

# MARN

## MAssachusetts Report on Nursing

MARN is the Massachusetts Affiliate of the American Nurses Association

Vol. 10 No. 3

The Official Publication of the Massachusetts Association of Registered Nurses, Inc.  
PO Box 285 • Milton, MA 02186 • 617-990-2856 • [newsletter@MARNonline.org](mailto:newsletter@MARNonline.org)  
Quarterly Circulation 114,000

September 2012



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*Save the date!*

Plan now to attend the MARN Fall Conference

**Saturday, October 13, 2012**  
**Framingham Tara**  
**7:30am – 1:00pm**

The MARN Conference Planning Committee is pleased to present:

**“Assisted Suicide: Practice, Legal, Ethical, and Religious Considerations”**

This program will assist participants in defining and differentiating between assisted suicide and active euthanasia and identifying factors that contribute to patient requests for aid in dying. Relevant research findings and key components of the Massachusetts Referendum to enact the “Death with Dignity Act” will be discussed as well as the medical, legal, ethical, and religious perspectives related to assisted suicide. Guided by the ANA *Code of Ethics with Interpretive Statements*, the nurse’s role, ethical obligations, and implications for professional practice will be presented.

**Keynote Speaker:**

**Cynthia Ann LaSala, MS, RN**  
Clinical Nurse Specialist,  
Advisor, Patient Care Services Ethics in Clinical Practice Committee,  
Massachusetts General Hospital,  
Appointed Member to the Ethics Advisory Board,  
ANA Center for Ethics and Human Rights

**Panel Presentation:**

TBA  
(Panelists will include Nursing, Medicine, Chaplaincy, Legal Services, and Massachusetts Legislators)

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## American Nurses Association Re-Elects Karen Daley As President

American Nurses Association (ANA) delegates re-elected Karen A. Daley, PhD, MPH, RN, FAAN, of Cotuit, Massachusetts, to serve a two-year term as president of ANA, the nation’s leading professional nurse organization representing the interests of 3.1 million registered nurses. Daley and other nurse leaders were elected during the ANA House of Delegates biennial meeting, which was held June 15-16 at the Gaylord Hotel and Convention Center in National Harbor, Md.

President Daley served as a member of ANA’s Board of Directors (2008-2010) and as a director of the American Nurses Credentialing Center (ANCC) before being elected to her first term as ANA president in 2010. She is past president of the Massachusetts Association of Registered Nurses (MARN) and the Massachusetts Center for Nursing.

President Daley spent more than 26 years as a staff nurse at Brigham and Women’s Hospital in Boston. She holds a diploma in nursing from Catherine Laboure School of Nursing, a bachelor’s of science in nursing from Curry College, a master’s of public health from Boston University School of Public Health, and a master’s in science from Boston College. Additionally, she earned a doctoral degree from Boston College. In 2006, President Daley was inducted as a fellow into the American Academy of Nursing in recognition of her advocacy work in needlestick prevention. In 2011, she was included on *Modern Healthcare* magazine’s list of the “100 Most Influential People in Health Care.” In October 2012, President Daley will be honored with an award from the Massachusetts Health Council for her contributions to health care in Massachusetts and around the world.

MARN is proud to support President Daley’s work and looks forward to a busy and productive future for nurses in Massachusetts and the world. Congratulations Karen!

### HONOR YOUR COLLEAGUES in NURSING MARN Awards Open to All Nurses

We all work with or know nurse colleagues whose commitment to nursing and to patient care is exemplary. Yet in the rush of today’s world, there is often little time to acknowledge them and their professional contributions. MARN Awards provide you the opportunity to honor their remarkable, but often unrecognized excellence in nursing. MARN Award nominees can be a member of MARN or a non-MARN member who is nominated by a member of MARN. These awards can be peer or self nominated.

Check out the award categories on p 2 and available scholarships on p 4. Information about honoring a nurse who is a Living Legend in Massachusetts Nursing can be found on this page.

