mary Manning, MSN, RN; Chair of the Mentoring Advisory Board, Cynthia LaSala, MS, RN; MARN Mentoring Advisory Board member, Karen Daley, MSN, RN; and Coordinator of the Mentoring Program, Lynne Wagner, EdD, RN, MSN.

On April 29, 2009 eight experienced nurse mentors-novice nurse mentee pairs came together as part of the MARN statewide Mentoring Program, “Mentoring Matters: A Pilot Program for Novice Nurses.” The program is partially supported by a grant from the Center for American Nurses, following an on-line application process.

The “kick-off” program brought participants from across the Commonwealth to meet with MARN President, Toni Abraham, MSN, APRN-BC.

MARY A. MANNING, MN, RN has informed the MARN Finance Committee that the Mentorship Program provides a framework for nurses to develop a long-term commitment to their mentor-mentee relationships. She has also informed the Finance Committee that MARN's financial health has improved during her years of practice, teaching and organizational work. Her commitment to mentoring was a driving force that resulted in the MARN grant funded program “Mentoring Matters: A Pilot Program for Novice Nurses”. In 2007 the Mary A. Manning Mentoring Award was established in honor of Mary’s dedication to bringing out the best in others. Mary will continue with MARN as she assists the Board of Directors with its transition plan.

Guidelines for poster submission will also be available on line.

Call for Posters

All conference participants are welcome to contribute posters.

Go to www.MARNonline.org and fill out the poster submission form by October 9, 2009.

MARN Executive Director Announces Her Retirement

Mary A. Manning, MN, RN has informed the Board of Directors of her plan to step down from her position of Executive Director of MARN. Since 2006 Mary’s strategic vision and leadership have provided for both growth and stability for our organization. During her tenure MARN’s financial health has improved, membership has grown, and our members are more active in the creation and development of new programs. Mary has truly changed the shape and improved the future of MARN and nursing in Massachusetts and in our country.

When I attended the 2009 House of Delegates, I was impressed with her depth of understanding about global nursing issues and how esteemed she is by nurses from across the country. Mary’s fundraising abilities have ensured a sound financial foundation for MARN. She has completely reorganized the committees within the organization at a critical time to increase MARN’s visibility and effectiveness in the Commonwealth. She prepared testimony for Safe Staffing and promotion of Minute Clinics and mentored members through their first experiences in providing testimony at the State House.

Mary has a long distinguished career of dedication to the profession. Her practice has centered on the mentoring of other nurses during her years of practice, teaching and organizational work. Her clear vision has never failed to turn seemingly difficult problems into opportunities to learn and grow. She knows when to fight and when to step away...she knows how to support and to bring out the best in others. Her commitment to mentoring was a driving force that resulted in the MARN grant funded program “Mentoring Matters: A Pilot Program for Novice Nurses”. In 2007 the Mary A. Manning Mentoring Award was established in honor of Mary’s dedication to bringing out the best in others.

Mary will continue with MARN as she assists the Board of Directors with its transition plan.

MERN Provider Forum

Page 3

Transforming Nursing Practice: Improving Care Through Technology
2009 Fall Clinical Conference

Page 2

MARN Executive Director Announces Her Retirement

Mary A. Manning, MN, RN has informed the Board of Directors of her plans to step down from her position of Executive Director of MARN. Since 2006 Mary’s strategic vision and leadership have provided for both growth and stability for our organization. During her tenure MARN’s financial health has improved, membership has grown, and our members are more active in the creation and development of new programs. Mary has truly changed the shape and improved the future of MARN and nursing in Massachusetts and in this country. When I attended the 2008 House of Delegates, I was impressed with her depth of understanding about global nursing issues and how esteemed she is by nurses from across the country.

Mary’s fundraising abilities have ensured a sound financial foundation for MARN. She has completely reorganized the committees within the organization at a critical time to increase MARN’s visibility and effectiveness in the Commonwealth. She prepared testimony for Safe Staffing and promotion of Minute Clinics and mentored members through their first experiences in providing testimony at the State House.

Mary has a long distinguished career of dedication to the profession. Her practice has centered on the mentoring of other nurses during her years of practice, teaching and organizational work. Her clear vision has never failed to turn seemingly difficult problems into opportunities to learn and grow. She knows when to fight and when to step away...she knows how to support and to bring out the best in others. Her commitment to mentoring was a driving force that resulted in the MARN grant funded program “Mentoring Matters: A Pilot Program for Novice Nurses”. In 2007 the Mary A. Manning Mentoring Award was established in honor of Mary’s dedication to bringing out the best in others.

Mary will continue with MARN as she assists the Board of Directors with its transition plan.

MERN Provider Forum

Page 3

Transforming Nursing Practice: Improving Care Through Technology
2009 Fall Clinical Conference

Page 2

MARN Executive Director Announces Her Retirement

Mary A. Manning, MN, RN has informed the Board of Directors of her plans to step down from her position of Executive Director of MARN. Since 2006 Mary’s strategic vision and leadership have provided for both growth and stability for our organization. During her tenure MARN’s financial health has improved, membership has grown, and our members are more active in the creation and development of new programs. Mary has truly changed the shape and improved the future of MARN and nursing in Massachusetts and in this country. When I attended the 2008 House of Delegates, I was impressed with her depth of understanding about global nursing issues and how esteemed she is by nurses from across the country.

Mary’s fundraising abilities have ensured a sound financial foundation for MARN. She has completely reorganized the committees within the organization at a critical time to increase MARN’s visibility and effectiveness in the Commonwealth. She prepared testimony for Safe Staffing and promotion of Minute Clinics and mentored members through their first experiences in providing testimony at the State House.

Mary has a long distinguished career of dedication to the profession. Her practice has centered on the mentoring of other nurses during her years of practice, teaching and organizational work. Her clear vision has never failed to turn seemingly difficult problems into opportunities to learn and grow. She knows when to fight and when to step away...she knows how to support and to bring out the best in others. Her commitment to mentoring was a driving force that resulted in the MARN grant funded program “Mentoring Matters: A Pilot Program for Novice Nurses”. In 2007 the Mary A. Manning Mentoring Award was established in honor of Mary’s dedication to bringing out the best in others.

Mary will continue with MARN as she assists the Board of Directors with its transition plan.

Call for Posters

All conference participants are welcome to contribute posters.

Go to www.MARNonline.org and fill out the poster submission form by October 9, 2009.

Guidelines for poster submission will also be available on line.

Mentoring Matters: A Pilot Program for Novice Nurses, Up and Running

Lynne Wagner, EdD, RN, MSN
Program Coordinator

n April 29, 2009 eight experienced nurse mentors-novice nurse mentee pairs came together as part of the MARN statewide Mentoring Program, “Mentoring Matters: A Pilot Program for Novice Nurses.” The program is partially supported by a grant from the Center for American Nurses, following an on-line application process.

The “kick-off” program brought participants from across the Commonwealth to meet with MARN President, Toni Abraham, MSN, APRN-BC.

Mary A. Manning, MN, RN has informed the Board of Directors of her plans to step down from her position of Executive Director of MARN. Since 2006 Mary’s strategic vision and leadership have provided for both growth and stability for our organization. During her tenure MARN’s financial health has improved, membership has grown, and our members are more active in the creation and development of new programs. Mary has truly changed the shape and improved the future of MARN and nursing in Massachusetts and in this country. When I attended the 2008 House of Delegates, I was impressed with her depth of understanding about global nursing issues and how esteemed she is by nurses from across the country.

Mary’s fundraising abilities have ensured a sound financial foundation for MARN. She has completely reorganized the committees within the organization at a critical time to increase MARN’s visibility and effectiveness in the Commonwealth. She prepared testimony for Safe Staffing and promotion of Minute Clinics and mentored members through their first experiences in providing testimony at the State House.

Mary has a long distinguished career of dedication to the profession. Her practice has centered on the mentoring of other nurses during her years of practice, teaching and organizational work. Her clear vision has never failed to turn seemingly difficult problems into opportunities to learn and grow. She knows when to fight and when to step away...she knows how to support and to bring out the best in others. Her commitment to mentoring was a driving force that resulted in the MARN grant funded program “Mentoring Matters: A Pilot Program for Novice Nurses”. In 2007 the Mary A. Manning Mentoring Award was established in honor of Mary’s dedication to bringing out the best in others.

Mary will continue with MARN as she assists the Board of Directors with its transition plan.

MERN Provider Forum

Page 3

Transforming Nursing Practice: Improving Care Through Technology
2009 Fall Clinical Conference

Page 2

MARN Executive Director Announces Her Retirement

Mary A. Manning, MN, RN has informed the Board of Directors of her plans to step down from her position of Executive Director of MARN. Since 2006 Mary’s strategic vision and leadership have provided for both growth and stability for our organization. During her tenure MARN’s financial health has improved, membership has grown, and our members are more active in the creation and development of new programs. Mary has truly changed the shape and improved the future of MARN and nursing in Massachusetts and in this country. When I attended the 2008 House of Delegates, I was impressed with her depth of understanding about global nursing issues and how esteemed she is by nurses from across the country.

Mary’s fundraising abilities have ensured a sound financial foundation for MARN. She has completely reorganized the committees within the organization at a critical time to increase MARN’s visibility and effectiveness in the Commonwealth. She prepared testimony for Safe Staffing and promotion of Minute Clinics and mentored members through their first experiences in providing testimony at the State House.

Mary has a long distinguished career of dedication to the profession. Her practice has centered on the mentoring of other nurses during her years of practice, teaching and organizational work. Her clear vision has never failed to turn seemingly difficult problems into opportunities to learn and grow. She knows when to fight and when to step away...she knows how to support and to bring out the best in others. Her commitment to mentoring was a driving force that resulted in the MARN grant funded program “Mentoring Matters: A Pilot Program for Novice Nurses”. In 2007 the Mary A. Manning Mentoring Award was established in honor of Mary’s dedication to bringing out the best in others.

Mary will continue with MARN as she assists the Board of Directors with its transition plan.

Call for Posters

All conference participants are welcome to contribute posters.

Go to www.MARNonline.org and fill out the poster submission form by October 9, 2009.

Guidelines for poster submission will also be available on line.

