In an exit interview, an employee once said she was leaving our organization because her mentor told her to always look for “someone you want to attach your star to.” At that time and within that organization, she couldn’t seem to find anyone in leadership to hang a star on.

Her comments left me with a powerful visual. I pictured myself walking around the organization with a big tin foil star pondering who I would place it on. I began to realize that our organization, once a galaxy of talented individuals, was slowly dissolving into a black hole in space. As a group, we engaged in far too much star-gazing and not enough trail blazing.

Look around your organization. Is it a jumble of shooting stars, bright but blazing out of your unit or department faster than the speed of light? Or is it a galaxy of nursing professionals whose combined talents form intricate constellations of brilliant professional practice and personal growth. Are there nurses within your organization who always seem to be bright, consistent, and shining steadily; Northern Stars always willing to guide colleagues on the journey to nursing excellence.

Finding the right Northern Star (aka Nursing Mentor) is not an easy task. A nursing leadership mentor once told me that a mentor is one of the people in your life who possess the vision to see you where you can’t always see yourself and makes the commitment to help get you there. I have learned to seek Northern Stars who are a reflection of the good within an organization, not just a mirror image of me.

Through my involvement over the years with the Maryland Nurses Association [MNA], I have been fortunate to meet many Northern Stars. These Northern Stars push me where they know I can achieve, and provide honest feedback when I need it. They listen carefully about professional opportunities and keep me on target when we together feel that I am going off course. My Northern Stars allow me to attach my star, and encourage me to “pay it forward” by mentoring others.

Attach your star to our galaxy of nursing professionals at MNA. Spring 2012 will present many new professional opportunities for graduate and experienced nurses. MNA connects nurses at all levels with others in their field. Experienced MNA members mentor new graduates. MNA members share stories and techniques, offering advice and understanding.

Star light, star bright… commit to be the star another nurse might need tonight.

Nursing in the Limelight in 2012 Legislative Session

by Robyn S. Elliott, MNA Lobbyist

Nursing issues were front and center in the 2012 legislative session of the Maryland General Assembly. The Maryland Nurses Association (MNA) worked hard to ensure legislators and policy makers listened to nurses on issues of workplace safety, nursing education, health disparities, and health care reform. According to Dr. Rebecca Ferguson, Co-Chair of the MNA Legislative Committee, “MNA is one of the go-to organizations in Annapolis. Legislators look to us for guidance on issues that impact nurses and our patients.”

Dr. Patricia Travis, Past President of MNA and a representative on MNA’s Legislative Committee, commented that, “MNA is particularly pleased to have played a role in bringing together nursing organizations, nursing programs, and individual nurses to make a real difference in the laws and policies that impact the nursing profession.” MNA worked collaboratively with other nursing organizations, nursing programs, and advocacy organizations to advance common goals and priorities. The following are the highlights of the legislative session.

Protecting Nursing Education

MNA continued to protect the quality of nursing education by defeating another attempt to lower educational standards for nurses seeking licensure in Maryland. Senate Bill 839—College Affordability and Innovation Act of 2012 intended to create a pathway for licensure of graduates from programs without...
The Maryland Nurse Publication Schedule

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The Maryand Nurse is the official publication of the Maryland Nurses Association. It is published quarterly. Subscription price of $20.00 yearly.

**MISSION STATEMENT**

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

Approved BOD August 2009.

**Articles and Submissions for Peer Review**

The Editorial Board welcomes articles for publication. There is no payment for articles published in The Maryland Nurse and authors are entitled to free reprints published in The Maryland Nurse.

1. Articles should be word-processed using a 12 point font.
2. Articles should be double-spaced.
3. Articles length should not exceed five (5) 8 ½ X 11 pages (1500-2000 words).
4. All references should be cited at the end of the article.
5. Include name, credentials, e-mail, mailing address, telephone contact, and FAX number for each author.
6. Articles for refereed publications should be directed to the attention of Dr. Patricia Travis, Journal Editor, using APA format and following the above Guidelines.

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

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

It is standard practice for articles to be published in only one publication. If your submission has been previously distributed in any manner to any audience, please include this information with your submission. Only if applicable, and the original publication and all authors give their written permission, will we reprint an article or adapt it with clear and appropriate attribution to the original publication. If the article is to appear first in The Maryland Nurse, the same consideration is requested.

Your article might not be published in the next issue following its receipt. The timing of publication is dependent upon the editorial process cycle, other articles ready for publication, and the requirements for each issue.