Visit the MARN web site: [www.MARNonline.org](http://www.MARNonline.org) for more information and applications for all scholarships and awards offered by MARN or call MARN at (617) 990-2856

### LIVING LEGENDS IN MASSACHUSETTS NURSING Nominations Sought

Recognize and nominate a nurse who has made a significant contribution to the profession of nursing on a state (Massachusetts), national or international level. Living legends in Massachusetts Nursing Awards are presented each year at the MARN Awards Gala Celebration Dinner at the Annual Conference in the Spring. Candidates for this award should be a current or past member of the Massachusetts Association of Registered Nurses (MARN) or a member of the Massachusetts Nurses Association (MNA) when it served as the state affiliate for the American Nurses Association (ANA) and be nominated by a colleague.

The Nomination Process is easy!  
Access the application at the MARN website: [www.MARNonline.org](http://www.MARNonline.org)  
Complete the application and submit electronically or by mail by the deadline of November 15, 2012

Visit the MARN web site: [www.MARNonline.org](http://www.MARNonline.org) for more information and applications for all scholarships and awards offered by MARN or call MARN at (617) 990-2856

# MARN Awards Open to All Massachusetts Nurses



### Mary A. Manning Nurse Mentoring Award

This award was established by Karen Daley to support and encourage mentoring activities. This monetary award in the amount of \$500 is given annually to a nurse who exemplifies the ideal image of a mentor and has established a record of consistent outreach to nurses in practice or in the pursuit of advanced education. (MARN membership not required).

### Excellence in Nursing Practice Award

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

### Excellence in Nursing Education Award

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

### Excellence in Nursing Research Award

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

### Loyal Service Award

This award is presented annually to a member of MARN who has demonstrated loyal and dedicated service to the association. (MARN membership required)

**The nomination process is easy:**  
Access the applications at the MARN website:  
[www.MARNonline.org](http://www.MARNonline.org)  
Complete the application and submit electronically or by mail by the deadline of **November 15, 2012**

Visit the MARN web site: [www.MARNonline.org](http://www.MARNonline.org) for more information and applications for all scholarships and awards offered by MARN or call MARN at (617) 990-2856

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MARN encourages organizations and educational institutions to submit announcements about continuing education opportunities and upcoming events that are of interest to nurses. Please note: The announcement can not exceed 75 words. Fees must be included with submissions. The Fee Schedule is as follows:  
MARN Approved Providers/Sponsors—\$25  
Non MARN Approved Providers/Sponsors—\$50  
Payment can be mailed to MARN, PO Box 285, Milton, MA 02186. Please include a copy of the announcement and contact information (name, address, telephone, Email) with the check. Please email copy to [www.MARNonline.org](http://www.MARNonline.org). For more information, contact [info@MARNonline.org](mailto:info@MARNonline.org).

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MAssachusetts Report on Nursing is published quarterly every March, June, September and December for the MAssachusetts Association of Registered Nurses, P.O. Box 285, Milton, MA 02186, a constituent member of the American Nurses Association.

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# A Proud Day for MARN

In the fall of 2011, the Massachusetts Action Coalition was selected as an Action Coalition by the Future of Nursing: *Campaign for Action*, coordinated through the Center to Champion Nursing in America (CCNA), an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation (RWJF), to ensure all Americans have access to high-quality care, with nurses contributing to the full extent of their capabilities. Since that time, MARN has been actively involved and lending its voice on behalf of the more than 110,000 Registered Nurses across the Commonwealth. In an unprecedented vote by the MARN board of directors at their May, 2012 meeting, the members unanimously approved a motion to provide financial support in the form of a \$20,000 contribution to the effort.

"It's a proud day for MARN" said President Gino Chisari, RN, DNP. "Just a few short years ago MARN was working hard to re-establish itself as the voice of professional nursing in Massachusetts and today because of our members and their committed loyalty and support to MARN's mission we are once again a prominent voice at the table."

The Massachusetts Action Coalition has begun work with the campaign to implement the recommendations of the 2010 landmark Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*. This coalition representing several statewide nursing organizations is co-chaired by the Organization of Nurse Leaders, MA/RI (ONL-MA/RI) and the Massachusetts Department of Higher Education (DHE).

