President’s Message

Irene Eaton, MSN, RN

A Season of Promise

Spring has sprung! There is fresh vibrancy in the air. On Feb. 28, 2013, Maine joined five other states to create the American Nurses Association’s Northeast Multistate Division — ANA’s first multistate division! Kudos to our colleagues in New Hampshire, Vermont, Rhode Island, Connecticut and Maryland for stepping up to the plate and making history with ANA-MAINE! With this move, we can anticipate management services at reasonable cost and strong networking systems. Another benefit is to provide more time for our Board of Directors to engage in strategic planning and to work at networking with other healthcare groups.

Springing forward in another direction, I was delighted to accept the invitation for ANA-MAINE to partner with OMNE and other healthcare organizations to advance the exciting and challenging work of the Maine Action Coalition. The coalition was established in response to an Institute of Medicine (IOM) report. I find its vision of a Center for Nursing Excellence incredibly exciting. Together, nurses can bring the IOM goals to reality.


Spring brings a bevy of excitement as nursing faculties are entering new arenas or a greater dimension of practice or education! I wish to commend and express gratitude and thanks to educators and mentors who have given extraordinarily to develop and promote knowledge, excellence, courage and vision.

Finally, spring is the time to ask our members and the rest of the 23,000 nurses who receive this journal an important question. Who, among you, has benefited from a colleague with the following qualities: (a) ability to develop a work environment that fosters autonomy and creativity, (b) values and empowers others, (c) affirms the uniqueness of each individual, (d) motivates others to work toward a common goal and identify common values, (e) be committed to the nursing profession and society, (f) think long-term with vision, (g) be politically astute and contribute to change and renewal? Please nominate this colleague for the Agnes Flaherty Leadership Award! She or he may be in the clinical arena or in a formal leadership role. There is an award for each category.

Second question: Who among you demonstrates the spirit of nursing with an ability to listen on a deep level and truly understand, keep an open mind and hear without judgment, deal with ambiguity, paradoxes, and complex issues? This person may also believe that honestly sharing critical challenges with all parties and asking for the input of others is more important than personally providing solutions. The person may be clear about goals and instrumental in setting direction without giving orders, use foresight and intuition and view people and issues holistically while gaining a sense of relationships and connections. Please nominate this colleague for the Sister Consuela White Spirit of Nursing Award! The prize is given annually to a registered nurse in clinical practice, nursing education, or administration.

The awards’ submission deadline is Aug. 2, 2013. Winners will be chosen by blind review, facilitated by swapping nominee reviews with other state association awards committees. (Check the ANA-MAINE website, www.anamaine.org, where a link to the nomination forms will soon be posted or contact me at info@anamaine.org)

Awards will be presented at the annual meeting on Friday, Oct. 4, 2013. Nominees will be notified of results in advance. Mark your calendar. You will want to be at this event!

We have faced winter’s challenge and won. Spring is a great season of promise and opportunity. I am so very proud to be a member of this association and humbled to be in leadership at the local, multistate and national levels. We are all in the business of keeping nursing a central, integral and contributing force on the healthcare team.

My best to each of you,

Irene Eaton, MSN, RN

Visit our website at anamaine.org
Nurses are included in the process of health-related lawmaking, public policy. We want to ensure that our important voices are included in the process of health-related lawmaking, when the well-being of people we care for is being debated. On Jan. 29, ANA-MAINE hosted a legislative training program in Augusta. The purpose was to help educate nurses about how to become involved in public policy. Our expert nursing leader in this important arena is Lisa Harvey-McPherson, vice president with Eastern Maine Healthcare. A link to her legislative overview is available at ANA Maine Leg Training or http://tinyurl.com/ANAMaineleg.

Representative Anna Graham is Maine’s Nurse in the State Legislature by Juliana L’Heureux

Representative Anna Graham is a Registered Nurse. She represents Maine District 109 in North Yarmouth and Gray. Her experience includes:

- Child Care Health Consultant, Healthy Kids of Maine, 2004-present
- Pediatric Nurse Practitioner, Maine Neurology, 2004-present
- Pediatric Nurse Practitioner, Internmed Pediatrics, 1994-2003
- Pediatric Nurse Practitioner, Children’s Health Care, Newburyport MA, 1987-1994

Contact Rep. Anna Graham at RepAnnaGraham@legislature.maine.gov

Our takeaway points from the training include:

- Advocacy. As highly respected healthcare advocates, nurses are very effective when speaking in public policy forums. We support legislation where access to affordable and quality health care is paid for by insurance exchanges, MaineCare (Medicaid), Medicare, managed care and health insurance companies. Broadening access to care and insurance coverage are important to improve our state’s health and to protect the wellness of our workforce.

- Collaboration. Effective nursing advocacy in the Maine legislature is best accomplished with a coordinated approach to salient issues and stronger collaboration between nursing practice groups, when we’re working with other advocacy groups and, especially, with legislators.