Mentoring Matters: A Pilot Program for Novice Nurses, Up and Running

Lynne Wagner, EdD, RN, MSN
Program Coordinator

O
2009 Fall Convention

Transforming Nursing Practice: Improving Care through Technology

Friday, October 30, 2009

7:30 am-8:30 am
Continental Breakfast, Exhibits, Posters and Registration

8:30 am-9:30 am
Keynote Technology and the Impact on the Nurse
Susan Newbold, PhD, RN-BC, FAAN, FHIMSS

9:30 am-10:00 am
Break, Exhibits, and Posters

10:00 am-11:00 am
Breakout Session 1
A, B, C

11:15 am-12:15 pm
Breakout Session 2
A, D, E

12:15 pm-1:15 pm
Exhibits, Posters and Buffet Lunch

1:15 pm-2:15 pm
Breakout Session 3
D, E, F

2:30 pm-3:30 pm  
Plenary Clinical Informatics: A Bridge to Practice Innovation
Mary K. Kennedy, RN, MS

Conference Faculty

Anne Bane, RN, MSN  
Nurse Manager, Clinical System Innovations  
Brigham and Women’s Hospital

Margaret Benham-Hutchins, PhD, RN  
Assistant Professor  
Northeastern University  
Bouve College of Health Sciences  
School of Nursing

Diane E. Farrell Castelli, RN, MS, MSN  
Director of Clinical Training  
AMD Global Telemedicine, Inc.

Kathy Duckett, RN, BSN  
Director of Clinical Programs  
Partners Home Care

Mary K. Kennedy, RN, MS  
Director, Clinical Informatics  
The Miriam Hospital

M. Ellen Kinnealey, BSN, RN  
Advanced Infusion Systems Specialist  
Massachusetts General Hospital

Carol Jean Luppi, RN, BSN  
Nurse Educator for Technology  
Brigham and Women’s Hospital

Carole F. Mackenzie, RN, BSN, MEd  
Program Manager  
Nursing Staff Development  
Faulkner Hospital

Susan Newbold, PhD, RN-BC, FAAN, FHIMSS  
Associate Professor, Nursing Informatics  
Vanderbilt University School of Nursing

Rosemary O’Malley, RN, MSN, MBA  
Project Manager  
Massachusetts General Hospital

2009 Fall Convention continued on page 3
Breakout Sessions

A. Electronic Medication Administration (EMAr) with Bar Code Scanning: Implementation Strategies
   Rosemary O’Malley, RN, MSn, MBA

B. 21st Century Global Healthcare: Telehealth Applications and Advancements in Telemurging
   Diane E. Farrell Castelli, RN, MS, MSN

C. Informatics 101
   Marge Benham-Hutchins, PhD, RN

D. Post EMAR Implementation: Lessons Learned
   Anne Bane, RN, MSn

E. The World of Smart Pumps
   Ellen Kinnealey, BSN, RN
   Carol Jean Luppi, RN, BSN
   Carole F. Mackenzie, RN, BSN, MEd

F. Telemonitoring Nursing: Steps to Positive Patient Outcomes
   Kathy Duckett, RN, BSN

Registration Information

For credit card payments please go to www.MARNonline.org or Mail registration form and check to: MARN, PO Box 285, Milton, MA 02186.

Registrations MUST BE postmarked no later than October 16, 2009.

Registration fees are non-refundable. Checks returned for insufficient funds will be subject to an administrative fee.

- MARN Members: $90
- Non-Members: $140
- MASNA and Full Time Students: $75

Select your Breakout Session preferences below.

Breakout Session 1 ~ Check ONE
- A
- B
- C

Breakout Session 2 ~ Check ONE
- A
- B
- C

Breakout Session 3 ~ Check ONE
- D
- E
- F

Name: ____________________________
Address: ____________________________
City ________________ State, Zip ________________
Email: ____________________________
Phone: (______) _______________________

MArn Continuing Education Committee
7th Annual Provider Forum

October 21, 2009
Wellesley Gateway Building, Harvard Pilgrim Community Health Care Offices
Wellesley, MA

All current and potential providers of ANCC/MARN approved continuing nursing education credits would benefit from attending.

MArn/AnCC Update
9am-12noon
Learn about the new 2009 ANCC criteria,
Review changes to the application process,
Meet the committee and Nurse Review Peer Leader,
Ask Questions * Get Answers

Application Process Review and Consultation
1pm-3:30pm
Participate in a “hands on” application workshop,
Small group discussion groups,
Committee members will be available for questions

New forms for review and discussion
Introduction of plans for an on-line application process

Contact infoc@marnonline.org for additional information or Register at marnonline.org

Morning session: $99.00 or Afternoon session: $49.00 or Stay for the whole day: $125.00* Best price

Fees include continental breakfast and materials. Lunch is available in the Gateway cafeteria for a fee.

Massachusetts Association of Registered Nurses, Inc, is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Call for Posters

All conference participants are welcome to contribute posters.
Go to www.MARNonline.org and fill out the poster submission form by October 9, 2009. Guidelines for poster submission will also be available on line.
A Walk on the Moon

Myra F. Cacace, GNP-BC

Very short summer, wasn’t it? I’m writing this editorial on the eve of the 40th anniversary of Neil Armstrong’s first steps on the moon (July 20, 1969). Hard to believe that 40 years have passed since a dream became reality. I turned thirteen years old that day and as I sat awestruck in front of the television set I wondered if I would ever be able to do anything as memorable in my life. That event since a dream became reality. I turned thirteen years old that day and as I sat awestruck in front of the television set I wondered if I would ever be able to do anything as memorable in my life. That event was so memorable that it inspired me to pursue a career in nursing. I believe that every nurse has a story about the event that inspired them to become a nurse. For me, it was watching Neil Armstrong take that first step on the moon. I was thirteen years old at the time and I was so impressed by the dedication and hard work that went into making that dream a reality. That event has stayed with me ever since.

Nurses are the backbone of the healthcare system. They are the ones who take care of sick and injured people every day. They work long hours and often face difficult situations. But they do it because they love what they do. I have always admired nurses for their compassion and dedication. They are the ones who are there for us when we need them the most.

Over the years, I have had the opportunity to work with many nurses. They are some of the most amazing people I have ever met. They are always willing to go the extra mile for their patients. They are the ones who make sure that everyone is treated with respect and dignity. I am proud to be a part of the nursing profession and I am grateful for all that nurses do.

In conclusion, I want to thank all the nurses out there who work so hard every day to make the world a better place. You are the heroes of our society. I hope that we can continue to support and recognize the important work that nurses do.

Barbara A. Blakeney, MS, RN

As a little girl I played for hours in the back yard with my cousins. The yard was a grand place with stag horn sumac creating a wonderful canopy under which to run and play. We pretended it was an arena in Fitchburg, and I was the head cheerleader. Then we have Hawthorne the Chief Nurse Officer, who moves with the speed of light from one challenge to another. If she isn’t inserting IV lines in the heads of newborns she is talking to the docs as well as the hospital trustees. She fights the charge of mediocrity over the summer. She fought the addictions alone—never mind her marriage. Jackie is a compassionate nurse. I like her. I like her the same way I like House (May he recover in that in-patient situation) with his facility of handling troubled and on a self-destructive path based on her addictions alone—never mind her marriage.

In conclusion, I want to thank all the nurses out there who work so hard every day to make the world a better place. You are the heroes of our society. I hope that we can continue to support and recognize the important work that nurses do.
OCCUPATION TO HONOR YOUR COLLEAGUES:  MARN Awards Open to All Nurses

You probably work with or know nurse colleagues whose commitment to nursing and to patient care is exemplary. Yet in the rush of today's world, there is often little time to acknowledge them and their professional contributions. MARN Awards provide you the opportunity to honor their remarkable, but often unrecognized practices.

MARN Awards are not restricted to MARN members. Nominations must be a member of MARN or nominated by a MARN member. These awards can be peer or self nominated. For more information on and applications for the various scholarships and awards offered by MARN please visit the MARN web site: www.MARNonline.org.

Mary A. Manning Nurse Mentoring Award
This award was established by Karen Daley to support and encourage mentoring activities. This monetary award in the amount of $500 is given annually to a nurse who exemplifies the ideal image of a mentor and has established a record of consistent outreach to nurses in practice who are preparing for advanced education. (MARN membership not required).

Excellence in Nursing Practice Award
The Massachusetts Association of Registered Nurses Excellence in Nursing Practice Award is presented yearly to a registered nurse who demonstrates excellence in clinical practice. (MARN membership not required)

Excellence in Nursing Education Award
The Massachusetts Association Excellence in Nursing Education Award is presented yearly to a nurse who demonstrates excellence in nursing education in an accredited or clinical setting. (MARN membership not required)

Excellence in Nursing Research Award
The Massachusetts Association of Registered Nurses Excellence in Nursing Research Award is presented yearly to a nurse who has demonstrated excellence in nursing research that has had (or has the potential to have) a significant impact on patient care. (MARN membership not required)

Loyal Service Award (OUR NEWEST AWARD!)
This award is presented annually to a member of MARN who has demonstrated loyal and dedicated service to the association. (MARN membership required)

The nomination process is easy:
• Access the applications at the MARN website: www.MARNonline.org.
• Complete the application and submit electronically or by mail by the deadline of November 15, 2009.
• If you have any questions, need help? Call MARN at 617-990-2856

Professional Scholarships

Ruth Lang Fitzgerald Memorial Scholarship
This scholarship was established by the Fitzgerald family in memory of Ruth Lang Fitzgerald. The amount of $1,000 is given annually to a nurse who has demonstrated loyalty to the Massachusetts Nurses Association (MNA). The applicant must be a member of the Massachusetts Nurses Association (MNA) when it served as the state affiliate for the American Nurses Association (ANA) and be nominated by another MARN member.

Loyalty Service Award
This is a token of appreciation to a nurse who has demonstrated loyal and dedicated service to the association. (MARN membership required)

The nomination process is easy:
• Access the application at the MARN website: www.MARNonline.org.
• Complete the application and submit electronically or by mail by the deadline of November 15, 2009.
• If you have any questions, need help? Call MARN at 617-990-2856

Marn Awards

Scholarship; November 15 for Fitzgerald Scholarship; November 15 for Davis Scholarship

MARN Awards

November 15, 2009

By mail

Berkeley, MA 02770

To learn more about pain management programs:
Tufts University Pain Research, Education and Policy (www.tufts.edu/med/education/pdhp/mprep/index.html)
PREP-AIRED Blog (http://go.tufts.edu/prep)
American Society of Pain Management Nursing (www.aspmn.org)
Massachusetts Pain Initiative (http://masspaininitiative.org)
International Association for the Study of Pain (www.iasp-pain.org)

Author: Pamela Katz Ressler, RN, BSN, HN-BC, is the founder and President of Stress Resources (www.stressresources.com). She is currently in the MPREP program, Tufts University School of Medicine.