Authors may approve the article to be published in its final form. Authors must sign any release forms requested by the editorial board and publish of The Maryland Nurse.

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

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

**Please Send In Your Nursing News**

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**MNA Welcomes Susan Prentice**

The Maryland Nurses Association is pleased to welcome Susan Prentice as the newest member of its staff. Susan accepted the position of Administrative Assistant/Continuing Education Coordinator and began employment on April 2, 2012.

Susan Prentice has more than 10 years of experience working as a coordinator within the health, commercial real estate, sales and event planning industries. She has worked extensively as a liaison providing assistance with internal and external administrative activities directly related to processing requests, communicating details and data management. Within the Health Industry, Ms. Prentice worked as a temp and as a career counselor at MedStar Union Memorial Hospital with nurse educators and students as the coordinator for a new MedStar Health training program. She holds a Bachelor of Science Degree in Business Management.

**Celebrating Maryland Nurses National Nurses Week**

May 6–12, 2012

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**NATIONAL HEADQUARTERS**

Executive Director, E. P. Kenny

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http://www.marylandrn.org

Published by:
Arthur L. Davis Publishing Agency, Inc.
District 8 Nurses Spend a Night in Annapolis: Protection for Healthcare Professionals

Maryanne Reimer, RN, MSN and Erica Moore, RN

Have you ever experienced Work Place Violence (WPV)? Consider these two eyewitness accounts that took place at local hospitals. In the Emergency Department, a patient was on a stretcher with a nurse at his bedside, caring for him. Suddenly and with intent to harm, the patient attacked the nurse. A physician was nearby and stopped what he was doing with another patient so he could protect the nurse and prevent serious injury. Fortunately, the nurse and the physician were able to continue their shift. The patient received appropriate care and was subsequently released from the E.D. without a police report. In another instance, a battered woman was being triaged by a nurse who was barely protected from her violent husband by quickly closing and locking an entry door. He was detained by security from her violent husband by quickly closing and locking an entry door. He was detained by security.

Several Nurses from Frederick County went to Annapolis and met with the Senator and Delegate from Maryland Legislative District 3B, Maryanne Reimer, RN, MSN, First V.P. of Maryland Nurses Association, Erica Moore, RN and Lorna House, RN from Frederick Memorial Hospital met with Mary Beacly, RN, from the MNA Legislative Committee to discuss the legislation with their Maryland legislators.

After being briefed regarding the reason MNA supports this addendum, 250 Nurses and Nursing students embarked to take testimony to the legislators from their individual districts. The MNA District 8 group met first with Maryland State Senator Ron Young. He took the time to listen and ask questions. He informed us that this addendum would need to pass First Reading in the Judiciary committee initially before it gets to his desk. He hadn't seen this Addendum so we gave him a copy and spoke to him about WPV in healthcare. Following the Senate visit, we met with House of Delegates Representative Michael Hough who warmly welcomed us in his office. He is a member of the House Judiciary Committee that is reviewing this Addendum. Representative Hough mentioned briefly that he believed the Bill would face opposition because of the opinion that it would set precedent for other professions to request the same action. He was responsive to the stories of our own experiences with violence against healthcare professionals. Both Senator Young and Representative Hough were very kind and welcomed discussion on the topic.

The authors, Maryanne Reimer, MSN, RN, ANP-BC and Erica Moore, RN, are employed by Frederick Memorial Health Care Systems and are MNA District 8 members.

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Happy Nurses Week!

There’s a special beauty witnessed every day within your role.

As you care for all your patients you make a difference that goes beyond the clinical excellence you have become known for. It’s a special gift you share.

You ease sorrow, pain and fallen tears,
In your touch there is a healing
You care deeply… and it shows.
You are Saint Agnes nurses.

Thank you for all that you are and the gifts you share with us each and every day.

From the Executive Team, Doctors and associates who appreciate and applaud all that you do.

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Maryanne Reimer, Lorna House, Senator Ronald N. Young & Erica Moore.

(To R) Maryanne Reimer, Lorna House, Senator Ronald N. Young & Erica Moore.