- Opportunities. Healthcare reform (the Affordable Care Act) provides opportunities for nurses to eliminate all barriers to practice, and to join the healthcare professions and provider organizations in expanding access to quality, affordable care.

- Nurses on all boards, in the U.S. Congress and state legislature. Nurses must support each other and collaborate to become spokespersons at every level of organizational decision-making and in elected office.

In other words, nurses must be involved in the changing healthcare delivery system. On behalf of our patients, let’s advocate by becoming knowledgeable and engaged in public policy at the local, state, national and organizational levels. Contact ANA-MAINE via the website www.anamaine.org or e-mail juliana@mainewriter.com for more information about how to join the efforts of our legislative committee.

Representative Anna Graham is Maine’s Nurse in the State Legislature by Juliana L’Heureux

Nurses in Public Policy: A Plan for Effective Advocacy

by Juliana L’Heureux

Participants in a Jan. 29 legislative training session in Augusta are: (standing, from left) former State Rep. Tim Driscoll, RN; Westbrook Mayor Colleen Hilton, RN; former State Rep. Lisa Miller, MPH; Gordon Smith of the Maine Medical Association; Catherine Lorello-Snow, RN; Juliana L’Heureux, RN; (seated, from left) State Rep. Anne Graham, NP; Lisa Harvey-McPherson, RN; Irene Eaton, RN.
In 2014, the American Nurses Association will celebrate a 100-year presence in Maine. Soon the Maine State Board of Nursing will also have a 100th anniversary. Because we value the work and professional accomplishments of nurses through the years in our state, Dr. Ann Sossong and Susan Henderson have launched the Oral History of Nursing Project to record some of this history.

Dr. Sossong, a nursing professor at the University of Maine at Orono, has asked nursing students to conduct interviews to obtain oral histories of Maine nurses. Susan Henderson has begun to interview additional nurses. The historical work of nurses has been, and continues to be, critically important to the health of Maine people and to the development of our profession.

We hear about nurses who developed community health programs, worked in infectious disease programs or spearheaded public health initiatives, but we want to document their stories.

The Oral History of Nursing Project identifies, through interviews, events significant to the history of nursing. The project seeks to preserve the wisdom and memories of influential nurse leaders in their own voices and document the contributions of the nursing profession to the health and welfare of people in the State of Maine. Our goal is to collate the stories and publish them in a book. Meanwhile, we will store the stories on CDs at the University of Maine at Orono.

We would appreciate your help with this project. Please let us know of nurses you feel we should interview and inform us of important historical information and pictures that could be included in this history. Please let us know if you are willing to help with this project; we can use your help!

You can contact Susan Henderson at shenders@sjcme.edu or by phone at 207-799-6350. Dr Sossong can be reached at Ann_Sossong@umit.maine.edu or by phone at 207-581-3427.

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**Center for Disease Control Reports Increase in Gonorrhea**

Gonorrhea is a sexually transmitted disease caused by the *Neisseria gonorrhoeae* bacterium and is reportable to the Maine Center for Disease Control (CDC). Over the most recent five-year period, gonorrhea cases in Maine have increased from 96 cases in 2008 to 272 cases in 2011. In 2012, there were 458 case reports. In 2012, the statewide rate was 34.48/100,000 population. Androscoggin County is notable in its high number of case reports, with an annual rate of 180.64/100,000 population. This exceeds the U.S. average rate of 104.2/100,000 population from 2011.

Suggested actions:

- Provide up-to-date information to your healthcare providers.
- Increase screening for gonorrhea, particularly among women aged 15 to 29.
- Consider treatment immediately where strong suspicion of infection occurs.
- Treat patients according to revised MMWR guidelines (Aug. 10, 2012).
- Monitor patients for treatment failure and report such to Maine CDC at 287-3747.
- Consider earning CME credit for a gonorrhea self-study curriculum at [http://t.co/bvJtAdM0](http://t.co/bvJtAdM0).

**Recommendations for healthcare providers:**


Contact the Maine HIV, STD and Viral Hepatitis Program at 287-3747 for more information.
Environmental Toxins and Disease

by Sally Melcher-McKeagney, RN

In the U.S., between 1973 and 2006, childhood cancers increased by 22 percent (Steingraber, 2010)—a 22-percent increase in only 27 years. We know that commonly used pesticides are associated not only with cancer, but with a host of other conditions, including reproductive ailments, neurotoxicity, kidney and liver damage, endocrine disruption, and birth defects (Beyond Pesticides, 2005). Yet, people continue to use pesticides to keep lawns green and dandelion-free.