Pain is most common reason that people seek medical care (http://www.cdc.gov/nchs/data/hus/hus09.pdf) National Center for Health Statistics. Hyattsville, MD: 86-1003. Many persons live with chronic pain. Nurses can support persons who live with pain when they adopt evidence-based, non-drug pain management strategies Few nurses; however, know that Boston has the only graduate-level multidisciplinary pain program available in New England in the Tufts University School of Medicine. Since its founding in 1999, the Pain Research, Education and Policy Programs (PREP) have included a master’s degree program (MS-PREP), a research program (PREP), a pain education program (PREP-AIRED), an international pain education and policy programs (PREP) at Tufts University School of Medicine. These programs are designed to educate nurses and other health providers about pain management. The program provides advanced education and training in pain management and research methods and prepares nurses for leadership roles in pain management. The program is funded by the National Institute of Nursing Research (NINR) and the tufts University School of Medicine. The program provides advanced education and training in pain management and research methods and prepares nurses for leadership roles in pain management. The program is funded by the National Institute of Nursing Research (NINR) and the tufts University School of Medicine.

Pain is most common reason that people seek medical care (http://www.cdc.gov/nchs/data/hus/hus09.pdf) National Center for Health Statistics. Hyattsville, MD: 86-1003. Many persons live with chronic pain. Nurses can support persons who live with pain when they adopt evidence-based, non-drug pain management strategies Few nurses; however, know that Boston has the only graduate-level multidisciplinary pain program available in New England in the Tufts University School of Medicine. Since its founding in 1999, the Pain Research, Education and Policy Programs (PREP) have included a master’s degree program (MS-PREP), a research program (PREP), a pain education program (PREP-AIRED), an international pain education and policy programs (PREP), a joint master’s degree with the New England School of Acupuncture. The variety of educational and academic topics in the PREP programs. This is truly a student-focused program. It is a multidisciplinary, research-based program that prepares students to manage pain in a variety of settings. The program is designed to prepare nurses for leadership roles in pain management. The program is funded by the National Institute of Nursing Research (NINR) and the tufts University School of Medicine. The program provides advanced education and training in pain management and research methods and prepares nurses for leadership roles in pain management. The program is funded by the National Institute of Nursing Research (NINR) and the tufts University School of Medicine.

Pain is most common reason that people seek medical care (http://www.cdc.gov/nchs/data/hus/hus09.pdf) National Center for Health Statistics. Hyattsville, MD: 86-1003. Many persons live with chronic pain. Nurses can support persons who live with pain when they adopt evidence-based, non-drug pain management strategies Few nurses; however, know that Boston has the only graduate-level multidisciplinary pain program available in New England in the Tufts University School of Medicine. Since its founding in 1999, the Pain Research, Education and Policy Programs (PREP) have included a master’s degree program (MS-PREP), a research program (PREP), a pain education program (PREP-AIRED), an international pain education and policy programs (PREP), a joint master’s degree with the New England School of Acupuncture. The variety of educational and academic topics in the PREP programs. This is truly a student-focused program. It is a multidisciplinary, research-based program that prepares students to manage pain in a variety of settings. The program is designed to prepare nurses for leadership roles in pain management. The program is funded by the National Institute of Nursing Research (NINR) and the tufts University School of Medicine. The program provides advanced education and training in pain management and research methods and prepares nurses for leadership roles in pain management. The program is funded by the National Institute of Nursing Research (NINR) and the tufts University School of Medicine.

Pain is most common reason that people seek medical care (http://www.cdc.gov/nchs/data/hus/hus09.pdf) National Center for Health Statistics. Hyattsville, MD: 86-1003. Many persons live with chronic pain. Nurses can support persons who live with pain when they adopt evidence-based, non-drug pain management strategies Few nurses; however, know that Boston has the only graduate-level multidisciplinary pain program available in New England in the Tufts University School of Medicine. Since its founding in 1999, the Pain Research, Education and Policy Programs (PREP) have included a master’s degree program (MS-PREP), a research program (PREP), a pain education program (PREP-AIRED), an international pain education and policy programs (PREP), a joint master’s degree with the New England School of Acupuncture. The variety of educational and academic topics in the PREP programs. This is truly a student-focused program. It is a multidisciplinary, research-based program that prepares students to manage pain in a variety of settings. The program is designed to prepare nurses for leadership roles in pain management. The program is funded by the National Institute of Nursing Research (NINR) and the tufts University School of Medicine. The program provides advanced education and training in pain management and research methods and prepares nurses for leadership roles in pain management. The program is funded by the National Institute of Nursing Research (NINR) and the tufts University School of Medicine.

Pain is most common reason that people seek medical care (http://www.cdc.gov/nchs/data/hus/hus09.pdf) National Center for Health Statistics. Hyattsville, MD: 86-1003. Many persons live with chronic pain. Nurses can support persons who live with pain when they adopt evidence-based, non-drug pain management strategies Few nurses; however, know that Boston has the only graduate-level multidisciplinary pain program available in New England in the Tufts University School of Medicine. Since its founding in 1999, the Pain Research, Education and Policy Programs (PREP) have included a master’s degree program (MS-PREP), a research program (PREP), a pain education program (PREP-AIRED), an international pain education and policy programs (PREP), a joint master’s degree with the New England School of Acupuncture. The variety of educational and academic topics in the PREP programs. This is truly a student-focused program. It is a multidisciplinary, research-based program that prepares students to manage pain in a variety of settings. The program is designed to prepare nurses for leadership roles in pain management. The program is funded by the National Institute of Nursing Research (NINR) and the tufts University School of Medicine. The program provides advanced education and training in pain management and research methods and prepares nurses for leadership roles in pain management. The program is funded by the National Institute of Nursing Research (NINR) and the tufts University School of Medicine.
A Spotlight On Massachusetts Nursing's History

Mary Ellen Doona

In the fall of 1983, the Massachusetts Nurses Association (then the constituent organization of the American Nurses Association) established the Lucy Lincoln Drown Nursing History Society in response to members’ interest in Massachusetts nursing’s history. This Society made visible the historical perspective that is necessary in all professional action. Every member of the organization became a member of the Society. Many dedicated nurses, students, and nursing faculty, were profligate in volunteering their services and creativity. Alice Friedman, Joellen Hawkins, Loretta Higgins, Patricia Tyra and Ursula Van Ryzin were among others who devoted their best efforts to the Society’s Executive Committee. Shirley Duggan and Sarah Moroney served nursing history and the Society with unstinting commitment.

All this energy resulted in nurses from Massachusetts’ history being inducted into the ANA Hall of Fame; the National Women’s Hall of Fame in Seneca Falls, New York and Women in American History; the National Women’s Hall of Fame in Seneca Falls, New York and Women in American History; and Women in American History; the National Women’s Hall of Fame and Women in American History; the National Women’s Hall of Fame and Women in American History; and Women in American History. Lucy Lincoln Drown Nursing History Society, it will be named the Mary Ellen Doona’s Grave Site in Everett, Massachusetts, the Society was with them.

The 75th anniversary of the Board of Registration provided the occasion for a panel presentation at the state nursing organization’s 1983 convention in Boston. Among the panelists was a new graduate who had just taken the licensure exam. On February 26, 1993 forty-seven Massachusetts nurses portraying the long line of their predecessors paraded into Faneuil Hall on its 90th anniversary. Three hundred years of nursing history in Massachusetts from Native American Indian and an Indian Medicine Woman to futuristic space age nurses conveyed the fact that Massachusetts nursing’s history had deep roots. A vignette followed the parade. With primary sources as their script, nurses reenacted the debate on the floor of the Cradle of Liberty that resulted in the founding of the Massachusetts State Nurses Association in 1903.

In 1994, the Society presented Massachusetts’ long history of nursing education at the National League for Nursing when it convened in Boston. The Executive Committee authored “Nursing in Massachusetts in the Roaring Twenties” that the Historical Journal of Massachusetts published in 1995. That same year the Society attended groundbreaking ceremonies at Dimock Community Health Center (successor to the New England Hospital for Women and Children) where First Lady Hillary Rodham Clinton received the Mary Eliza Mahoney Award. At another ceremony there a few years later, Senator Edward M. Kennedy represented the Federal Government as the site of the most important nurses from every level of the Organization. So, the request of Julia Sullivan, then the President of the Nursing Archives Associates, the enthusiasm of nurse members from every level of the Organization made these activities and many more possible.

The Lucy Lincoln Drown Nursing History Society ended on March 24, 2001 when MNA separated from ANA. The Society’s papers, minutes, annual reports, correspondence, publications and chronology are in the History of Nursing Archives at Boston University. These documents are preserved at the Archives as are those of MARN’s first 98 years as ANA-affiliated MNA. Mary Ellen Doona’s personal file is with her papers in the Mary L. Pekarski Nursing Archives in the Burns Library at Boston College.

The Massachusetts Association for Registered Nurses (incorporated on March 23, 2001), keeps Massachusetts nursing’s frayed thread to its past from breaking. Clio’s Corner is a regular feature in each edition of the MAssachusetts Report on Nursing, keeping Massachusetts nursing’s history visible. The MARN Living Legend Award, presented annually at their annual convention brings that history back into the spotlight. This award is for all those nurses who day after day make history as they care for others. Their history belongs in this spotlight. MARN members praise the Nursing Living Legend award and the newsletter’s Clio’s Corner in their letters, emails and conversations. Nurses sense that without their history they are disinherited, perhaps even paupers. For historical perspective is nursing’s vitalizing force. Stepping into the future requires a backward glance over one’s shoulders—whether those shoulders belong to individual nurses or to the professional organization to which they belong.

I hope that when MARN does create its nursing history society, it will be named the Mary Ann Garrigan Nursing History Society. Garrigan knew nursing’s history. Because of her historical perspective, she was able to step out of the present and into the future. She established the History of Nursing Archives so that others might relinquish the rhetoric of nursing’s myths and seek the real story. She did not follow the path blazed by others. She led the way. Knowing nursing’s history made that possible.

On April 3, 2009 Phyllis Moore presented Mary Ellen Doona to the Massachusetts Association of Registered Nurses’ members and president for its Living Legend Award. Doona accepted the Award from President Toni Abraham at MARN’s Awards Dinner held in the Hilton Hotel in Dedham, Massachusetts.
As you know from previous newsletters, my agenda for the year was to focus on volunteering. I’m not sure if it was kismet, but days before his inauguration, President Obama also had Volunteerism on his agenda during his campaign for President when he called for Americans to participate in “Organizing for America,” a nationwide volunteer effort. This program recruited thousands of volunteers to gather in farmers’ markets, rehab clinics, parks, and libraries throughout the nation on a National Health Care Day of Service on June 27th.

Throughout the country, people contributed time, talent and good will. In Golden, Colorado volunteers gathered fresh, home-grown foods while others made homemade pasta, bread & tortillas for healthy food drives. One volunteer in Golden, CO stated, “When we showed up at the Food Bank with our load of food, they were awestruck. What I noticed is that throughout the day, the faces and the voices of both volunteers and donors were lit up, both in the giving and the receiving. Everyone wanted to know, ‘When are we doing this again?’ Planning for a second national Day of Service this fall is already underway. Just imagine the wonderful array of produce that will be harvested for local food pantries.