Since its release one year ago, the landmark report has made a considerable impact on the way stakeholders are viewing the nursing workforce:

- As of June 2011, *The Future of Nursing: Leading Change, Advancing Health* became the most viewed online report in the IOM's history. And it has sparked widespread activity to address the recommendations.
- CCNA has convened stakeholders through its Champion Nursing Coalition of 48 national health care, consumer, business and other organizations and Champion Nursing Council of 27 national nursing organizations to develop strategies to implement the IOM recommendations.

"We are thrilled to add the Massachusetts Action Coalition to the Action Coalition network," said Susan B. Hassmiller, PhD, RN, FAAN, senior adviser for nursing at RWJF and director of Future of Nursing: *Campaign for Action*. "The *Campaign for Action* must work at every level to build and sustain the changes necessary to improve health care for all Americans, and we know



**Patricia Crombie MSN, RN, MA Action Coalition Project Director, Sharon Gale, RN, MS, Chief Executive Office ONL-MA/RI, Gino Chisari, MARN President, Dale Earl, Coordinator for Healthcare Workforce, David Cedrone, Associate Commissioner for Economic and Workforce Development.**

the contributions of the Massachusetts Action Coalition will be invaluable as we move forward." Today there are 20 other state Action Coalitions across the country.

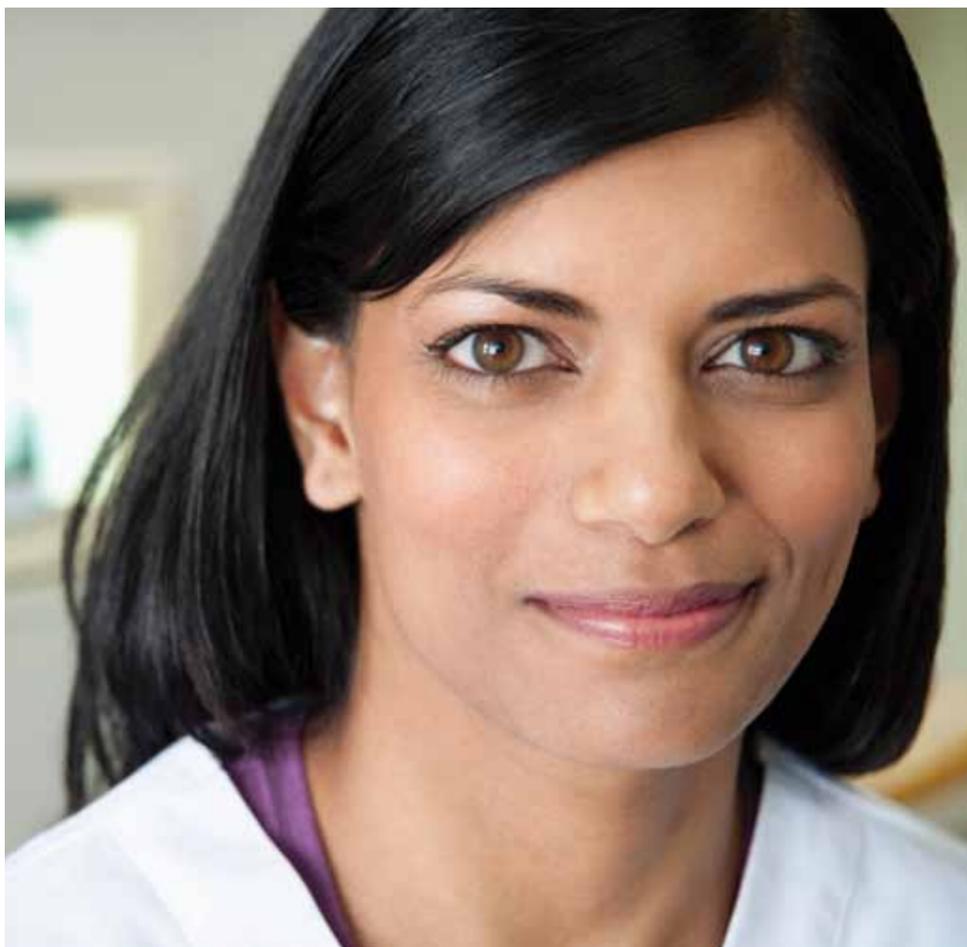
"The expertise of our coalition members and our proven capacity were key factors in being selected," said Sharon Gale, MS, RN, and CEO of ONL-MA/RI. "The Massachusetts Action Coalition will advance the goals outlined in the application through its recently established MA Nursing Leadership Coalition which represents the major nursing organizations and key stakeholders who share a commitment to improve nursing education, bridge academics and practice, expand nursing leadership roles and promote a full scope of nursing practice."