Our leaders have done little to educate us about environmental toxins, and people who raise concerns about safety have often been dismissed as cranks. The average person does not understand that our law puts the burden on government to prove harm, not on the manufacturer to prove safety (Steingraber). The multitude of chemicals to which we are exposed, along with the time it takes for the effects to show up, means proving harm from a single pesticide is very difficult and very expensive (Steingraber). But, according to the precautionary principle—previously known as “better safe than sorry”—we must not wait (Chaudry, 2008). We must not wait for testing to be done on thousands of harmful chemicals. We must act now to make our towns and neighborhoods safer. Nursing, a profession with a long history of fighting for public health, can and should be a force for teaching people the truth about pesticides, and in helping people to act to reduce pesticides in their environment.

A group of citizens worked to make the town of Scarborough, ME, safer for their children, succeeding naturally, thanks to a few people in Scarborough who believed in a safer environment for their children (Kelley, 2013). Nurses can help our communities to make the transition to a more healthful environment by educating ourselves about the health hazards of lawn chemicals. We must use our influence to speak with friends, neighbors, and parents about these toxins.

Beyond Pesticides (http://www.beyondpesticides.org) is an organization comprised of a group of scientists, conservationists and activists who provide information about pesticides and alternatives to these harmful chemicals. Maine’s Board of Pesticide Control (http://www.maine.gov/agriculture/pesticides/index.htm) published best management practices for playfields and regulates how pesticides are used on school grounds. The State of Maine also has information and guidelines on their Maine School Integrated Pest Management System (http://www.maine.gov/agriculture/pesticides/schoolipm/).

Nurses can approach our local governments and request that our community leaders look at the evidence and ban research conducted on schoolyards and playfields. Parents who become involved in the process of advocating for natural turf and lawns will likely want their own lawns to be pesticide-free.

Sandra Steingraber (2010) noted that the end of World War II brought toxic chemicals to the American landscape. I believe a warlike attitude exists towards nature. This is made evident by the use of chemicals to kill, beat down and destroy organisms from the animal and plant kingdoms instead of using nature to our advantage, as organic gardening and landscaping does. During the 1970s, a popular bumper sticker stated, “War is not healthy for children and other living things.” We knew then our war on bugs and dandelions also was not healthy for children and other living things. It is time to put an end to the long, costly chemical war we are waging against our habitat and against ourselves.

References


Sally Melcher-McKeagney is a psychiatric-mental health nurse who works on an inpatient psych-detox unit in Waterville. Her e-mail address is kennebecsale@gmail.com.

The Truth About Toxins—A Call to Action

by Cynthia Wailus, RN

When nurses advocate for public safety, they organize and develop health-promoting initiatives. For instance, nurses implemented changes in how medical waste has been removed; we eliminated use of mercury thermometers in health care; and we implemented lead-free safety in lower socioeconomic neighborhoods (Coyl, 2002). Our attention today is needed to prevent toxic discharges into the environment. To facilitate this action, nurses must first understand the dangers that environmental toxins pose.

Sandra Steingraber (2010) presents the truth about toxins in her book, Living Downstream. These concerns eventually migrated into the air, soil and water. Ultraviolet particles in air pollution bypass respiratory defenses, and contaminants in the soil find their way into produce; toxins found in fish are in quantities sufficient to prompt hazard warnings over a period of time, and any health issues that arise due to these exposures must be dealt with immediately.

Environmental toxins are linked to numerous health issues, including cancer, and are also responsible for the loss of lives (American Nurses Association, 2007). Atrazine, an endocrine disrupter that is linked to breast cancer in rats, is used in conventional agriculture to inhibit weed growth. It was banned in Europe, but the U.S. continues to use the toxin because the EPA considers atrazine safe. alarmingly, DDT, a pesticide that was banned in the U.S. in 1972, required less evidence of harmful effects than the U.S. requires for atrazine today (Steingraber, 2010). Meanwhile, this and many other toxins remain in an already unhealthy environment.

One voice is the sound of a mouse's squeak, whereas many voices combined sound a lion's roar. Hazardous substances are harming public health when deposed into our environment. These toxins, accumulating since World War II, are found throughout the civilized world (Steingraber, 2010). Maine is no exception. Our government regulates and tests environmental toxins; nevertheless, the dumping continues. If the discharging of hazardous chemicals is permitted to continue at the

Truth About Toxins continued on page 5
In and “presumed safe.” But since then, another known 62,000 known existing chemicals were grandfathered many products. Prior to 1976 and the law’s enactment, to chemical substances and/or mixtures that are used in chemical protection agency (EPA) with authority to require reform for the seriously outdated Toxic Substance Control Act. This legislation is the closest we’ve come to creating capital to bring awareness to who rode a bus to our nation’s capital to bring awareness to what has not yet happened nationally. Maine is one of a growing number of “SAFER States” that are seeking alternative materials for manufacturing safer products for our families, in particular children. Kids Safe has identified chemicals of high concern that have known links to cancer, asthma, learning disabilities, and endocrine diseases. One such chemical is bisphenol A or BPA. BPA is an endocrine disruptor linked to learning disabilities, birth defects, cancer, asthma and more. BPA is used to harden some plastics and is used as the liner of food cans to prevent corrosion. There are safer alternatives. Eden Foods, a Michigan-based organic food company, has been using an alternative for years. BPA was previously found in baby bottles, sippy cups, and plastic water bottles. Much of this has been removed, thanks to the consumer outcry. Yet BPA remains in the liners of canned food. In particular it is found in infant formula and baby food jar lids. This chemical leaches into our food, especially food with a high fat content.