From June 22 through September 11, the national service initiative United We Serve is engaging Americans in addressing their own community needs in education, health, energy and the environment, and community renewal. United We Serve strives to build on the work of existing community agencies and encourages volunteers to be creative and develop their own do-it-yourself projects. Although the initiative is currently going on, the hope and ultimate goal is that the initiative will grow into a collaborative of sustained and focused effort that promotes service as a way of life for all Americans.

In Massachusetts, Volunteers of America hopes to engage hundreds of citizens in random acts of kindness that can change the world. In Boston they recruited volunteers to host back to school book and supply drives; engage at-risk boys in outdoor sports activities; organize gardening and recreational activities; lead arts, crafts and technology enrichment programs and serve at-risk and homeless veterans as part of the summer service initiative. Bunker Hill Community College English as a second language (ESL) students organized a National Health Care Day with posters, fliers, classroom visits and the screening of the film SALUD (Spanish/English subtitles) for an international perspective.

Since August 20th, the annual Boston GreenFest at Boston City Hall Plaza is hosting a series of exhibits, workshops and presentations related to healthy living and a healthy environment. Check out the website: http://bostongreenfest.org. If you want to have a table or if you want to volunteer you can contact karen@bostongreenfest.org.

Getting involved in community activities and becoming involved with community organizations can be hard at first, but as you can see from the comments from the volunteers in Colorado, once you’ve done it, you can’t wait for the next opportunity.

There are several other web sites that can show you the way! Check out Serve.gov, a website where you type in your zip code to find local volunteer opportunities; Volunteers of America Massachusetts has several projects listed on www.serve.gov but you can also find Massachusetts volunteer opportunities at www.voamass.org.

I’ll close this quarterly installment with a quote from President Obama (who is quoting Thomas Edison) in his election night acceptance speech:

“Opportunity is missed by most people because it is dressed in overalls and looks like work.”

It’s no secret that our country faces some enormous challenges right now, and meeting them will take a lot of hard work. But in that work lays an equally great opportunity—a chance to serve and to feel great while you are serving. I believe the chance to serve is a precious gift indeed.
Step Forward:

A Special Thank You to the MARN Members who volunteered their time and talent during the past twelve months

June (Toni) Abraham • Board of Directors
Leticia Allen • Health Policy Committee
Cathleen Bergeron • Spring Conference
Margaret Bergman • Mentoring Program
Barbara Blakeney • Regular Contributor to MAssachusetts Report on Nursing
Margaret Blum • Health Policy Committee
Patricia Bowe • Board of Director/CE Committee
Peggie Griffin Bretz • CE Committee/Spring Conference
Karen Cervizzi • Membership Committee
Myra Cacace • MAssachusetts Report on Nursing
Gino Chisari • Health Policy Committee
Deborah Cleboter • CE Committee
Susan L Conrad • Board of Directors
Karen Daley • Health Policy Committee/Living Legends Committee
Mary Ellen Doona • MAssachusetts Report on Nursing
Patricia Edwards • Nominating Committee
Claudia R. Ellis • Bylaws Committee Member
Joanne Evans • Awards Committee/Membership Committee
Kathleen Faella • Mentoring Program
Maura Flynn • Health Policy Committee
Maura Fitzgerald • Awards Committee
Brian French • Fall Conference Nominating Committee
Lindsay A Gainer • Board of Directors Fall Conference
Sharon Gale • Mentoring Program
Barbara S. Gardner • CE Committee
Jeanne Gibbs • CE Committee
Barbara Giles • Health Policy Committee
Pamela Gorgone • Health Policy Committee
Elizabeth Grady • Living Legends Committee Spring Conference
Barbra J Gray • Board of Directors
Mary Hanley • Spring Conference
Nancy Hartley • Awards Committee
David Higgins • Awards Committee
Mary Anne Kieran • CE Committee
Cynthia La Sala • Mentoring Program Spring Conference
Karen Manning • Nominating Committee

Anne P. Manton • Board of Directors
Maureen Martinez • Health Policy Committee
Mary J. McKenzie • Bylaws Committee
Maureen McLaughlin • Health Policy Committee
Kathryn R McNamara • Board of Directors
Justine M Mize • Board of Directors/Membership Committee
Phyllis Moore • Awards Committee
Angela Nannini • Health Policy Committee
Lynn O’Brien • Mentoring Program
Gayle Peterson • Health Policy Committee
Linda Piller • Health Policy Committee
Sandra M. Reissour • CE Committee Member
Patricia Ruggles • Health Policy Committee
Fran Scully • Health Policy Committee
Mary Margaret Seagraves • MAssachusetts Report on Nursing
Judy L. Sheehan • CE Committee
Margie Sipe • Board of Directors/Membership Committee
Rachel Spector • Living Legends Committee
Theresa M. Spinelli • Bylaws Committee/Board of Directors
Andrea Stanley • CE Committee
Judith Sweeney • Nominating Committee
Tara Tehan • Board of Directors
Rachel E. Tierney • Bylaws Committee
Cammie Townsend • Bylaws Committee
Ellie V Vaneteian • Board of Directors
Cidalia J. Vital • Board of Directors/Membership Committee
Changes on the MARN Board of Directors

Meet New Director, Margie Sipe, MS, RN, CNE who was elected at the MARN Annual Meeting in April. Margie is now a Nurse and Performance Improvement Innovator at Lahey Clinic in Burlington, MA. She is a graduate of Lebanon Valley College with a Bachelor of Science in Nursing and later, she earned her Master of Science in Nursing degree at Boston College.

Margie has extensive experience in nursing education, nursing leadership, and consultation. Prior to joining Lahey, she worked first as an independent consultant helping facilities prepare for state and Joint Commission surveys, and for over 8 years as a senior nursing consultant with Cardinal Health.

Margie volunteers with an emphasis on medication safety. Was one of the nurse participants who worked with ISMP teams with an emphasis on medication safety. Was a proponent of the importance of technology to support the work of nurses and to insure the highest quality of patient care. Served as a core member of the implementation teams for enterprise wide information systems in each of her hospital roles. As a consultant focused on technology solutions and traveled across the country to work with healthcare leadership teams with an emphasis on medication safety. Was one of the nurse participants who worked with ISMP in creating the guidelines for safe use of automated dispensing cabinets. She is currently the nursing project lead for the BCMA efforts at Lahey Clinic.

Margie is an active participant in other nursing organizations such as AONE, MONE, Sigma Theta Tau, HIMSS, and NECC. She has received several awards for her leadership roles over the past several years.

Margie is an avid sports fan—particularly following the Red Sox and Patriots. She is an excited about the possibilities that MARN and her new position on the Board of Directors can provide in assisting with this goal.

Massachusetts Nurse Volunteers in Peru

by Celeste Kmiotek

While many professionals try to use the summer to relax and escape the stress of their hectic lives, some dedicated health care professionals use the time to volunteer their services in areas without adequate healthcare. Susan Croteau, a nurse at Massachusetts General Hospital, and her daughter, Jaime, a recent graduate from Providence College and a Spanish translator, were two of the professionals who took advantage of these opportunities through Global Health Ministry (GHM), a non-profit organization associated with Catholic Health East. Sue and Jaime joined 31 other missionaries for two weeks to work in northern Peru in the village of Chulucanas.

Each volunteer was given an assignment during breakfast, beginning work at eight as patients began to queue and receive tickets from local volunteers guaranteeing an appointment with one of the providers. Susan worked in a lab the first four days, and spent the remainder of the trip in triage, completing medical histories to discern where to direct each patient. The group included a gynecologist, pulmonologist, pediatrician, ophthalmologist, nurse practitioner, physical therapist or occupational therapist. There was even a small makeshift pharmacy which provided basic medications.

Trips were also made to see people living in more remote mountain areas. This meant a six hour bus trip (one way), a full day of work and another six hour trip back to the clinic. Most villagers only see a doctor when visited by the missionaries, while others had never seen a doctor at all. Susan mostly often saw patients diagnosed with parasites, scabies or urinary tract infections and in need of Tylenol, multivitamins, blood pressure medication, diabetes medication or antibiotics.

Other groups of volunteers visited people unable to make the journey, traveling seven hours to set up clinics for a week in places that did not have electricity or running water. Though Susan did not go on any of those trips, she did travel 2 hours to visit two villages on two separate days. An abandoned school, lacking plumbing, was turned into a makeshift clinic.

Despite the stressful conditions, Susan felt the trip was worthwhile and valued the experience. “While I was there, I said I would never do this again,” she said. “But on the last day there I could see that I made a difference in the lives of a few people and I would love the opportunity to go back. The people on the trip were all amazing people who volunteered their time, expertise, supplies and money for the people of Peru.”

Her patients doubtless agree that Susan Croteau and her daughter Jaime made a difference. For more information on Global Health Ministry, visit www.globalhealthministry.org.

Celeste Kmiotek is majoring in Journalism at Fordham University.
A Steady Hand for the Nursing Profession During This Fiscal Storm: Senate Richard Moore Champions Several Budget Initiatives

by Craven & Ober Policy Strategists, LLC

The nation, in fact the world, is experiencing a significant fiscal storm, unprecedented in at least a generation. Many states are struggling to sustain budgets that meet the needs of services and programs prioritized by elected officials. Massachusetts has also struggled with cobbled together a budget for FY 2010 that is up to $3 billion dollars less than FY 2009. That deterioration in fiscal resources has led to recent budget cuts in all sectors of government, including health care. The first evidence of that, was a round of cuts made by Governor Patrick to “balance the books” for FY 2009. Whereas, the same difficult decisions around which programs to support were being discussed by both the House and the Senate from January until the passage of the FY 2010 budget at the end of June, a voice articulating the need to support programs focused on the nursing profession and the patients we serve, was again loud and clear in the Senate. Leading the charge to take a steady hand during this fiscal crisis and wanting very much to avoid losing ground on advances made for nursing in recent years, Senator Richard T. Moore (D-Uxbridge), Senate Chair of the Joint Committee on Health Care Financing, used his considerable clout to convince the legislature to support a number of programs of interest to all licensed nurses in the Commonwealth.

“Securing funds for several initiatives that continue Massachusetts’ mission in protecting the nursing profession, while enforcing patient safety and quality care were important to me and to my colleagues in both the Senate and the House. In offering amendments to restore and support these budget line items, the legislature was sending a strong message of support for the role nurses play in our health care delivery system,” notes Moore.