David Cedrone, Associate Commissioner for Economic and Workforce Development at the Massachusetts DHE, noted "that the

Massachusetts Action Coalition will inform our nursing programs of emerging education and skills requirements for nurses at all levels of practice, ensuring that we are producing the nurses of the future, today."

"Adding this new wave of Action Coalitions represents a major step forward in the campaign's evolution," said Susan Reinhard, PhD, RN, FAAN, senior vice president of the AARP Public Policy Institute and CCNA chief strategist. "The Massachusetts Action Coalition has already made great strides in Massachusetts, and their application reflected capable leadership, clear goals and strong action plans."

Participation in the Massachusetts Action Coalition and Nursing Leadership Coalition are the latest in several state-wide opportunities for MARN to influence policy decisions affecting the practice of nursing in Massachusetts.



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**MORE OPPORTUNITIES TO HONOR YOUR COLLEAGUES: MARN Scholarships Available**

**Ruth Lang Fitzgerald Memorial Scholarship**

This scholarship was established by the Fitzgerald family in memory of Ruth Lang Fitzgerald a long time member of MARN. The monetary award of up to \$1,000 is given each year to a member of the Massachusetts Association of Registered Nurses to pursue an area of interest or special project that will be beneficial to the member and /or the association. The scholarship can be used to attend an educational conference or some other educational activity. It may also be used for participation in a humanitarian aid project. **(MARN membership required)**

Complete the application and submit by email or snail mail by **November 15, 2012**

**Arthur L. Davis Publishing Agency Scholarship**

This scholarship is for a **MARN Member or a child or significant other** of a MARN member who has been accepted into a nursing education program in order to pursue a further degree in nursing. The \$1,000 scholarship can *only* be applied to tuition and fees.

**The Application Process is easy!**

Access the application for either scholarship at the MARN Website:  
[www.MARNonline.org/Awards](http://www.MARNonline.org/Awards)

Complete the application and submit by email or snail mail by **March 15, 2013**

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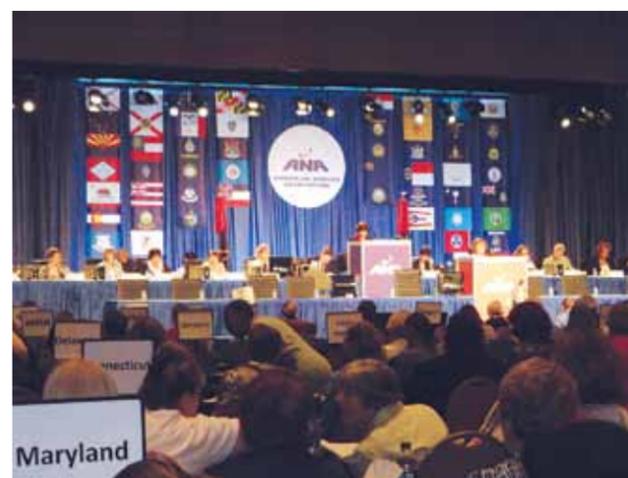
**Change is in the Air  
MARN & ANA Building a Viable Future**

**MARN Revises Bylaws to Create President Elect and Immediate Past President Positions**

April 28, 2012: With an eye toward ensuring well prepared leaders and creating more opportunities for members to serve in leadership positions, MARN members voted to establish the position of "President-Elect" in place of the Vice President office at their annual meeting and convention. This will ensure that the person who runs for president will have had the opportunity to gain experience and mentoring by serving on the MARN Board of Directors for at least one year before assuming the Presidency of the organization. This allows for a more seamless transition to the role of President. Further, the creation of a role for the "Immediate Past President" allows for succession planning and improved continuity with Immediate Past-President available as a resource for the president and the Board of Directors.