As a nursing student, I took a pledge to “not give or knowingly administer any harmful drug.” We must advocate for our patients by protecting them from harmful environmental chemicals. We have an obligation to gain awareness of the basic products we use and the harmful effects they may have. Our pharmaceuticals undergo years of pre-market testing, under the supervision of the U.S. Food and Drug Administration, before being sent out for trials. They can still be pulled from the market if too many adverse reactions are documented. Unfortunately, basic chemicals don’t endure such testing. A new chemical can be created one day and be on the market without testing of any kind. This is because, for a substance to be removed from the market, TSCA requires evidence of harm.

During my years of direct care nursing in the operating room, I saw a growing number of patients who were sicker. Patients arrived for surgery with multiple underlying diseases. Many were children. Early in my career, a child coming to surgery who had a history of asthma was rare. Today, there are many. A child with asthma requires more care in the pre-operative phase and extra diligence during surgery. Obviously, just this one disease can add to healthcare costs in the acute setting.

My message is that many of the products and chemicals in our lives have not been tested for safety in humans. They are causing an increase in many diseases and probably new and more cancers. The law that governs them, TSCA, needs overhaul or repeal. The Safe Chemicals Act is a great place to start. When it is reintroduced this year, ask your U.S. representative and senators to support the bill. Chemical policy reform is an issue of public health. If the products in our lives and the chemicals they contain can be linked to diseases, it is an obligation of healthcare workers to become advocates for this reform. Toxic chemicals add to the costs of an already stressed healthcare industry.

I find it to be empowering to take a message to our elected officials. It is even more so when the issue receives a positive reaction from them. I do not expect my nurse colleagues to take a bus to lobby Congress. However, such an experience is wonderful. It is better to share your ideas with our officials than to complain that they do nothing. At the federal level, we have 535 elected people who create our laws. There is so much legislation for them to consider. They need their constituents to help them understand the issues and how we feel. This is how we make changes happen in our world.

Contact Bettie Kettle, RN, for more information at bkettle1@gmail.com.
May 2013

16 USM/PCE/Portland. Introduction to Holistic Health Practice (24 contact hrs./2.4 CEUs). Meets 4 days on May 16 & 17 and June 20 & 21. For more information, visit www.usm.maine.edu/pce or call 207-780-5900 or 1-800-787-0468.

17 USM/PCE/Portland. Ethical Decision Making (6 contact hrs./.6 CEUs). Meets on Friday, May 17. For more information, visit www.usm.maine.edu/pce or call 207-780-5900 or 1-800-787-0468.

June 2013

14 PESI/Portland. Pediatric Gastrointestinal Diseases. 8 a.m.–4 p.m. $199/$179.99 if registered by May 18. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

20 PESI/South Portland. Challenging Geriatric Behaviors. 8 a.m.–4 p.m. $199/$179.99 if registered by May 24. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

July 2013

10 PESI/Portland. EKG Interpretation: Advanced Techniques & Treatment Protocols. 8 a.m.–4 p.m. $199/$179.99 if registered by June 13. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

August 2013

5 PESI/Bangor. Mastering Lab Interpretation & The Implications for Patient Care. 8 a.m.–4 p.m. $199/$179.99 if registered by July 9. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

6 PESI/Portland. Mastering Lab Interpretation & The Implications for Patient Care. 8 a.m.–4 p.m. $199/$179.99 if registered by July 10. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

28 PESI/Portland. Skin Care and Wound Management. 8 a.m.–4 p.m. $199/$179.99 if registered by Aug. 1. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

September 2013

28 PESI/New York. Autumn 2013 New England/Canada Nurse Cruise: Mastering Lab Interpretations & Physical Assessment Skills. Sept. 28-Oct. 5; sails from New York City. Ports of call include: Newport, RI; Boston, MA; Bar Harbor, ME; Saint John, New Brunswick; Halifax, Nova Scotia. Prices range from $1,349 per person to $2,147 per person, depending on type of cabin. Prices include seminar fee. A deposit is required; full balance to be paid by July 8. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

Opening for CE Program Reviewers

Are you passionate about nursing education? Do you have experience in adult learning and nursing education, as well as a baccalaureate or graduate degree in nursing? If so, ANA-MAINE has a spot just for you on its Continuing Nursing Education Committee! ANA-MAINE is an Accredited Approver of Nursing Continuing Nursing Education by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC- COA). Make use of this wonderful opportunity to facilitate the ongoing education of your peers, and to become involved in your nursing organization. For more information, contact Dawn Wiers at 207-938-3826, or cne@anamaine.org.