More information can be obtained by visiting www.allegany.edu/onlineLPN-RN

May, June, July 2012

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109th Annual MNA Convention Announced

“Advancing Nursing Practice Through Ingenuity and Innovations”

The MNA is proud to announce the 2012 Annual Convention on October 18-19, 2012, to be held once again at the Anne Arundel Medical Center–Martin L. Doordan Health Sciences Institute Conference Center in Annapolis, MD. The Convention Committee Chair Kristie Kovacs, RN, BSN, with committee members Hershaw Davis, Jr., RN, BSN, Linda DeVries, RN, CRNFA (R), Neysa Ernst, RN, MSN, Carol Fickinger, RN, BSN, MPA, Denise Moore, MS, ACNS-BC, Rosemary Mortimer, RN, MS, MSEd, CCBE, Kellye Nelson, RN, BSN, MPH, Gewreka Nobles, RN, MSN, Jean Seifarth, RN, MS, PMHCNS-BC, and Patricia Travis, RN, PhD, CCRP continue to work for Maryland nurses so they might have a time to gather, to network, to learn, to be invigorated and to focus on the nursing profession's pressing concerns.

Session proposals are being accepted and are due by May 25, 2012. See the MNA web site: www.marylandrn.org for more details or phone the MNA office at 410-944-5800 with questions.

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Call for Presentations

and Posters

109th Annual Convention

MNA is proud to announce the 2012 Annual Convention. We are looking for the best speakers who are willing to share their expertise.

“Advancing Nursing Practice Through Ingenuity and Innovations”

Anne Arundel Medical Center–Martin L. Doordan Health Sciences Institute Conference Center, Annapolis, MD

October 18-19, 2012

Contact hours will be provided by Maryland Nurses Association.

The Maryland Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Application due date: June 15, 2012

Applications are available at www.marylandrn.org. Applications must be sent electronically to the following email address: esuddath@marylandrn.org

Applications must be completed in English using the provided format.

The Maryland Nurses Association will also be accepting applications for the Maryland Nurses Association 2012 Nursing Excellence Poster Awards. Additional information will be available at www.marylandrn.org. The deadline for the Poster Session Application is September 7, 2012.

As the statewide nursing membership organization, the Maryland Nurses Association’s mission states:

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

The Maryland Nurses Association’s Annual Convention is key to achieving our mission. The Convention is an opportunity for Maryland nurses to gather, to network, to learn, to be invigorated, and an opportunity to focus on the nursing profession’s most pressing concerns. Your Convention presentation will provide you access to a wide variety of your healthcare colleagues.

The Convention draws about 150-200 participants from all over the state of Maryland. Keynote and plenary speakers provide insights and inspiration while targeted breakout sessions allow attendees to gain specific knowledge and experience related to this year’s theme.

Nursing Foundation of Maryland Announces New Board of Trustees

The Nursing Foundation of Maryland has up dated the Executive Board members and Board of Trustees. The Executive Board includes Linda DeVries, President; Dr. Richard Talley, Vice-President; Peggy Soderstrom, Secretary; and Tina Zimmerman, Treasurer. Board of Trustees members are: Rob Ross Hendrickson, Nayna Philippsen, Patricia Travis, and Maryanne Reimer. Congratulations to the Executive Board and Board of Trustees!

Linda DeVries
Richard Talley
Peggy Soderstrom
Tina Zimmerman
Dr. Barbara Resnick Reappointed to Endowed Gerontology Chair at the University of Maryland School of Nursing

“Dr. Barbara Resnick is an exemplary researcher, scholar, mentor, clinician, teacher, and national leader in the field of gerontology,” says Janet D. Allan, PhD, RN, FAAN, dean of the School of Nursing. “She has made major contributions to the field through her research and dissemination of her research findings during her first appointment as the Sonya Ziporkin Gershovitz Endowed Chair, and I am confident that she will continue this excellent work during the next five years. We are proud to count her among our cadre of esteemed alumni and internationally renowned research faculty.”

Dr. Barbara Resnick

Barbara Resnick

Baltimore, Md.–The University of Maryland School of Nursing (UMSON) has announced the reappointment of Professor Barbara Resnick, PhD ’96, RN, CRNP, FAAN, FAANP, to the Sonya Ziporkin Gershovitz Endowed Chair in Gerontology for an additional five years, beginning July 1, 2012. Funded through a gift from Sonya Ziporkin Gershovitz Goodman, MS ’79, BSN ’73, and currently valued at $1.1 million, the chair enables a national expert to conduct research and educate students in the growing nursing specialty of gerontology.

“I would like to express my sincere gratitude for the support provided through the Sonya Gershowitz Goodman Endowed Chair,” says Dr. Resnick. “It has allowed us to expand on funded projects and initiate pilot work to continue to build our research and disseminate our findings, support students with a focus on care of older adults, and work on policies that will benefit the care that older adults receive in Maryland and across the nation.”