With the inclusion of the roles of President-Elect and Immediate Past-President, the person elected to the President-Elect role is making a 3 year commitment to MARN. The Board of Directors hopes that this will create a seamless leadership transition resulting in strong organizational leadership and increased opportunity for a wider pool of potential candidates to assume leadership roles in MARN.

The next election cycle in 2013 will be the first opportunity for any interested member to run for the office of President Elect. The Board of Directors in 2013 will include President, President-Elect, Secretary, Treasurer and six elected directors. Additionally, up to two directors who have been licensed as registered nurses for five (5) years or less may be appointed by the Board of Directors.



**House of Delegates Approves Organizational Transformation**

Five MARN Delegates joined 450 nurses from around the United States to participate in the historical and transformational 2012 ANA House of Delegates. The Massachusetts delegation included Myra Cacace, MARN President Gino Chisari, Maura Flynn, Karen Manning, Anne Manton, Tara Tehan and MARN Executive Director, Diane Jeffery. In a spirit of collaboration and dedication the HOD took action to update and streamline governance of the association to more quickly address pressing issues and better meet the needs of nurses. These decisions represent significant change in the association's governance structure.

During the HOD sessions held on June 15 and 16, 2012, about 450 voting delegates from ANA's constituent and state nurses associations (C/SNAs) and Individual Member Division (IMD) approved several measures that reflect the association's focus on updating its governance structure and processes. Delegates voted to: retire the House of Delegates, Congress on Nursing Practice and Economics, and Constituent Assembly, and replace them with a Membership Assembly and Professional Issues Panels; create ad hoc Professional Issues Panels comprised of volunteer nurse subject matter experts; move to a smaller Board of Directors; and update ANA's language to better reflect the purposes and functions of the national association.

Elected delegates who set new policy for ANA also approved measures to: rededicate efforts to address nurse staffing problems; petition a federal agency to require health care employers to develop violence prevention programs; advocate for healthier energy options; and prevent nurses' exposure to hazardous drugs and urge employers to educate nurses who handle these drugs about the risks.

Other MARN members also in attendance included, MARN Member and ANA President Karen Daley, MARN Member and Past ANA President, Barbara Blakeney, Gayle Peterson, Member of the Nursing Congress on Practice and Economics and newly elected ANA Staff Nurse Director at Large (see article on page 12), Jeanne Gibbs and Cidalia Faria (members of the Credentials Committee) and Mary Manning, Campaign Manager for reelected ANA President, Karen Daley. Gino Chisari did double duty as a member of the Reference Committee. The delegates agreed that this was an action packed, fulfilling and fun experience and an honor to be present at an historical crossroads for the ANA.



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## President's Message

### We are Family

Gino Chisari, RN, DNP, President

Many of us recall a popular dance song from 1979, "We are Family" by the group, Sister Sledge. It's a song played at every one of my family events. It gets all of us; women, men, and children up dancing and singing and simply enjoying the moment of being together. For us the song represents all of the things we are to each other...caring, supportive, protective, loving, and probably like your family the list could go on and on. When I hear the song, it is a joyous reminder that I belong to something bigger than just myself. My heart is warmed in knowing that I am connected to a community.

I think about being a nurse in the same way. I completed my initial nursing education in 1984 and have always felt a strong sense of acceptance and belonging. Although, in those early days, I did get curious and sometimes cautious looks from patients, families, physicians and even my own female colleagues at being a man in nursing. I heard the usual question many men in nursing are asked, "Are you a 'real nurse'?" Thank heavens, those days for the most part are over and men are more visible in the profession...and that the prevailing attitudes of the time didn't keep me from feeling a part of something bigger than myself.