RN to Bachelor of Science Degree. Blended online and classroom program, University of Southern Maine, College of Nursing and Health Professions. Contact Amy Gieseke, Program Coordinator for USM’s Online/Blended Programs, 207-780-5921 or agieseke@usm.maine.edu.

RN-BSN distance education for licensed RNs wishing to complete the BSN degree; exclusively online program of study. University of Maine at Fort Kent. Contact Professor Diane Griffin, coordinator, 207-834-8622 or dgriffin@maine.edu.
Putting the Passion Back in Compassion

**Compassion Fatigue and Burnout in Nursing: Enhancing Professional Quality of Life**

By Vidette Todaro-Franceschi

We all begin with our own natural interests in caring for others and go on to learn “communication techniques,” “interpersonal relations,” ways of demonstrating listening and giving tender loving care in our various programs. Living and working in the real world often challenges these inborn and learned skills. Recognizing that her own enthusiasm for nursing was waning, no longer able to give the kind of care that had brought her to the profession, Vidette Todaro-Franceschi has written a book that aims to help other nurses recognize their own “burnout” and also challenges them to find the means to change their work situations and themselves. There is also an extensive bibliography to assist anyone choosing to apply her methods. An educator, clinical specialist, administrator and consultant, she is uniquely qualified to offer us ideas and interventions that may change lives.

Todaro-Franceschi writes that “a nurse who is actualizing her potential as a care giver is one who can feel compassion...put herself in the patient’s place—repeatedly going to places that scare her...loving kindness, opening of the heart to show kindness.” She goes on to say that, “work satisfaction comes about by meeting individual personal goals and feeling that we have accomplished something meaningful, or productivity...the ability to provide quality care to our patients.” She continues by saying that we as nurses are unable to control the many things that feed into the provision of care. She likens the reaction to such occurrences to Post Traumatic Stress Disorder (PTSD). These areas are the focus of her book: learning to recognize the symptoms within yourself and your co-workers (collective trauma) places the responsibility for change upon ourselves, our leaders and staff development educators as well as early nursing education itself, and offers techniques and lessons that will effect these changes. The author stresses the need for “fostering collective mindful awareness,” first, of our “oneness” within the cosmos and within our own profession and, second, of the need for change. She includes several recent studies that emphasize the importance of learning social/moral roles and ethical behaviors from early in our education throughout all professional continuing education. None of this is new; we have heard these words multiple times throughout our careers. What is new is the actual practical and fairly simple process that Todaro-Franceschi offers that would empower the practicing nurse, educators, and their leaders. The book is a powerful expression of the needs of all nurses, whatever their practice setting, with an easily applied method of reaching out to our co-workers and other healthcare professionals to improve our own lives, and, ultimately, the welfare of our patients. And isn’t that what it’s all about?

Another good resource on this subject might be *Overcoming Secondary Stress in Medical and Nursing Practice* by Robert J. Wicks.

**Foundations**

by Mary Jane Holcomb Trautman

Out of the past behavior of mothers Came nurture.
Then nurturers became nurses Who became angels of mercy For a short time, Then they became a commodity, Except for a few Who became prophets And built foundations And stood upon them.
The prophets were dwarfed By hospital buildings, And medical schools, And cities, So they shouted To their sisters behind the walls, And added more rock To their own foundations.
War, in its odd way Of spawning Some good out of evil, Released renewed angels From their white tiled buildings, Called them across oceans, Welcomed their touch, And filled their heads With false glory, Which was soon buried In poverty.

When prophets and angels Were obliged to work For maintenance And resume their places As handmaidens, Then war, Which had not finished, Beckoned again, And took them, With soldiers and horror, To the ends of the earth. Returning this time, The angel warriors Were changed, And they received The batons and the banners From the prophets, Grown aged and weary, And they marched In the cause of ourselves And humanity.

Mary Jane Trautman, 1976

Mary Jane Holcomb Trautman (MJ) graduated from Jefferson Medical College Hospital Training School for Nurses in 1945 the same year her fiancé Wilbur Trautman graduated from the U.S. Naval Academy. Wil and MJ were married the same year. MJ returned to nursing education at the University of Pennsylvania after 20 years as a naval wife and raising four children. After obtaining a BS and MS in psychiatric nursing, she taught at Villanova in Philadelphia and then at St. Joseph’s in Windham (Standish), ME. After retirement, she continued to be active in nursing. Foundations is reprinted with the permission of Liza Trautman.
Earlier in this series we discussed the processes for planning and implementing nursing continuing education activities. This final article will focus on the evaluation process, as well as on the provision of disclosures to the activity participants, awarding the certificate of completion and maintaining the appropriate records for the activity.