Dr. Resnick is nationally and internationally renowned for her research on improving the health of the elderly and for her leadership in the education of geriatric nurse practitioners. She has devoted much of her career to building a comprehensive research program that focuses on ways to motivate older adults to engage in functional activities and exercise to improve their overall health and quality of life. In addition to her faculty role at UMSON and her ongoing research, Dr. Resnick works as a geriatric nurse practitioner at Roland Park Place, a continuing care retirement community in Baltimore.
Raising Elijah: A Book for Nurses and Parents

Tracy Holcomb, BS, RN, Student of the University of Maryland School of Nursing and Medical/Surgical Nurse at Union Memorial Hospital

Code Orange! Pesticides on fruit, toxic plastics, arsenic on the playground? These are the challenges of modern day parents. In her most recent publication, Raising Elijah: Protecting our Children in an Age of Environmental Crisis, Sandra Steingraber describes her own parental challenges with extraordinary scientific knowledge and graceful prose. Once called "poet with a knife," Steingraber eloquently presents some of the largest environmental concerns of modern day parenting and places them in the context of her own family’s experience.

The author’s story of protecting her children from environmental harm began with the controversy of pressure-treated lumber on her son’s school playground. Treated with cromated copper arsenic (CCA), the lumber on the school playground was embalmed to drive moisture out and preserve a long lasting product. This is not unusual. As Steingraber explains, it was not until the year 2002, that the EPA banned the use of CCA in backyard decks, picnic tables and playgrounds. So for those of us who built our decks before inventory was sold out in 2004, well… yes, arsenic, a known carcinogen, is very bad news, especially for young children, who lack the support needed to succeed and produce food.

Concerns about environmental exposures begin even closer to home, most often with the food that we feed our children. Steingraber describes the over producing of pesticides by the agricultural industry, and the vulnerability of young children to these chemicals. Children with higher levels of pesticides in urine are more likely to be diagnosed with attention-deficit/ hyperactivity disorder (ADHD) and to have problems with memory. Endocrine disrupters, carcinogenic chemicals and antibiotics are vastly used throughout the agricultural industry while their effects upon children’s health are yet to be determined. In one example, methyl iodide is approved for use as a pesticide on strawberry crops in California, even though it is recognized by the state as a known carcinogen. The good news is that the author, who steers her son of this fact than Steingraber herself, a mother of an asthmatic child. The author is able to protect her son from household chemicals and products that may trigger asthma exacerbation. On her own, however, she can not solve the problems of outdoor air pollution and climate change. The development of asthma in children has been associated with early life exposure to fine particulate matter, ozone, and fuel exhaust. In this chapter Steingraber beseches each of us to examine our own parental challenges with extraordinary scientific knowledge and graceful prose. Once called “poet with a knife,” Steingraber eloquently presents some of the largest environmental concerns of modern day parenting and places them in the context of her own family’s experience. References


May, June, July 2012

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Hood College!

I trust my instincts

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The nation’s leading nonprofit integrated health plan, Kaiser Permanente is a recognized health advocate in the communities in which it resides. Here, in the Mid-Atlantic Region, we provide quality health care to our more than 500,000 members in Maryland, the District of Columbia, and Northern Virginia. At this time, we have the following excellent opportunities:

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For more information about specific opportunities in Maryland, Northern Virginia, or the District of Columbia, we invite interested individuals to visit jobs.kp.org for complete qualifications and job submission details.

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Approximately 90,000 acres of land in Western Maryland have been leased by energy companies to extract natural gas from the Marcellus shale rock formation below through a process called hydraulic fracturing. Although gas extraction from the earth has been around for a few thousand years, this process of gas extraction has only been in use since the 1990’s. Is it safe?

**What is Hydraulic fracturing?**

“Hydraulic fracturing or fracking is a means of natural gas extraction deployed deep in natural gas wells. Drilling a well is drilled, millions of gallons of water, sand and proprietary chemicals are injected under high pressure into each well, usually several times. The pressure fractures the shale and prop open fissures that enable natural gas to flow more freely out of the well. For each frack, 8,000 to 30,000 barrels of chemicals may be used, including volatile organic compounds (VOCs) such as benzene, toluene, ethylbenzene and xylene. The voluntary disclosure of the chemicals used is inadequate to monitor the health of the communities where the wells are located. A United States Environmental Protection Agency 2011 report concludes, “In their research they also found many of these chemicals could affect the brain/nervous system, immune, cardiovascular, respiratory and endocrine systems as well as have carcinogenic and mutagenic effects. Additionally, there is the risk of long term health effects that are often not demonstrated immediately from some of the chemicals used.”