I share this with you because now more than ever it is important for us to come together as a family. Now more than ever it is important for nursing to speak with one voice. Now more than ever it is important for the power of nursing to be felt at all tables where health care policy decisions are made. Now more than ever it is important for nursing to have a unified presence to law makers, physicians, and others who continue to exert their power over nursing. **Now more than ever it is important for you to be involved!**

Healthcare is changing dramatically! I wonder how many nurses are actively involved in directing change rather than being passively effected by it. How many of us are involved... or just sit back and comment (or complain)? How many of us take action or simply ignore change



Gino Chisari

blindly believing that it will never affect me? My fear for nursing is that the ever changing environment will have long lasting and profound effects on how we practice and that decisions will be made without a nursing presence and voice.

To the more than 110,000 RNs licensed in the Commonwealth of Massachusetts, my call to action is to **get involved today**. We must unite our voices and take control of our professional destiny. We must remember, and remember always, that what we do as nurses, we do because it significantly matters to our patients and their families. One way is to join the MARN Action Team (MAT). The MAT was developed by the MARN Health Policy Committee to be a grassroots body that acts quickly by sending an email or making a telephone call to the legislature on a matter of importance to nursing. Of course, becoming a MARN member and joining one of our committees is also a great way to be involved in directing nursing's future.

Another way to heed this call to action is to stay informed. Visit the MARN and American Nurses Association websites frequently for important updates and news on a variety of hot topics related to nursing. This is vital to the survival of our profession. Start discussions at your work place about the future of nursing. Remembering that the power of nursing is a simple way to begin accomplishing this important task. Remember to be kind to each other and role model for new nurses how to be a loving, supportive and caring family.

Whatever action you chose, feel confident in knowing that you are making a difference. Be confident in knowing that you matter to the whole, because together we are stronger than the sum of are parts. And, be confident in knowing that as a nurse you will always belong to something bigger than yourself; we belong to a nursing family.

I invite you to write me at [President@MARNOnline.org](mailto:President@MARNOnline.org) with other suggestions on how to bring a greater voice to nursing. I also invite you to become involved. For more information regarding MARN membership or committee opportunities, please contact Diane Jeffery, MARN executive director at [djeffery@MARNOnline.org](mailto:djeffery@MARNOnline.org).

## Letters to the Editor

Dear Editor,

I am a graduate nursing student at St. Joseph's College of Maine. I have practiced as a nurse for 34 years.

Thank you for bringing attention to the topic of bullying in the nursing workplace in the December 2011 MARN newsletter (p. 4-5). I have observed incidents of nurse to nurse bullying throughout my career. The personal impact is hard to ignore and impacts a nurse's confidence. Reading about the work of Jeannette Ives Erikson from Massachusetts General Hospital and the MARN Leadership Team to incorporate respect and professionalism into the nursing work environment is encouraging and inspiring.

Gino Chisari's article on *The End of Nurse on Nurse Bullying* highlights the insidious approach learned by nurses to intimidate or cause harm to their peers. The result of the "Silent Treatment Study" demonstrates the limited effectiveness of a current trend to use only consultants and educators to change behavior in the workplace. Your response in the President's Message reinforced this theme with concrete examples. Identifying support systems already in place is a helpful resource for all nurses. Addressing the effects of unprofessional behavior from a financial impact on patient safety and nurse retention acknowledged the interconnected nature of nursing, healthcare, and industry.

Time, effort, and effective communication are necessary skills for nurses to promote professional behavior within the nursing profession. Every healthcare institution has a professional behavior policy. Ensuring that practice follows policy is a commitment for all healthcare providers. It is my belief that professional behavior supports the critical efforts of nurses entering the political arena as advocates for public health policy.

Networking, mentoring, and participation in professional organizations provide an opportunity for nurses to come together in support of nursing's professional growth and support for public health issues. Working together through professional organizations reinforces the nursing practice in member's area of patient care. Professional behavior supports personal and professional development for all nurses. Thank you for the opportunity to share my thoughts.

Sincerely,  
Barbara Belanger, BSN, RN, CNOR



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#### Integrated Care Manager I

Job Requisition #: 12-0699, 12-0700 & 12-0753

MBHP is seeking a licensed, Integrated Care Manager I to join our Behavioral Health Network Management team. This position is responsible for the clinical management of all assigned members in the Care Management Program who meets the MassHealth and state agency enrollment criteria. The Integrated Care Manager I collaborates with providers to evaluate and determine the authorized appropriate levels of care for state agency consumers. Focus will be on members who are identified as high risk with a behavioral and medical co-morbidity. This position requires a valid driver's license as requirements will include travel for frequent member contact and community outreach.