A review of some of these budgetary line items will provide insight into their importance:

**Line Item 7066-0020 Nursing and Allied Health Trust Fund—$1 million**

This fund helps to develop and support strategies that increase the number of public higher education faculty members and students who participate in programs that support careers in fields related to nursing and allied health. The fund also attracts private institutions and funding to address shortages in the nursing profession. The trust fund had been eliminated in the first draft of the Senate budget proposal. Although it was included in the House budget proposal, because the financial outlook worsened significantly during the short time frame from April to June, it was very much at risk for total elimination. Through an amendment sponsored by Chairman Moore, it was restored in significant measure.

**Line Item 4590-0250 School Health Services and Nurses—$15,422,121**

This funding has been utilized for school health services by school nurses and school-based health centers in public and non-public schools for more than a decade. During the budget deliberations in the House, the words “school nurses” were mistakenly stricken from the appropriation language. This line item specifically funds the Essential School Health Services (ESH) grants and funding to school based health centers, administered by the Department of Public Health. The ESH grants also support nurses as they provide developmentally and culturally appropriate health care services such as annual check-ups, immunizations, sports physicals, nutrition education, oral health services, and mental health services, including screening and referral for depression and suicide prevention through the elementary and secondary public school system. The DPH grants also support the school nurse leaders’ coordination of best practices and electronic health records with local school nurses, to ensure healthy and safe environments where all students can learn and excel. Although the line item did sustain a cut, the specific inclusion of “school nurses” was restored.

**Line Item 4570-1502 Infection Prevention and Control—$668,820**

This funding will continue the statewide infection prevention and control program in the Commonwealth, which began with the passage of Health Care Reform in 2006. The Senate FY 2010 budget proposal did not fund this program. Although some concede they don’t know how public reporting of infection data will impact quality of care or affect consumers and providers, after years of debate, mandatory public reporting of healthcare-associated infection data has become a reality in several states. Hospital-acquired infections are typically spread as a result of inadequate sanitary practices or inconsistent adherence to infection prevention procedures. Proponents believe that data collection and comparison can be used to guide and improve infection prevention programs in healthcare facilities. This funding will continue to focus Massachusetts on best practice models across disciplines and in multiple health care delivery settings in order to realize the potential benefits for both patients and costs. Senator Moore has been a recognized leader in this effort both in the Commonwealth and in the nation. He does recognize the pivotal role nurses play in infection control and its effect on the quality of patient care.

Every state budget is a reflection of the priorities set by the Legislature and the Administration. It should also reflect the priorities, needs and expressed interests of the people of the state, and in this case, the nursing profession is clearly a priority. Senator Moore has consistently supported the nursing profession in the Legislature, whether through many of his legislative initiatives or various budget priorities. The nursing community is fortunate to have his longstanding advocacy on Beacon Hill.

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.
Demystifying the Immune System and Autoimmune Diseases
Ohio Nurses Foundation, ONF-07-30-I, INDEPENDENT STUDY
1.25 contact hour will be awarded for successful completion of this independent study.

INDEPENDENT STUDY
This independent study has been developed for nurses to better understand the immune system and autoimmune diseases.

The Ohio Nurses Foundation (ONF-001-91) is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center’s Commission on Accreditation. Expires 12/2009.

DIRECTIONS
1. Please read carefully the enclosed article “Demystifying the Immune System and Autoimmune Diseases.”
2. Complete the post-test, evaluation form and the registration form.
3. When you have completed all of the independent study curricular materials, complete the registration form, the evaluation form and fee to MARN Newsletter, P. O. Box 6050, Naperville, IL 60567.
4. Please make checks payable to MARN. The fee:

   - MARN members: $25
   - non-MARN members: $35

5. The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued.

If you have any questions, please feel free to call Barbara Walton, MA, MS, RN, Director, Nursing Education, 614-448-1027 (zehrl@ohnurses.org), or Sandy Swearengen, 614-448-1030, (gswarengen@ohnurses.org) Ohio Nurses Foundation.

OBJECTIVES
Upon completion of this independent study, the learner will be able to:

1. Describe the role of T cells and B cells in the immune system.
2. Describe the roles of innate immunity available to assist patients with autoimmune diseases.

This independent study was developed by: Barbara Walton, MA, MS, RN, NurseNotes, Inc, Milan, Michigan. The author and planning committee members have declared no conflict of interest.

For many years we have dealt with “autoimmune diseases,” often telling patients we do not know why or how these diseases develop. We tell them their immune system attacks their own bodies for some unknown reason. Not having a clear understanding of these diseases, nor the immune system itself, creates frustration for both the patients receiving this news as well as healthcare professionals. In this module, we will discuss the workings of the immune system so perhaps, even though we still do not have all the answers to autoimmune diseases, we will be able to offer a better explanation to our patients.

The immune system defends the body from foreign matter and removes the unwanted invader. As an extraordinarily complex system relying on an elaborate and dynamic communication network among the many different kinds of immune cells in the body. The key role of the immune system is to recognize and respond to substances called antigens. The immune system must recognize whether an antigen is an infectious microorganism, a foreign substance, or part of the body. An antigen that is actually part of the body is called a self-antigen.

The immune system is comprised of two systems: the innate system and the adaptive system. The innate immune system consists of barriers such as skin, mucosa, sebaceous glands, sweat and tears. Skin is our main defense from the outside world providing us with a great barrier. Mucus, oils, perspiration and tears trap and inactivate microorganisms. (3) After a pathogen invades the body, the adaptive immune system has specialized immune cells that are programmed to recognize, attack and store the memory of antigens. The adaptive system functions along three lines: humoral, the thymus gland, lymph nodes and the spleen.

When the immune system responds to an infectious microorganism, a foreign antigen is rendered inactive by the antibody. Inflammation is part of the immune response and is defined as a collection of immune system cells within tissues or organs. Inflammation is a major sign of autoimmune diseases and causes many of the symptoms, pain, discomfort and damage related to autoimmune diseases.

How the immune system functions:

T cells and B cells:

Most adaptive system cells are white blood cells. Lymphocytes are white blood cells categorized as T cells and B cells. B cells and T cells originate from the bone marrow. These cells are immature and incompetent early on. Each encounter with an antigen gives them everlasting memory as to how to fight it. Each T cell and B cell resultant from each encounter with an antigen, the T cells and B cells return to their places of residence, being the bone marrow and the thymus gland. Some T cells on the memory is encoded in the lymphocytes’ DNA. Hence when lymphocytes are renewed, there are “new and improved” lymphocytes produced. The memory of the antigen that has previously passed through generations of lymphocytes, giving us lasting immunity to diseases. Diseases or toxins that cause health problems are the bone marrow, thymus gland, and lymph nodes, and will affect the immune system’s ability to function properly.

T cells reside in the thymus gland and are referred to as cellular immunity. T cells help to destroy infected cells and coordinate the overall immune response. T cells have a molecule on its surface called the T cell receptor. There are over one hundred and fifty T cell receptors that have been identified. Most T cells carry the CD8 marker, known as helper cells that eventually activate B cells. This receptor interacts with protein molecules called major histocompatibility complex, or MHC molecules. MHC are proteins that cause surrounding immune system cells to communicate with T cells. As an example, when a virus invades the body, MHC binds to a piece of the virus (which is an antigen) and displays the antigen on the cell’s surface. These cells are called antigen-presenting cells. Each MHC molecule that displays an antigen is recognized by a matching or compatible T cell receptor. Antigen-presenting cells are thus able to communicate with T cells via 2 signals called co-stimulatory molecules: one on the antigen-presenting cell and the other on the T cell. To date we know there are several different sets of co-stimulatory molecules that participate in this interaction of antigen-presenting cells that are capable of antigen recognition.

Once the MHC and the T cell interact via the co-stimulatory molecules, there are several different pathways the T cell can take. These include the cell to become activated, then cytokines may cause the immune system to shut down, while other cytokines cause immune cell growth or death. One of these cytokines is TNF (tumor necrosis factor). TNF levels can be measured in the blood. TNF levels are elevated in patients with autoimmune diseases. TNF binds to TNF receptors on immune system cells, thereby preventing TNF from binding to its receptor sites, particularly in synovial fluid. TNF inhibitors stop the inflammatory process. Some cytokines are known as interleukins that are responsible for destruction via the processes of agglutination, precipitation, neutralization or complement fixation. B cells are responsible for making antibodies. An antibody binds to an antigen, forming an antigen-antibody complex, and marks the antigen for destruction via the processes of agglutination, precipitation, neutralization or complement fixation. In agglutination bacteria, cells and/or foreign substances, form into a large clump, but remains suspended in solution. B cells reside in bone marrow and are referred to as humoral immunity. B cells make antibodies. B cells also produce plasma cells. Plasma cells produce immunoglobulins that are glycoproteins. Immunoglobulins are collected from plasma of healthy individuals, pooled and then can be given as inoculations, such as MMR (measles, mumps and rubella) vaccines, DPT (diphtheria, pertussis and tetanus) or polio vaccinations. Macrophages and Neutrophils:

Macrophages are large phagocytic white blood cells. Neutrophils are white blood cells categorized as bands or segs. Bands are immature neutrophils in the bone marrow, and neutrophils circulate in the blood and survey the body for foreign substances. Think of macrophages as filters and neutrophils as the go around gobbling up any foreign substance they encounter. When they find foreign antigens, they engulf and destroy them by making toxic molecules such as reactive oxygen intermediate molecules. If production of reactive oxygen intermediate molecules continues unchecked, surrounding healthy tissues as well as the macrophages and neutrophils may also be destroyed. This is what happens in Wegener’s granulomatosis when there is an accumulation of toxins in the blood vessels, leading to infarcts or death. Another disease is rheumatoid arthritis, the toxins destroy the joint tissues. The reactive oxygen intermediate molecules contribute to inflammation, causing warmth and swelling.

MHC and Co-stimulatory Molecules:

There is no commercial support for this independent study. To receive the CE unit, please complete the post-test. If a score of 70 percent or better is achieved, a certificate will be issued. 1.25 contact hour will be awarded for successful completion of this independent study.
also activate inflammation. Cytokines may also influence other activities against tissues, i.e. they may cause thickening of the skin in patients with scleroderma.

**Antibodies and B cells:** B cells play a role in the removal of foreign antigens by using a surface molecule to bind the antigen or by making specific antibodies that can search out and destroy specific foreign antigens. B cells can only make antibodies when it receives the appropriate command signal from T cells. Once the T cell signals the B cell with a type of cytokine messenger, the B cell is able to produce a unique antibody that targets that particular antigen.