In Bradford and Susquehanna counties of Pennsylvania, although researchers from Duke University found methane gas in 85% of the well water tested, levels were 17 times higher in those wells within a kilometer of an active hydrofracing gas site. Also noted was the gas identified in these samples were of an isotopic composition similar to thermogenic methane,” (Lucas, 2011) which is the type captured by this hydrofracking process. Robert B. Jackson, Nicholas Professor of Global Environmental Change and director of Duke’s Center on Global Change offered that a match was found when comparing signatures of the contaminated wells and data from the Pennsylvania Department of Environmental Protection on the pressure of the gas from the shale-gas wells in that area.

The impact of hydrofracking on air quality is also a concern for communities living near by nearby gas wells. Volatile organic compounds (VOCs), such as benzene and formaldehyde (known toxics that can exacerbate asthma and are carcinogenic) are both released intentionally and unintentionally from gas collection and treatment equipment” (http://www.frackcheckwv.net/impacts/air/). Diesel gasoline emissions from hauling of massive amounts of waste water from a fracking site in contributes to the degradation of air quality as well.

“Flow back” fluid also called “brine” which is the return fluid that is collected from the well containing harmful chemicals such as acid gases, benzene, toluene, ethylbenzene, xylene, heavy metals and naturally occurring radioactive material to name a few, may be stored in evaporation pits onsite or hauled off to be used again in other wells or disposed of through a waste water management system (Shelley, 2011).

In their research they also found many of these chemicals could affect the brain/nervous system,” (Colburn, et.al., 2011). In their research they also found many of these chemicals could affect the brain/nervous system, immune, cardiovascular, respiratory and endocrine systems as well as have carcinogenic and mutagenic effects. Additionally, there is the risk of long term health effects that are often not demonstrated immediately from some of the chemicals used. The voluntary disclosure of the chemicals used is inadequate to monitor the health of the communities where the wells are located. A United States Environmental Protection Agency 2011 report concludes, “In their research they also found many of these chemicals could affect the brain/nervous system, immune, cardiovascular, respiratory and endocrine systems as well as have carcinogenic and mutagenic effects. Additionally, there is the risk of long term health effects that are often not demonstrated immediately from some of the chemicals used.”

In Bradford and Susquehanna counties of Pennsylvania, although researchers from Duke University found methane gas in 85% of the well water tested, levels were 17 times higher in those wells within a kilometer of an active hydrofracing gas site. Also noted was the gas identified in these samples were of “an isotopic composition similar to thermogenic methane,” (Lucas, 2011) which is the type captured by this hydrofracking process. Robert B. Jackson, Nicholas Professor of Global Environmental Change and director of Duke’s Center on Global Change offered that a match was found when comparing signatures of the contaminated wells and data from the Pennsylvania Department of Environmental Protection on the pressure of the gas from the shale-gas wells in that area.

The impact of hydrofracking on air quality is also a concern for communities living near by nearby gas wells. Volatile organic compounds (VOCs), such as benzene and formaldehyde (known toxics that can exacerbate asthma and are carcinogenic) are both released intentionally and unintentionally from gas collection and treatment equipment” (http://www.frackcheckwv.net/impacts/air/). Diesel gasoline emissions from hauling of massive amounts of waste water from a fracking site in contributes to the degradation of air quality as well.

“Flow back” fluid also called “brine” which is the return fluid that is collected from the well containing harmful chemicals such as acid gases, benzene, toluene, ethylbenzene, xylene, heavy metals and naturally occurring radioactive material to name a few, may be stored in evaporation pits onsite or hauled off to be used again in other wells or disposed of through a waste water management system (Shelley, 2011).

**What needs to be done to assure that the environmental impact of this process does not destroy environmental health and all that depend on its wellness?** Embracing the “Precautionary Principle” is both important and necessary in addressing the management of hydrofracking, its safety and how to move forward.

The process of hydrofracking up until now has been limited in its monitoring and regulation. The EPA is currently evaluating the safety of hydrofracking and its impact on the environment which will be completed in the fall of this year. Here in Maryland an effort to be proactive in the management of our environmental wellness is seen with the June 2011 signing of an executive order by Governor Martin O’Malley establishing the Marcellus Shale Safe Drilling initiative to determine if and how the Marcellus shale gas extraction can occur while maintaining safe environmental standards. Also, there is a HB 296 introduced January 26, 2012 banning the import of fracking waste water, prohibiting the storing, treating, disposing, and discharging of waste water from hydraulic fracturing occurring in another state being reviewed. On February 15, 2012 Tracy Holcomb RN and Karin Russ RN provided testimony supporting this bill. Unfortunately both of these bills have been tabled. As health care providers and members of the community we need to advocate for safe management of this process through education of the public regarding its hazards, lobby for legislation that is built upon the Precautionary Principle allowing for leading the respect in our stewardship for the only home we have.