Evaluation

Evaluation is the process of looking at the completed educational activity and determining how effective the activity was in meeting its purpose. Diagram 1 shows how the evaluation process is an integral part of the entire Educational Design continuum. Learner input is a key aspect to this, but input from the faculty and planning committee are also important components of the process. The specific type of evaluation to be done will depend upon the purpose and objectives of the activity. An activity involving psychomotor activities will most likely require a return demonstration, whereas an activity focusing on the synthesis of knowledge may require discussion of a case study or perhaps a post-test. You must ask if the learner has achieved the purpose and may evaluate each objective of the program. There is no requirement to have both short- and long-term evaluation methods. However, the use of long-term methods will provide a stronger sense of how effective the learning activity was in changing behaviors. Table 1 shows the types of evaluation methods recommended by ANCC COA:

- ANA-MAINE does not have a sample evaluation form on its webpage; the planner is free to design one that meets the specific needs of the educational activity.
- ANA-MAINE does require that a sample of your evaluation tools be submitted for review with the application. This includes items such as a post-test (with answers), case study descriptions, how return demonstrations will be verified, how active participation in the learning activity will be evaluated, as well as the more usual Likert Satisfaction Scale.
- Upon completion of the educational activity, the evaluation tools will need to be summarized to evaluate how successful the activity was. The nurse planner and members of the planning committee will then review this data to make suggestions for future activities. A summation statement should be made to capture this information for future review and be included in the activity file.

Disclosures to the Learner

A number of disclosures must be made in writing to the learners prior to the beginning of the educational activity. The easiest ways to do this are to make the disclosures in the marketing materials, on the first slide of the presentation, or in a sign on the registration table. Disclosures that are *always* required are:

- Notice of requirements for successful completion of the educational activity (what the learner has to do in order to earn contact hours, such as attend all or part of the activity, complete the evaluation, jump through hoops...) as well as the purpose and/or objectives of the learning activity
- Presence or absence of conflicts of interest for the planners, presenters/faculty, authors, and content reviewers. If any conflicts exist, there must be disclosure of the name of the individual, the name of the commercial interest, and the nature of the relationship the individual has with the commercial interest. Remember from the last article that a commercial interest involves only an entity that produces, markets, resells or distributes healthcare goods or services consumed by or used in treatment of patients.

If applicable, the following disclosures are required:

- Notice of any commercial or sponsor support received. This applies to both financial and in-kind support, and must address how content integrity has been maintained as well as how bias was prevented.
- A statement that accredited status does not imply endorsement by ANA-MAINE or ANCC of either the educational activity or of any commercial products on display or that are discussed.
- If enduring materials are used (e.g., print electronic, web-based), the learner should be informed about how long the contact hours may be awarded.

Document of Completion

Once learners have met the requirements set by the planners for completion of the educational activity, they should receive a document of completion (also known as a certificate, but it does not need to be in certificate format). A sample document may be found on the ANA-MAINE website, but you are welcome to create one that meets your own specific needs. At a minimum, this document must include the title and date of the educational activity.
the name and address of the provider (a website address is acceptable), the number of contact hours to be awarded, the participant’s name, and the accreditation/approval statement. There is no requirement that the certificate be signed by the nurse planner. The following statement must be used on the document of completion; it must start and end on its own line, and may not be combined with any other information:

This continuing nursing education activity was approved by ANA-MAINE, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

If the educational activity is being offered for credit by another professional organization, the document of completion may include several accreditation statements, each on its own line. The same certificate may also be offered to non-nursing participants.

Recordkeeping
The providing agency is required to maintain all of the records from the educational activity in a secure location for at least six years. The records should be easily retrievable by authorized individuals, and may be maintained electronically or by hard copy. The use of a back-up system is strongly recommended if the files are maintained electronically. The materials to be kept include all signed documents (biographical forms, support agreements, and co-providership agreements), the ANA-MAINE application itself, the educational documentation form listing the purpose, learning objectives, content, time frame, faculty, teaching and learning strategies, and evidence base, all evaluation tools and the summation statement, and the certificate of completion. ANA-MAINE may ask for copies of any of these documents for quality reviews at any time during this six-year period.

Final Thoughts
In these past few issues of the Journal, we have reviewed the process of planning and implementing Continuing Nursing Education activities for contact hours. They are summarized in Table 2 below. The ANA-MAINE website www.anamaine.org contains a wealth of reference materials as well as the actual forms for completing an Individual Educational Activity (IEA) application. CNE Chair Ruta Jordans (CEChair@anamaine.org) and CNE Commissioner Karen Rea (Karen.Rea@anamaine.org) are both available to answer questions that may arise during the application process – feel free to contact them!