#### Requirements:

- Current, valid, unrestricted Massachusetts license as an RN, LICSW, LMHC, LPC, PhD Clinical Psychologist or LMFT
- Minimum 5 years work experience in a mental health setting. At least 2 years must be post-licensure experience in direct care

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# Quality & Safety Education for Nurses (QSEN): National Forum

**Dr. Cathleen C. Santos DNP, RN,**  
Associate Professor of Nursing, Curry College  
QSEN Project Team member

Providing safe patient care has been a constant struggle for the U.S health care system. The magnitude of hospital errors has gained the attention of the public, the media, and professional and regulatory agencies. Over the last decade, there has been an increased focus on efforts to provide safe patient care. Various publications from the Institute of Medicine (IOM) highlight the data reflecting errors in care, the costs associated with errors, and the impact on society (IOM, 2000, 2001, 2003). In 2003, the IOM challenged health care educators to make fundamental changes in education regarding quality and safety competencies.

According to the IOM (2010), the requisite competencies of today's registered nurse include; leadership, health policy, system improvement, research and evidence-based practice, and teamwork and collaboration, as well as competency in specific content areas such as community and public health and geriatrics. To respond to the increasing demands, the IOM calls for nurses to achieve higher levels of education and suggests that they be educated in new ways that better prepare them to meet the needs of the population. All of these challenges have confronted nursing educational programs with the need to fundamentally change the ways nursing is being taught by incorporating these new competencies into existing curricula.

One way in which nursing education has begun to meet these challenges is through the

Quality & Safety Education for Nurses (QSEN) Collaborative. The QSEN collaborative was developed by a team of nursing leaders in 2005, receiving generous funding from the Robert Wood Johnson Foundation. The focus was to enhance nursing curricula and foster faculty development so as to support student achievement of quality and safety competencies. The initial focus on undergraduate nursing education has expanded to graduate education. Six quality and safety competencies were developed and disseminated to 15 pilot schools throughout the U.S. in 2007, with the intent of encouraging the creation and dissemination of teaching strategies that would incorporate patient safety competencies into nursing curricula. The six core competencies derived from the IOM and reframed for nursing include: Patient Centered Care, Teamwork and Collaboration, Evidence Based Practice, Safety, Quality Improvement and Informatics.

Since 2010, there have been three QSEN National forums, fostering the dissemination of quality and safety initiatives amongst nursing programs nationwide. At the 2012 forum, Dr. Jane Barnsteiner PhD, RN FAAN, and Dr. Joanne Dische PhD, RN, FAAN presented research focusing on Just Culture in Schools of Nursing. They are engaged in research to identify ways in which schools of nursing address student errors in practice settings. At the conclusion of the forum, Dr. Linda Cronenewett PhD, RN, FAAN, Principal Investigator, Quality and Safety Education for Nurses from UNC-Chapel Hill provided an update on the markers of transformation in professional formation and development that have occurred as QSEN finishes its seventh year of activity. Future directions include further dissemination of QSEN teaching strategies, expanded focus on graduate education, and further inclusion of practice arenas and ongoing evaluation of successful innovations.

The QSEN movement is one arena in which nursing colleagues from around the country and Canada are able to join together to share ideas and collaborate on innovations in nursing education. It is through collaborations such as this that nursing has a unique opportunity to take the lead on such an important issue as patient safety and to be a key innovator in framing the future of healthcare.

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# Summer Travels: MARN Members in Exotic Places

## Lessons Learned in Swaziland

**Alison H. Rhodes BA RN, Inge B. Corless PhD RN FAAN, Martha Dietz Loring BA RN, Patty McCarthy RN, Alexandra McCaffrey BA RN, Aisha Ellis RN**

As part of an International Health Experience course at the MGH Institute of Health Professions, five students and one faculty member went to Swaziland in May 2012. Preparation for the trip entailed education on the history, politics, culture, morbidity, mortality, political and economic systems of Swaziland, the health infrastructure, an update on various aspects of HIV infection and AIDS, as well as general information needed for a trip to Africa. What follows is the first of a series of articles on Lessons Learned.