**Autoantibodies:** In some cases, B cells may mistakenly make antibodies against tissues of the body (self-antigens) instead of foreign antigens. Autoantibodies can interfere with the normal function of the tissue or initiate destruction of the tissues, thus causing autoimmune diseases. Patients with myasthenia gravis possess autoantibodies that attack a part of the nerve that stimulates muscle movement. In pemphigus vulgaris, another autoimmune disease, autoantibodies are misdirected against skin cells, with the result that the connective tissue and cells break down, resulting in skin blisters.

**Immune Complexes and the Complement System:** When many antibodies are bound to antigens in the bloodstream, they form a large lattice network called an immune complex. Immune complexes become harmful when they accumulate in the wrong places. Overproduction of chemokines contributes to the invasion and inflammation of the target organ, which occurs in autoimmune diseases. For patients with rheumatoid arthritis, over production of chemokines in the joints contributes to an invasion of the joint spaces by destructive immune system cells such as macrophages, neutrophils and T cells.

**Genetic Factors:** Genetic factors do influence a person’s immune system and its responses to antigens in a variety of ways. Genes determine the variety of MHC molecules and the potential array of T cell receptors a person carries. Some individuals carry disease-associated molecules, but do not develop an autoimmune disease, while others do. Some of the autoimmune diseases, such as psoriasis, may occur among several members of the same family. In some cases, one family member may carry a defective gene and develop rheumatoid arthritis, while another family member with the same gene may develop dermatomyositis. At present there are so many variables that have yet to be identified, we do not have a clear genetic picture of the autoimmune diseases.

**Autoimmune Diseases:** If a patient has an autoimmune disease, the immune system mistakenly attacks itself, targeting certain types of cells, tissues and organs. Most autoimmune diseases strike women of working age during their childbearing years, more often than men. Different ethnic groups also seem to be targeted by certain autoimmune diseases, i.e., systemic lupus erythematosus (SLE) is more common in African-Americans and Hispanics, whilst rheumatoid arthritis strikes a greater percentage of Native Americans.

Some autoimmune diseases are known to begin or worsen with triggers such as viral infections or environmental triggers such as sunlight, which can worsen SLE. Other triggers, not well understood, affecting the immune system include aging, chronic stress, hormones and pregnancy. The table below lists some of the classic autoimmune diseases.

**Main Target Organ**

<table>
<thead>
<tr>
<th>Autoimmune Disease</th>
<th>Nervous System</th>
<th>Blood</th>
<th>Blood Vessels</th>
<th>Skin</th>
<th>Gastrointestinal System</th>
<th>Endocrine Glands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Sclerosis (MS)</td>
<td>Hemolytic anemia</td>
<td>Temporal arthritis</td>
<td>Psoriasis</td>
<td>Crohn’s Disease</td>
<td>Type 1 or immune related mellitus</td>
<td></td>
</tr>
<tr>
<td>Myasthenia Gravis (MG)</td>
<td>Pernicious anemia</td>
<td>Antiphospholipid Syndrome</td>
<td>Dermatitis herpetiformis</td>
<td>Ulcerative Colitis</td>
<td>Glucagonemia</td>
<td></td>
</tr>
<tr>
<td>Guillain-Barre</td>
<td>Autoimmune thrombocytopenia</td>
<td>Wegener’s granulomatosis</td>
<td>Vitiligo</td>
<td>Primary biliary cirrhosis</td>
<td>Cerebellar ataxia</td>
<td></td>
</tr>
</tbody>
</table>

**Diseases with Autoimmune Influence:** We now know many diseases and health problems are linked to the immune system and chronic inflammation. We evolved as human beings in large part due to our immune system. It was our immune system that protected us prior to the times when we had water purification systems, sewer systems and antibiotics. Now with all the conveniences of modern living, coupled with the fact that we are living longer, the inflammatory response whose strategies kept us evolving, may be more likely to slip out of control. Many of the issues in diabetes, cardiovascular disease, cancer and congestive heart failure can be linked to chronic inflammation. Inflammation creates several problems. Inflammation is opening up many new modes of treatment of a variety of diseases.

**Heart disease:** We’ve all seen patients with normal cholesterol and triglyceride levels, but still have heart disease. What is found in some of these individuals is an elevated C reactive protein level. C reactive protein is a molecule produced by the liver in response to inflammation. In a severe infection or injury, levels of C reactive protein can quickly rise from 10 mg/L to 100 mg/L, or more. Research has shown that patients with C reactive protein levels of 3 mg/L or more, can more than triple the risk of cardiovascular disease in men and women. Patients, who have high C reactive protein levels, i.e., less than 0.5 mg/L, rarely have heart disease. Knowing this about inflammation and its relationship to heart disease, even more important than originally thought in preventing heart attacks. Aspirin has been used in treating patients with heart disease due to the benefit of anti-inflammatory actions, it proves to be even more beneficial. Statin medications, prescribed to help lower cholesterol levels also possess anti-inflammatory characteristics, thus increasing the benefits of using these medications as well.

**Diabetes:** In the days of Banting and Best, on their way to discovering insulin to treat diabetes, physicians used large doses of salicylate compounds. The salicylates did reduce pain and fever, but high doses were needed. Blood sugars, but side effects such as ringing in the ears, headaches and dizziness, were intolerable. Today we know there is a link between inflammation, insulin, fat (either dietary or in large folds under the skin) and diabetes. One theory is that fat somehow stimulates the immune system and produces inflammation. Some studies have even shown that when patients who possess anti-inflammatory characteristics, thus increasing the benefits of using these medications as well.

**Cancers:** As early as the 1860’s a popular theory regarding the cause of cancers was chronic inflammation. This theory is now being revisited. For example, a patient has chronic heart burn problems, we know they also have an increased risk for esophageal and stomach cancer due to chronic inflammation. With chronic inflammation, cellular growth is stimulated and smokes are changed for cell movement. Left unchecked, cells continue to mutate, resulting in malignant growths. This happens when macrophages and other immune cells produce

Demystifying the Immune System continued on page 13
Oxygen free radicals: Oxygen free radicals are very toxic and can damage or destroy just about anything they encounter, including DNA. An encounter that damages the DNA, but does not destroy a cell may lead to genetic mutation. This mutated cell then continues to grow and divide, and a cancer may result.

Cyclooxygenase 2 (COX-2) is an enzyme produced during the inflammatory process. There seems to be a link between COX-2 levels and colon cancer. Patients taking a daily aspirin, a known COX-2 inhibitor much like Celebrex™, seem to have a lower incidence of colon cancers and polyps. However one draw back to aspirin is its ability to cause internal bleeding. An increased risk of myocardial infarction is a drawback to COX-2 inhibitor medications, such as Celebrex™. Will we see new and improved COX-2 inhibitors in the future? Will patients with increased risk for colon cancers soon be told to take COX-2 inhibitors to prevent these cancers? We just need more research.

Asthma: Many individuals with asthma have allergies. It is the chronic inflammation triggered by the allergen that causes the asthma. For example, it may be dust mites or cat dander that triggers an allergic reaction. When this allergic reaction enters the lungs, an asthma attack results. So many of the medication used to treat asthma today have been designed to control inflammation. However, why is it most patients who develop adult onset asthma have no allergies? We still do not have the answer to this question, but research is ongoing.

Diagnosis of autoimmune diseases is based on the patient’s symptoms, physical exam and laboratory findings. Autoimmune diseases are difficult to diagnose, particularly in the early stages when symptoms such as fatigue or joint pain are nonspecific. The patient and healthcare provider during this early part of the disease may feel frustrated. A patient who presents with joint pain symptoms may receive a diagnosis of “undifferentiated connective tissue disease.” The healthcare professional will want to have the patient return frequently for follow up, in order to track laboratory test results and symptoms the patient is experiencing. It may take months to years to diagnose the actual autoimmune disease the patient has. In some cases, the disease may never be identified. Other diseases that are linked to the immune system, such as heart disease, cancers, asthma, and diabetes may be easily identified and treated.

Resources for Autoimmune Diseases:

Autoimmune diseases are chronic, requiring lifelong care and monitoring, and they often take an unpredictable course. Patients need ongoing medical treatment as well as emotional support and patient teaching. Nurses can support, educate and assist patients and their significant others deal with these chronic diseases. There is still so much we do not know about the immune system and autoimmune diseases, however there are many resources available to both the healthcare professional and patients. Many of the resources are available through the National Institutes of Health and are funded with tax dollars. Resources in the private sector are funded largely through grants, foundations and donor support. These resources can prove to be invaluable to the patient, family members or healthcare professionals who are seeking information, current modes of treatment, news of clinical trials, and the availability of support groups and local chapters regarding the specific disease. Many of the websites have information that may simply be printed, free of charge, and passed along to the patient. Below is a table of resources.

### National Institute of Health Resource

| National Institute of Allergy and Infectious Diseases (NIAID) | niaid.nih.gov/autoimmune | 301-496-5717 |
| National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) | niams.nih.gov | 301-495-4484 |
| National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) | niddk.nih.gov | 301-654-3810 |
| Also includes information regarding thyroid diseases | 301-496-3583 |
| National Institute of Neurological Disorders and Stroke (NINDS) | ninds.nih.gov | 301-496-5751 |
| Office of Rare Diseases | cancernet.nci.nih.gov | 301-402-4336 |

### Private Sector Resource

| American Autoimmune Related Diseases Association | aarda.org | 800-598-4668 |
| American Diabetes Association | diabetes.org | 800-232-3472 |
| American Liver Foundation | salio.ucsf.edu/alff/alffinal/homepagealff.html | 800-233-0179 |
| American Thyroid Association | thyroid.org | 718-882-6085 |
| Arthritis Foundation | arthritis.org | 800-283-7800 |
| Crohn’s and Colitis Foundation of America | ccf.org | 800-932-2423 |
| Juvenile Diabetes Foundation International | jdfcure.com | 800-533-2873 |
| Lupus Foundation of America | lupus.org/lupus | 800-558-0121 |
| Myasthenia Gravis Foundation of America | med.unc.edu/mgfa | 800-541-5454 |
| Myositis Association of America | myositis.org | 540-433-7686 |
| National Alopecia Areata Foundation | alopeciaareata.com | 415-472-3780 |
| National Multiple Sclerosis Society | nmss.org | 800-344-4667 |
| National Organization for Rare Diseases | norefledge.com/orphan | 800-999-6673 |
| National Psoriasis Foundation | psoriasis.org | 800-723-9166 |
| National Sjogren’s Syndrome Association | sjogrens.org | 602-433-0844 |
| Sjogren’s Syndrome Foundation | sjogrens.com | 800-4-SJOGRENS |
| National Vitiligo Foundation | nvfa.org | 903-531-0074 |
| Spondylitis Association of America | spondylitis.org | 800-777-8189 or 888-777-1594 |
| The SLE Foundation | lupus.org/lupus | 800-745-8787 |
| United Scleroderma Foundation | scleroderma.org | 800-722-HOPE |
| Wegener’s Granulomatosis Association International Support Group | wga.org | 800-277-9474 |
Demystifying the Immune System continued from page 13

Glossary of Terms:

**Antibody:** also called immunoglobulin, produced by B cells in response to an antigen. When an antibody binds with an antigen, it causes the destruction of the antigen.