Table 2
CNE Steps in a Nutshell

1. Identify a knowledge gap via a needs assessment of your target audience ->
2. Create a planning committee with a Nurse Planner and Content Expert ->
3. Identify education activity purpose and objectives ->
4. Identify faculty/presenters and develop education activity content and teaching strategies, based upon the latest evidence in practice and the literature ->
5. Throughout the planning process pay special attention to any potential conflicts of interest and bias from the use of commercial support and/or sponsorships ->
6. Market the educational activity ->
7. As the educational activity is conducted, allow opportunities for learner feedback during the activity ->
8. Have both learners and the planning committee evaluate the education activity ->
9. Develop suggestions for future educational activities from the feedback and evaluations.

SAINT JOSEPH’S COLLEGE OF PEDiatrics

Assistant Professor of Nursing in Pediatrics

The Nursing Department at Saint Joseph’s College of Maine is seeking a full-time Assistant Professor of Nursing in Pediatrics. This is a tenure-track position.

The successful candidate will be expected to contribute in the pre-licensure BSN nursing program. Responsibilities will include course development, academic advisement, clinical teaching, and oversight, scholarship, and assisting with recruitment efforts for the nursing program. The successful candidate will have a Master’s Degree in Nursing, five years of pediatric clinical experience and one to two years experience in nursing education programs. Preference will be given to candidates with a Doctorate. Certified in Pediatric Nursing is a plus.

The college is looking for an individual who is able to work with teens and creatively problem solve, and is committed to supporting the mission and core values of Saint Joseph’s College.

Saint Joseph’s College, sponsored by the School of Mercy, is a Catholic Franciscan college enrolling roughly 1000 students at all levels on campus in the traditional 4-year college, as well as another 2,600 working adults in online courses from locations throughout the country and the world. The beautiful 350-acre campus is located on Saco Bay Lake, one-half hour from Portland, Maine and two hours from Boston.

Review of applications will begin immediately. Please submit your application at http://apply.sjcme.edu. Click on “Jobs at SJC.” Those include your resume and cover letter. The name and telephone number of three (3) professional references, and read and sign the Pre-Employment Statement.

Specific questions may be emailed to: humanresources@sjcme.edu or call 207-893-7767.
Nursing Summit 2013 – Nursing Leaders in the Future of Health Care

by Juliana L’Heureux

Maine’s 12th Annual Nursing Summit attracted 300 attendees to hear the keynote speaker, Linda Burns Bolton, DrPH, RN, FAAN, speak about this year’s theme, “Nursing Leaders in the Future of Health Care,” on Wednesday, March 13 at the Augusta Civic Center.

Dr. Bolton is vice president for nursing, chief nursing officer and director of nursing research at Cedars-Sinai Medical Center in Los Angeles. She’s among a group of professional healthcare leaders who see a promising future for nurses who cultivate critical-thinking skills.

As the healthcare delivery system endures a period of change, nurses must rise to the challenges by seeking expanding opportunities in the profession and for our peers and our patients,” she said. Dr. Bolton. “Nurses must continue to live up to the sacred trust as the nation’s most trusted profession,” she told the audience.

In summarizing the day, Organization of Maine Nurse Executives (OMNE) President Donna DeBlois, RN, BSW, MSB, AHAC, executive director of Knox-Wal-Lin Homecare and Hospice in Rockland, said, “We intend for nurses to serve as role models who inspire leadership in enhancing the quality of health care, ensuring the educational and ethical standards of nursing, and expanding opportunities in the profession and for our peers and our patients.”

ANA-Maine co-sponsored the 2013 Nursing Summit.

Handouts for the presentations at the 2013 Nursing Summit, including those from Dr. Bolton’s speech, are available at the OMNE website: www.omne.org.

Dr. Linda Burns Bolton was named by Modern Healthcare Magazine as one of its Top 25 Women in Healthcare.

Catherine Lorello-Snow, RN, a board member of ANA-MAINE (left) with Nursing Summit keynote speaker Dr. Linda Burns Bolton and ANA Nursing Champion Muriel Poulin, EdD.

Target Lyme Disease

Stephen Sears, M.D. State of Maine Epidemiologist

MAINE CENTER FOR DISEASE CONTROL (Maine CDC) – Lyme disease is the most common tick-borne disease in Maine. Over 1,100 cases of Lyme disease were reported to Maine Center for Disease Control in 2012. Ticks are the carriers and may be active any time when the temperature is above freezing. As the weather warms, the risk for Mainers to acquire a tick-borne illness increases. May is Lyme Disease Awareness Month in Maine, so remember to educate your patients about ticks and how to prevent Lyme disease. Lyme disease is a treatable illness! Antibiotic therapy has proven effective for the treatment of Lyme disease.

Clinical treatment guidelines are available at the Infectious Diseases Society of America (IDSA)’s website www.idsociety.org/lyme.

What’s important to remember about Lyme disease?

• Lyme disease is caused by the bacteria Borrelia burgdorferi, which is spread through the bite of an infected deer tick, Ixodes scapularis. The tick must be attached for at least 24 hours to transmit Lyme disease.