(Thou author, Suzanne Jacobson, RN, BSN is a staff nurse and head of the Green Team at Frederick Regional Health System. She can be contacted at kkskub2@gmail.com).

**Reference**


Shelley, T. (Director) (2011, April 13). The Health Effects and Other Hazards of Hydorfracking. Upstate Medical University Public Health Symposium. Lecture conducted from Upstate Medical University, Syracuse, NY.
“Missy” Moore Named Black Nurse of the Year

The 32nd Annual Salute to the Black Nurse of the Year and Scholarship Awards Luncheon hosted by the Black Nurses Association of Greater Washington D.C. Area, Inc., was held on Saturday, March 3, 2012, at Martins Crossroads in Greenbelt, MD.

The keynote speaker was Dr. Barbara L. Nichols, DHL, MS, RN, FAAN, Past President American Nurses Association, President and CEO of Barbara L. Nichols Consulting, Madison, Wisconsin. Her presentation, “Perspectives on Nursing: A Past to Remember, A Future to Shape” was awarded 1 continuing nursing education hour by the Howard University Hospital, Division of Nursing, Department of Professional Development and Quality Management.

Ottamissah “Missy” Moore, BS, LPN, Staff Development Specialist for the Washington Center for Aging was recognized as the 32nd Black Nurse of the Year. She is the first LPN honored as the Black Nurse of the Year by the Black Nurses Association.

Patricia Travis PhD, Past-President, MNA, District 2 President, Hershaw Davis, RN, BSN and District 2 Board Representative, Kate McPhaul, PhD, MPH, RN, Assistant Professor Specialty Director Community/Public Health University of Maryland School of Nursing; Robin Elliott; Pam Tenemaza, Administrative Assistant for Robin Elliott; and Keir Reid-Young RN, BSN, a student from Coppin State University who was shadowing Robin Elliott for the day.

Prior to giving the oral testimony on HB 1099 to the Judiciary Committee on Tuesday March 3, 2012, a meeting was held with MNA’s lobbyist, Robyn Elliott, in her Annapolis office.
A Trip by Korean Nurse Practitioners to Observe U.S. Nurse Practitioner’s Practice

“It takes three United States nurses to fulfill the role of one nurse in Korea,” a Korean nurse practitioner (NP) student remarked after having an opportunity to spend one week in December 2011 observing advanced practicing nursing professionals at the University of Maryland School of Nursing. With this in mind Dr. Sue Song, Clinical Instructor at the University of Maryland School of Nursing and adjunct faculty for Chung Nam University coordinated a trip for twelve nurse practitioner students from Chung Nam University, under the supervision of Hie Young So, Ph, RN, Dean of Chung Nam University to have the privilege to observe the collaborative and professional practice of nurse practitioners at the University of Maryland Medical Center (UMMC) in Baltimore Maryland and Lorien Health System in Columbia, Maryland.

UMMC, a Magnet designated facility has an excellent reputation for their professional standards and collaborative efforts with physicians in nursing. This program has earned such a reputation under the leadership of Lisa Rowen, DNSC, RN, FAAN, Senior Vice President of Patient Care Services and Chief Nursing Officer, Carmel Mc Comiskey who is the director of the NP department in addition to Tori Walker from the Clinical Practice and the Professional Development Department.

Lorien Health System has a comprehensive senior care program that includes independent living, assisted living and skilled nursing care. Eric Grimmel, CEO and Laura Waterman, RN, MS are sensitive to the needs of diverse communities and welcomed Korean students to observe their process of care.

The visiting students were offered a general orientation on the facility’s history and services, as well as being given a tour of the facility. Orientation presentations also included the role of the nurse practitioner, scope of practice, outcome based practice and research results. Lastly, the role of the NP in patient advocacy, nursing policy and leadership was discussed.

Korean nurses were impressed by the U.S. nurse practitioner staff. They took note of the NP’s compassion to teach and their ability to remain patient in spite of cultural and language barriers. The Koreans also commended the U.S. NP’s professional compassion to teach and their ability to remain patient in spite of cultural and language barriers. The Koreans also commended the U.S. NP’s professional stance in patient advocacy, nursing policy and leadership was discussed.