**Antigen:** a substance that is recognized by the immune system as being foreign, such as a bacteria or virus.

**Self-antigen:** a substance from the same organism, i.e., one’s own body, that the body recognizes as foreign.

**Antigen presenting cell:** a cell that displays an antigen with an MHC molecule on the cell surface.

**Autoantibody:** an antibody made against the body’s own organs and tissues versus foreign substances. Autoantibodies are made in response to the presence of self antigens.

**Autoimmune disease:** a condition that results when the immune system mistakenly attacks the body’s own organs and tissues.

**B cell:** a lymphocyte that is responsible for humoral immunity, produces antibodies and immunoglobulins.

**Chemokine:** a chemical manufactured by cells and tissues that stimulate movement and activation of other immune system cells to the area where the chemokine was produced.

**Complement system:** a large series of molecules that perform many functions in the immune system, such as dissolving and removing immune complexes, or killing foreign cells.

**Co-stimulatory molecules:** parts of molecules on the surface of cells that link MHC and T cell receptors. Co-stimulatory molecules stimulate the immune response.

**Cytokines:** chemical substances that can cause growth and activation of the immune system cells. Tissue necrosis factor (TNF), oxygen free radicals, cyclo-oxygenase 2 (Cox 2) are cytokines.

**Inflammation:** a collection of immune system cells and molecules that invade tissues and organs as part of the immune response.

**Lymphocyte:** a white blood cell. T cells and B cells are lymphocytes.

**Macrophage:** a type of large white blood cell that patrols the body seeking out foreign substances. Once found, the macrophage engulfs and destroys the foreign substance through a process called phagocytosis.

**MHC (major histocompatibility complex) molecules:** molecules that are found on cell surfaces and display antigens. MHC molecules then interact with a T cell receptor.

**Neutrophil:** a white blood cell that contains toxic chemicals that can destroy foreign substances through the process of phagocytosis. Neutrophils and macrophages are our first line of defense as they patrol the body seeking out foreign substances.

**Reactive oxygen intermediate molecule:** toxic molecules that are released by immune cells that help to destroy invading microbes. These molecules may also destroy healthy body tissues found in the nearby area of their release.

**T cell:** a lymphocyte that is responsible for cellular immunity. T cells orchestrate the immune system response and direct command to other cells to produce cytokines and chemokines.

**T cell receptor:** a molecule found on the surface of T cells that can recognize and interact with corresponding MHC molecules that are displaying antigens.

**Tolerance:** a state in which T cells can no longer respond to an antigen.

References:


*Nursing 2003 DRUG HANDBOOK*, 22nd ed. Springhouse Corp, Springhouse, PA.

Demystifying the Immune System and Autoimmune Disease
Post –Test and Evaluation Form

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: ________________________________

Final Score: ______________

Circle the one that best answers each question

TRUE or FALSE

1. The immune system must be able to recognize foreign substances called antigens.
   A. True
   B. False

2. A self antigen is not a foreign substance, but is actually part of the body.
   A. True
   B. False

3. The immune system is comprised of three systems: the innate, adaptive and inflammatory systems.
   A. True
   B. False

4. The innate system mainly provides barriers to protect us.
   A. True
   B. False

5. The adaptive system functions along with bone marrow, the thymus gland, lymph nodes and the spleen.
   A. True
   B. False

6. Inflammation is part of the adaptive system and is defined as a collection of immune cells within tissues or an organ.
   A. True
   B. False

7. Inflammation is a minor sign of autoimmune diseases and does not cause any significant symptoms.
   A. True
   B. False

8. B cells and T cells develop a memory of antigens they encounter.
   A. True
   B. False

9. T cells reside in the thymus gland.
   A. True
   B. False

10. T cells are also known as cellular immunity.
    A. True
    B. False

11. There are only 150 T cell receptors, with the CD4 marker identified as being a suppressor cell.
    A. True
    B. False

12. T cells that carry the CD4 marker will eventually activate B cells and are known as helper cells.
    A. True
    B. False

13. MHC molecules are on the surface of most body cells and help T cells recognize antigen fragments.
    A. True
    B. False

14. Genetics has nothing to do with the make up of MHC.
    A. True
    B. False

15. A T cell with the CD8 marker will bring the immune response to closure once pathogens are eliminated.
    A. True
    B. False

    A. True
    B. False

17. Plasma cells produce B cells and immunoglobulins.
    A. True
    B. False

18. Macrophages and neutrophils phagocytize foreign substances.
    A. True
    B. False

19. Reactive oxygen intermediate molecules are toxic substances the macrophages and neutrophils use to destroy antigens.
    A. True
    B. False

20. Reactive oxygen intermediate molecules will not harm surrounding healthy tissues.
    A. True
    B. False

21. Once MHC and T cells interact via co-stimulatory molecules, T cells become activated, tolerate the antigen or the T cell may die.
    A. True
    B. False

22. Cytokines cause T helper cell and B cell activation.
    A. True
    B. False

23. Tissues necrosis factor (TNF) is a cytokine that can be found in elevated levels in patients with rheumatoid arthritis.
    A. True
    B. False

24. Chemokines attract immune system cells and overproduction of chemokines causes no problems.
    A. True
    B. False

25. B cells only make antibodies when they receive a type of cytokine message from T cells.
    A. True
    B. False

26. Autoantibodies are antibodies against foreign substances that are automatically reproduced by B cells.
    A. True
    B. False

27. Autoimmune diseases can interfere with normal tissue function and initiate tissue destruction.
    A. True
    B. False

28. If family members all carry the same disease associated molecules, then all family members will develop the same disease.
    A. True
    B. False

29. Autoimmune diseases strike more women than men, with some diseases targeting various ethnic groups.
    A. True
    B. False

30. Besides decreasing platelet stickiness, aspirin has anti-inflammatory properties that are of added benefit in treating heart disease.
    A. True
    B. False

31. Elevated C reactive protein levels may put patients at an increased risk for developing heart disease and diabetes.
    A. True
    B. False

32. Glial cells can behave similarly to immune cells and produce cytokines that may contribute to the development of Alzheimer’s disease.
    A. True
    B. False

33. Oxygen free radicals are nontoxic chemicals, but may cause DNA damage and genetic mutation.
    A. True
    B. False

34. Cyclo-oxygenase 2 (Cox-2) is an enzyme produced during the inflammatory process and may be linked to the development of colon cancer.
    A. True
    B. False

Evaluation

1. Were the following objectives met?
   A. Describe the role of T cells and B cells in the immune system. __________
   B. Identify resources available to assist patients with autoimmune diseases. __________

2. Was this independent study an effective method of learning? __________

If no, please comment:

3. How long did it take you to complete the study, the post-test, and the evaluation form? __________

4. What other topics would you like to see addressed in an independent study?

Demystifying the Immune System and Autoimmune Disease
ONF-07-30-I

INDEPENDENT STUDY
Registration Form

Name: ________________________________ (please print clearly)
Address: ________________________________
Day phone number: __________ RN __________ LPN
MARN Member: ___ Yes ___ No MARN Member Number: __________

Please email by certificate to:

Email Address (please print clearly)

Please return:
• Completed Post-test and Evaluation Form
• Registration Form to MARN Newsletter, P. O. Box 285, Milton, MA 02186.
• A check made out to MARN ($25 members; $35 non-members).
Executive Director Position—Massachusetts Association of Registered Nurses (MARN)

The Massachusetts Association of Registered Nurses seeks an Executive Director to enhance the growth, visibility, and status of the Association. The Executive Director is responsible for the daily operations of MARN including human resource functions, fiscal management, establishment and implementation of policies and procedures, program oversight, and in partnership with the Board of Directors, develops and implements a strategic plan to advance MARN’s mission and objectives. MARN is the Massachusetts constituent of the American Nurses Association (ANA).

- The position of Executive Director is a part-time, contracted position with flexible work hours.
- Educational requirements for the position include a minimum of a Bachelor’s degree in nursing, management, or other related field. RN licensure and graduate degree is preferred.

Experiential requirements include:
1) Five years experience in administration, leadership, personnel management, and program planning/continuing education activities
2) Strong association management skills and the ability to use information technology proficiently.

Only applications received on or before October 16, 2009 will be considered.

For more information, please submit resume and supporting materials to amanton@marnonline.org.

Only electronic submissions will be accepted.

Check MARN Out On Facebook

FREE Publications from the Office on Women’s Health Substance Abuse/Mental Health Services Administration’s Health Information Network

Action Steps for Improving Women’s Mental Health
- Explores the role of gender in diagnosis, course, and treatment of mental illness.
- Outlines actions for policy makers, healthcare providers, etc. to improve care, increase recovery, and reduce the stigma/burden

Women’s Mental Health: What It Means to You
- Addresses the stigma of impaired mental health
- Offers advice for discussing, seeking support and coping

Contact: http://mentalhealth.samhsa.gov/publications/allpubs/OWH09/
detail.aspx
1-877-SAMHSA-7 (1-877-726-4727)

/stressresources/llc

MINDFULNESS-BASED STRESS REDUCTION PROGRAM

The internationally recognized MBSR program will help you CREATE CALM WITHIN CRISIS, something we can all use in these challenging times! The MBSR program consists of 8 weekly 2-hour classes, taught by stress management expert and board-certified holistic nurse. Pamela Katz Ressler, RN, BSN, HN-BC

Fall 2009 classes begin on September 17 in Concord, MA. Thursday p.m. or Friday a.m. classes are available.

CE: 16 contact hours. This continuing nursing education activity was approved by the Massachusetts Association of Registered Nurses, Inc., an accredited approver of by the American Nurses Credentialing Center’s Commission on Accreditation.

Tuition $350 (includes CDs, manual, and text), BCBS discount available.

Contact: Stress Resources (www.stressresources.com) or 978-369-5243

Qi Gong Instructor Training for Nurses

18 Contact Hours & Certificate Awarded

Successful completion of program includes attendance at entire event and completion of program evaluation

Chinese Medicine for Health
1564A Washington Street
Holliston, MA 01746

October 9, 10, 11, 2009
10:00 AM to 4:15 PM

$565.00 BEFORE October 1, 2009
$595.00 AFTER October 1, 2009

To Register
www.ChineseMedicineforHealth.com

Or Call
508-429-3895

This VERY popular course is one that you should not miss!!