• Lyme disease can manifest itself with dermatologic, rheumatologic, neurologic, and cardiac abnormalities. The most common symptom of early Lyme disease is erythema migrans (EM), also known as “the bull’s eye rash” (seen about 60 – 80% of the time nationwide). EM lesions are often accompanied by other acute symptoms such as fatigue, fever, headache, arthralgia, myalgia or mildly stiff neck.

• Late manifestations include arthritis characterized by brief attacks of joint swelling, Bell’s palsy or other cranial neuritis, radiculoneuropathy, lymphocytic meningitis, encephalitis, and 2nd or 3rd degree atrioventricular block.

• Last, but not least, Lyme disease is preventable. The easiest way to prevent Lyme disease is to avoid contact with the ticks that carry it.

Tick-borne illnesses occur mostly during the summer months when ticks and humans are active in the same outdoor environments. If you see a patient with “summer flu,” especially if their White Blood Cell count is low – think Anaplasmosis (tick borne disease) and send blood samples for appropriate testing.

All tick-borne illnesses are reportable in the state of Maine. For accurate surveillance, Maine CDC (Centers for Disease Control) requests that all diagnosed erythema migrans (early Lyme disease) rashes be reported as well as all positive lab diagnoses for any tick-borne disease.

Cases can be reported by fax at 1-800-293-7834 or by phone at 1-800-821-5821.

Resources:

• IDSA treatment guidelines available at http://cid.oxfordjournals.org/content/43/9/1089.full


• “Tick-Borne Disease in Maine: A Physicians Reference Manual” is available online at http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/vector-borne/index.shtml under Tick Resources. Paper copies can be requested through disease.reporting@maine.gov

Dr. Sears has been the State of Maine Epidemiologist since January 29, 2010.
Last November I attended a week-long integrative nutrition conference at a retreat center in Massachusetts. I met numerous colleagues, including nurses, physicians, and dietitians from across the country, all of us wanting to learn more about the integral role of nutrition in promoting health and wellness for ourselves and our patients. From the various speakers who presented, I learned a great deal, and came home feeling—what else—nourished and asking entirely new set of questions.

One of the speakers, Dr. John Bagnulio, is a nutritionist who resides in Belfast, ME. He provided the audience with a great deal of new information to consider, particularly who resides in Belfast, ME. He provided the audience with a great deal of new information to consider, particularly...
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ENDING CHILDHOOD OBESITY WITHIN A GENERATION

We support school-based nutrition and physical fitness initiatives, such as Fuel Up to Play 60, that help achieve these guiding principles:

1. Increase access to and consumption of affordable and appealing fruits, vegetables, whole grains, low-fat dairy products and lean meats in and out of school.
2. Stimulate children and youth to be more physically active for 60 minutes every day in and out of school.
3. Boost resources (financial/rewards/incentives/training/technical assistance) to schools in order to improve physical fitness and nutrition programs.
4. Educate and motivate children and youth to eat the recommended daily servings of nutrient-rich foods and beverages.
5. Empower children and youth to take action at their school and at home to develop their own pathways to better fitness and nutrition for life.

For information contact (207) 287-3621

We think EVERY Week should be National Nurses Week.
Thank you Nurses!

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Nurse Director & Unit Coordinator

Seeking a Nurse Director for our dynamic and growing Surgical Services Department. As a member of the nursing leadership team, the Nurse Director’s primary area of responsibility is to ensure optimal patient/family outcomes by maintaining a caring and healing environment. Furthermore, this person will have leadership and management responsibility for the day to day operations of the Operating Room/MAU/Supply Room units. The qualified candidate will have a minimum of five (5) years experience in an Operating Room setting as well as leadership and management experience, Bachelors of Science Degree in Nursing (BSN) or Masters Degree in Nursing (MSN) required.

Seeking an experienced Operating Room RN to fill our Unit Coordinator role. The Unit Coordinator (UC) assists in the management of the unit, and practices nursing independently. The UC is recognized as a hospital-wide resource person in a specific area of nursing expertise and demonstrates leadership abilities in clinical and professional roles. The UC demonstrates positive guest relations through effective communication skills, patient advocacy and maintaining collaborative relationships. UCs contribute to improvements in standards of care, support departmental policies and utilize resources. Bachelors of Science Degree in Nursing (BSN) or Masters Degree in Nursing (MSN) required.

Mid Coast Hospital is a Magnet® facility in Brunswick, Maine. We are an independent, community, non-profit hospital accredited by the Joint Commission. Our 92-bed facility serves a population of approximately 84,000. Our active medical staff, representing 30 primary care and specialty areas, is the envy of most communities. Mid Coast Hospital offers a competitive salary and benefits package; compensation commensurate with experience.

We invite you to explore the opportunities for professional growth at Mid Coast Hospital and to apply online at www,midcoasthealth.com/jobs

To learn more about Mid Coast Hospital, please visit our website at www.midcoasthealth.com

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