Korean nurses were impressed by the U.S. nurse practitioner staff. They took note of the NP’s compassion to teach and their ability to remain patient in spite of cultural and language barriers. The Koreans also commended the U.S. NP’s professional ability to be relaxed and calm, despite the complex and busy nature that the healthcare environment presents. Through this experience the role of the nurse practitioner in the U.S. was clearly defined and promoted autonomy for their practice the majority of the time.

By far, the most lasting impression for the Korean nurse practitioners was the mutual respect experienced between the physicians, nurses and patients. They noted the respect shown to nurses by the patients, as well as the dignity that is provided to all patients throughout the healthcare experience. The communication and collaboration between the physician and nurse practitioner was a new experience for the Korean students that they had never experienced in Korean healthcare.

In Korea, educational programs for nurse practitioners are very similar to those in the U.S. education system. But once graduated, the Korean NP does not have the venue within Korean healthcare to practice independently nor to be a collaborative part of the decision making process for patient care. South Korea currently has only one hospital nationwide that hires nurse practitioners for a defined role, but when examined closely, the role is not much different than that of the clinically experienced senior nurse in the United States.

Even though it is stressful to overcome language barriers and financial burdens, the Korean nurse practitioners experienced in the U.S. were one of kind and they stated that they will incorporate these new experiences into their own nursing practice in Korea. Of particular note, the visiting NPs were bothered by their limited English capability and new exposure to cultural differences. As a result they felt the experience would remind them to be more sensitive of those patients who have different nationalities and languages such as the non-Korean speaking population in Korea.
My Night in Annapolis

Sarah Sauder, Howard Community College Nursing Student

I must admit, when I was told that I was about to attend Nurses’ Night in Annapolis and meet various political leaders, my heart sank just a bit. I am not particularly interested in politics. To me, there seems to be a lot of excess arguing with few results. However, fellow student happened to mention to me how important it is for all of us, especially nurses, to get involved with the legislation that gets passed about healthcare workers. She told me about what Nurses’ Night in Annapolis entailed, and as I learned more about it, I became more and more excited.

The city itself was a whirlwind. Walking around in Annapolis meant getting lost more than once, and meeting countless other groups of individuals who were all there to meet and speak with their representatives about their particular interests.

The bill we were advocating for would make it a felony to assault any kind of healthcare professional. The Maryland Nurses Association sponsored a quick workshop on how to effectively present yourself to the senators and delegates. I was there with Beverly Lang, a faculty member at Howard Community College, where I am a first year nursing student. We introduced ourselves and spoke with several key political figures, including Senator Kittleman.

I learned more about it, I became more and more intrigued. As a first semester nursing student, I am looking forward to learning more about the political process and how I might impact change for not only the patients I may care for, but for myself, and my coworkers, as well.

Dean Allan To Retire

Janet D. Allan, PhD, RN, FAAN, dean of the University of Maryland School of Nursing (UMSON), announced that she will retire this summer after a decade of distinguished leadership. Renowned and admired as a nurse leader, researcher, role model, and mentor, Dr. Allan’s legacy will have a lasting impact on the University and the health care of Marylanders for many years to come.

“I take great pride in the tremendous accomplishments and achievements of UMSON faculty, staff, and students,” said Dr. Allan. “While this was a very tough decision, I believe the timing is right for me and for the School. Though I am stepping down as dean, I am more excited than ever by UMSON’s state and national prominence and the possibilities on the horizon for our School and the University.”

Under Dr. Allan’s leadership, UMSON expanded its research efforts, pioneering two centers of research and excellence. The School’s rankings rose dramatically in schools of nursing receiving funding from the National Institutes of Health. Enrollment grew to an all-time high, making UMSON one of the largest schools of nursing in the nation; the number of doctoral-prepared faculty members increased considerably; and the School rose in U.S. News & World Report rankings of graduate nursing programs.

During Dr. Allan’s tenure, several new academic programs were introduced, including the state’s first Doctor of Nursing Practice degree, Nurse Anesthesia master’s specialty, and Clinical Nurse Leader option. The Institute for Educators in Nursing and Health Professions and the Office of Global Health were also initiated. In 2010, the Commission on Collegiate Nursing Education granted the maximum first-time accreditation of five years to UMSON’s graduate and undergraduate programs.