This continuing education activity was approved by the Massachusetts Association of Registered Nurses, Inc. an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

These programs have not 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.

Northeast Conference on ADD/ADHD

Contact Hours: 6 contact hours

Location: Jiminy Peak Mountain Resort
37 Corey Road, Hancock, MA

Date/Time: October 2, 2009
8:30 am - 5:00 pm

Registration & Continental Breakfast: 7:45 am

Regular fee $125
Late fee after Sept. 11, 2009 $130
No registration at the door
Register on line at www.berkshireahec.org

Combine CCRN and PCCN Review

Presented by AAGC Greater Boston Chapter

The GBC is excited to announce Mary Ann “Cammie” House-Fancher, ARNP, MSN, CCRN will be leading the GBC sponsored PCCN/CCRN Review Course

November 11-13, 2009 @ Lantana’s 43 Scanlon Drive, Randolph, MA

For additional info
email: gbc.aacr@gmail.com
CE RESOURCE CENTER

FUN – FAST – AFFORDABLE HOMESTUDY CE COURSES

For almost 15 years, Lorand Health has offered nurses and allied health professionals innovative homestudy continuing education resources with a special emphasis on child/adolescent psychiatric issues. Please visit our nurse-friendly website to learn more about our programs (or) you may call us at (319) 832-1957 (CST) (M-F: 9 AM-5 PM). We look forward to assisting you with your continuing education needs.

www.ceresourcecenter.com
P.O. Box 10391 - Cedar Rapids, Iowa 52410

Nursing Continuing Education Activity

Offered by Massachusetts College of Pharmacy and Health Sciences

Date: Thursday, September 24, 2009
Location: MCHP—Worcester

Schedule:
8:00 a.m. Registration and continental breakfast
9:00 a.m.-12:15 p.m. CE sessions
12:15-1:00 p.m. Lunch buffet and networking
Continuing Education: Three contact hours (3 CEUs)

How to Register: Program descriptions and registration flyer available online at http://alumni.mcphs.edu/ContinuingEducation

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: $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.

ATTENTION POTENTIAL PROGRAM ADVERTISERS

Please be sure to clearly state if your educational program is approved by the MARN Approver Unit in all program submissions!

Bulletin Board

MEMBER BENEFITS
Your guide to the benefits of ANA/MARN membership...

- Dell Computers—MARN and ANA 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 valuable 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
- GlobalFit Fitness Centers—Save up to 60% savons on regular monthly dues at GlobalFit Fitness Centers
- Professional Liability Insurance—a must have for every nurse, offered at a special member price.
- Nurses Banking 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, Dental and Vision.
- CBCA Life and Health Insurance Plans—Disability Income, Long Term Care, Medical Catastrophe, Medicare Supplement, Cancer Insurance and Life Insurance Plans provided by CBCA Insurance Services.
- Discounts on auto rental through Avis and Budget: Call Avis 1-800-331-2212 and give ID# B865000
- Call Budget 1-800-527-0700 and give ID# X359100
- Save on your hotel stays at Days Inn, Ramada Inn, Howard Johnson and more.

- Online discounts on all your floral needs through KaBloom.
- Promote yourself: professional development tools and opportunities
  - Members save up to $140 on certification through ANCC.
  - Online continuing education available at a discount or free to members.
- Conferences and educational events at the national and local level offered at a discount to members.
- Member discounts on nursesbooks.org—ANA’s publications arm.
- Up to 60% savings on regular monthly dues with GlobalFit Fitness program.
- Find a new job on Nurse’s Career Center—developed in cooperation with Monster.com.

Stay informed: publications that keep you current
- Free subscription to The American Nurse—a $20 Value.
- Free online access to OJIN—the Online Journal of Issues in Nursing.
- Free subscription to the MAssachusetts Report on Nursing—a $20 value
- Free access to ANA’s Informative listserves including—Capitol Update and Members Insider.
- Access to the new Members Only web site of NursingWorld.org.
- Free access to MARN’s Member-Only Listserv

Call for Posters

All conference participants are welcome to contribute posters.
Go to www.MARNonline.org and fill out the poster submission form by October 9, 2009. Guidelines for poster submission will also be available on line.

MEMBER NEWS

MARN News is an up to date information service about a variety of issues important to nurses in Massachusetts. You must be a MARN member to be included, so join today!

MARN News:

MARN member: Have you gotten your MARN Update News message? If not, then we don’t have your correct email address. If you want to begin receiving this important information, just send an email to: info@MARNonline.org with “ADD” and your name on the subject line.

We also welcome any pictures that show MARN members in action—at work or at play. Interested persons, please contact Myra Cacace at myra@net1plus.com.

Congratulations to Morton Hospital and Medical Center Taunton, MA

Receives Certificate of Excellence for Outstanding Performance & Lasting Contribution in Quality End-of-Life from Beacon Hospice, Inc.

Do You Know Your State Legislators?

Find the answers by visiting the MARN website http://www.MARNonline.org—Select Legislation/Advocacy

Visit MARN Website

www.MARNonline.org
Effective January 1, 2010 per of Massachusetts General Law (MGL) Chapter 119, Section 51A, subsection (k). (1) “A mandated reporter who is professionally licensed by the commonwealth shall complete training to recognize and report suspected child abuse or neglect.” Nurses are mandated reporters in the Commonwealth, along with a host of other professionals.

Although training is mandatory, none of the Massachusetts Boards of Registration nor the Department of Public Health has yet to produce a published guide on this new educational training mandate. Health and Human Services (HHS) provides guidance in a document titled: “Warning Signs for Child Abuse or Neglect”. (2) However this HHS document is not directly related to the subsection (k) added by 2008, 176, Sec. 97 effective January 1, 2010. Therefore, each individual licensed by the Commonwealth and deemed a mandated reporter is responsible for remaining compliant.

While some institutions may offer such training for their professional employees through in-services, the burden remains on the licensed practitioners to receive this training. Self study should remain a viable option. There are other options for training such as college curriculum courses or professional development courses. However, currently these are expensive and limited options.

The National Council of State Boards of Nursing provides candidates with a detailed test plan. These plans map back to the education necessary for candidates to be eligible for the NCLEX-RN® and NCLEX-PN® examinations (3,4), which permit nurse licensure for each state. Therefore, new graduate nurses have already obtained the necessary to remain compliant, but more importantly, provide early access to protection for the youngest members of the Commonwealth, who are without a strong voice. Professionally licensed practitioners must remain compliant with the law. Whether or not the Massachusetts Department of Public Health releases a document prior to the institution of this mandate it is imperative that each nurse gets the training necessary to remain compliant, but more importantly, competent with the assessments needed to serve our population.

For many professionals who are mandated reporters, training in the recognition of suspected child abuse or neglect is part of their educational preparation. The task of reporting such incidents may be outlined in the professionals’ institutional policy and procedure manuals. However, the Massachusetts Department of Children and Families has an excellent report titled, “Signs of Sexual Abuse” (2) This guide is augmented by the Commonwealth at the website of Health and Human Services, “Report Child Abuse and Neglect” as listed in the reference section of this article. (6) Legislators recognize the need for frontline professionals to recognize signs of potential abuse and provide early access to protection for the youngest members of the Commonwealth, who are without a strong voice. Professionally licensed practitioners must remain compliant with the law. Whether or not the Massachusetts Department of Public Health releases a document prior to the institution of this mandate it is imperative that each nurse gets the training necessary to remain compliant, but more importantly, competent with the assessments needed to serve our at risk patients.

### Table 1: Warning Signs for Child Abuse or Neglect

<table>
<thead>
<tr>
<th>Type of Injury</th>
<th>Signs of Abuse/Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Bruising, welts or burns that cannot be sufficiently explained; particularly bruises on the face, lips, and mouth of infants or on several surface planes at the same time; Withdrawn, fearful or extreme behavior; Clusters of bruises, welts or burns, indicating repeated contact with a hand or instrument; Burns that are insufficiently explained; for example, cigarette burns; and Injuries on children that are unusual locations for common injuries (e.g., the torso, back neck buttocks, or thighs).</td>
</tr>
<tr>
<td>Signs of Sexual Abuse</td>
<td>Difficultly walking or sitting; Pain or itching in the genital area; Torn, stained, or bloody underclothing; Frequent complaints of stomachaches or headaches; Venerable disease; Bruises or bleeding in external genitalia;</td>
</tr>
<tr>
<td>Signs of Emotional Injury</td>
<td>Feeling threatened by physical contact; Inappropriate sex play or premature understanding of sex; and Frequent urinary or yeast infections</td>
</tr>
</tbody>
</table>

### Signs of Emotional Injury
- Speech disorders
- Inability to play as most children do
- Sleeping problems
- Anti-social behavior or behavioral extremes
- Delays in emotional and intellectual growth

### Signs of Neglect
- Lack of medical or dental care
- Chronically dirty or un-bathed
- Lack of adequate school attendance
- Lack of supervision; for example young children left unattended or with other children too young to protect or care for them
- Lack of proper nutrition
- Lack of adequate shelter
- Self-destructive feelings or behavior;
- Alcohol or drug abuse
- Each case of child abuse or neglect is individual. The child who has been hurt is always the victim. If you believe a child may be the victim of abuse or neglect, contact the Child-at-Risk Hotline at 1-800-792-5200.


Mr. Harding is a graduate of Saint Anselm College where he received his Bachelor in the Science of Nursing degree. He also graduated from Bridgewater State College with a Master of Science in Management / Accounting. He is the Director of Patient Care Services at Morton Hospital and Medical Center in Taunton, MA.
MARN & ANA - A Partnership That Works For YOU!

The American Nurses Association and MARN are an influential and effective network of registered nurses who support nursing. When you join MARN and ANA, you join with nurses around the country in speaking with one strong voice on behalf of your profession and health care. Together we can make a difference! As a full ANA/CMA member—you are a full voting member in the American Nurses Association and your state nurses association and entitled to valuable products and benefits that help you:

Be heard: advocating for nurses where it matters
- Federal lobbying on issues important to nursing and health care—issues such as safe staffing, nursing workforce development, overtime pay and access to care.
- State lobbying through our State Nurses Associations and nationwide state legislative agenda on issues vital to your scope of practice.
- Representing nursing where it matters, including the Environmental Protection Agency, Department of Labor, the U.S. Department of Health and Human Services and many others, right up to the White House.
- Speaking for nursing through the media including stories in the Wall Street Journal, Chicago Tribune, USA Today, 60 Minutes, NBC Nightly News, CNN, and NPR to name a few.
- Speaking for U.S. nurses as the only U.S.A. member of the International Council of Nurses and attending meetings of the World Health Organization.

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

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

Save money: discounts and privileges for members.
For more information, visit the ANA website http://www.nursingworld.org/member2.htm