Dr. Allan led the establishment of the 10-year, $100 million Nurse Support II program that provides grant funding to nursing programs and support to students for educational advancement to increase the number of nurse faculty members in the state. After the Institute of Medicine/Robert Wood Johnson Foundation released the Future of Nursing: Leading Change, Advancing Health report in October 2010, Dr. Allan chaired the Maryland Action Coalition, a diverse group of stakeholders charged with developing a blueprint for implementing the recommendations in the state.

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Supporting Patients

MNA continued its work in creating a health care system that is supportive of patients’ needs. Its work included:

- **House Bill 1158/Senate Bill 995—Medical Marijuana Oversight Commission (Delegate Del. Morhaim of District 11/Senator Brinkley of District 4):** MNA supported this measure to ensure that medical marijuana has a secure and accessible distribution system.
- **House Bill 1090—Health—Palliative Care—Services and Education (Delegate Tom Hacker of District 20):** MNA supported this measure to promote the provision of services and counseling about palliative care options at hospitals. While this bill did not advance in the 2012 session, legislators committed to passing a measure next session. MNA will be working with the primary legislative sponsor and other supporters to craft next year’s legislation.

**Nurses Role in Reducing Health Disparities**

Through his work on the Maryland Health Care Quality and Cost Council, Lieutenant Governor Anthony Brown developed a successful legislative proposal to create health enterprise zones to improve health outcomes and reduce health disparities. MNA worked with the Lieutenant Governor and Delegate Shirley Nathan-Pulliam (District 11) to ensure that nurses could participate in the loan repayment and income tax credit programs created by House Bill 439/Senate Bill 234—Maryland Health Improvement and Disparities Reduction Act of 2012. Delegate Nathan-Pulliam, a nurse, has been a long-standing champion of making Maryland a leader on efforts to reduce health disparities.

**Health Reform in Maryland**

MNA continued to support the State’s efforts to implement federal health reform. By working on key advisory committees, MNA had direct input into the development of House Bill 443/Senate Bill 228—the Maryland Health Benefit Exchange Act. With the enactment of this bill, Maryland is in the forefront of health reform.

**Environmental Health**

MNA’s Legislative Committee and Environmental Health Committee worked jointly to support House Bill 167/Senate Bill 207—Agriculture—Commercial Feed—Arsenic Prohibition (Delegate Tom Hacker of District 20/Senator Paul Pinsky of District 22). This legislation bans many of the arsenic additives to chicken feed. Chronic exposure can lead to an increased risk of skin, kidney, lung, prostate, bladder, and respiratory concerns. Arsenic exposure also contributes to other diseases, including heart disease and diabetes. The General Assembly enacted the House version of the bill.

**Stay Tuned... Legislative Session Could Come Sooner Than Expected**

In the final hours of the 2012 legislative session, the Maryland General Assembly enacted a budget. However, legislators did not enact companion bills related to revenue. Thus, the budget includes “doomsday” cuts of over $500 million from K-12 education, aid to local police, higher education, state employees, and community services programs for individuals with mental illness or developmental disabilities. It is anticipated that the Governor may call for a special session for July to address the budget issues. Please stay tuned for the latest developments.

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District 2

D2 will hold a quarterly meeting May 24, 2012, 6:00 pm-8:00 pm at the Hilton Garden Inn, 5015 Campbell Boulevard, White Marsh, Maryland, 21236. Contact Hershaw Davis if interested in attending.

District 3

District 3 held a CE event on April 16th. Staley Collins (Chair D3) talked to the Anne Arundel Medical Center EBP group about leadership in MNA D3. Some members of the EBP group may be future CE speakers.

Bylaws revisions will be distributed to the district members.

Members participated in this year’s AA county Homeless Resource Day on March 31st. Held Leadership call Monday, March 13th at 6 pm.

District 4

D4 donated a gift basket with an Eastern Shore theme for the silent auction at the 2011 MNA Convention to benefit the Maryland Nurses Foundation.

The annual general meeting, program, and banquet was held in November 2011, at The Memorial Hospital in Easton. District 4 President-Elect, Sharon Stagg, DNP, MPH, RN, FNP-BC, presented “Role Playing of Responses to Common Workplace Bullying Behaviors.” This program elicited much discussion. Bullying in the work place is more prevalent than nurses realize.

Deborah Cox was nominated as an honoree at the March 24, 2012 AAUW banquet for her outstanding work at Channel Markers.

D4 board continues to meet monthly. The 2012 goal is to recruit more active members. In addition, we are in the planning stages of establishing a scholarship fund for a pre-RN student in our district.

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