I thought I knew what to expect from an immersion experience in an African health care system. I thought I knew what I would see, how I would feel about it, and how to deal with those feelings. As it turns out, I was wrong. While the hospital facility in Swaziland was quite similar to what I had seen in Ghana, the circumstances were entirely different. In Ghana, I had seen people receive the news that they were HIV positive; wards full of people moaning in pain; some patients sharing beds due to lack of space. What I hadn't seen was the devastating consequences of a rampant HIV/AIDS epidemic; patients dying unattended; or multiple miscarriages by women who were alone and, in some cases, lying in hallways for hours at a time.

There is one word to describe the biggest challenge I faced in Swaziland: suffering. Intellectually, I know suffering exists around the globe, and particularly in developing countries, but to know it exists and to bear witness to it are two very different things. Nonetheless, my most memorable experience was my time with Z, a beautiful, spirited, bright young woman with whom I sat as she miscarried her 20 week-old fetus. The circumstances, Z's pain, and the tiny stillborn fetus with 10 perfectly formed fingers and 10 little toes were devastatingly sad. Z was alone, scared, and in pain. This was one instance in which I felt truly valuable as I put aside my horror about what was happening to her and provided her with companionship and care. I think about Z often.

My time in Swaziland served as a reminder that the way we do things in the United States is not the only way. Despite the many troubling things I observed in Swaziland, I also saw some wonderful people providing good care with very few resources. These providers demonstrated a degree of innovation and creativity that I don't often see simply because it isn't necessary when you have seemingly endless resources at your fingertips (at least where I've practiced!).

At the beginning of this experience, I was unaware of how little I knew and understood about the HIV/AIDS epidemic in southern Africa. During my time in Swaziland, I learned an exceptional amount about the epidemic, HIV/AIDS treatment, and the opportunistic infections that commonly occur in these patients. The staff and patients at the hospital taught me about some of the challenges this epidemic presents.

Since my return, people have asked "How was Africa?" I respond that parts of it were fantastic and other aspects were downright depressing. When I describe some of the difficult things I experienced (most not described here), several people asked me whether I was glad I took this journey. I can honestly say I am because while it was more difficult than I anticipated, I also learned a lot about the challenges of international health care and the HIV/AIDS epidemic. I learned a lot about myself, my values, my philosophy of care as a health care provider, and my ability to adapt to circumstances that are unthinkable to many people in the States. I am hopeful that this experience will help me be a better provider. There is no question that the lessons from this experience will stay with me forever.

## Pepe Disease in Liberia, West Africa

**by Trish Bowe, MS, RN  
(Immediate Past Treasurer of MARN and seasoned health care missionary)**

In early April 2012, a group of 4 RNs, 1 APRN, 2 MDs and 6 non-clinical members, coming together as Dignity:Liberia, left for Monrovia, Liberia in West Africa to care for those awaiting obstetrical fistula repairs.

Fistula, locally referred to as the "pepe disease," is life-stunting. The women are ostracized by their communities and shunned by family. The typical age of a girl with fistula is early teens. Most have been through traumatic, days long labor, attended by a traditional birth attendant. Many lose their babies. But the Liberian government, in association with the United Nations Population Fund (UNFP), has created a program to heal these young women.

At the Rehabilitation and Reintegration Center, the young women live on the grounds, go to school and are taught skills such as tailoring on treadle machines, soap making using "caustic" (lye) and phenol, baking with a repurposed refrigerator that burns charcoal inside, cosmetology and "tie and dye." We spent an afternoon at the Rehab working alongside the women learning their trades. We all came home with more tie and dye than we know what to do with, soap stamped with "Fistula" and the memories of some very tasty muffins baked in the refrigerator oven. We were able to present each woman with a homemade dress and a bag of goodies. It was very grounding to find that the women didn't know what crayons, toothbrushes and toothpaste were.

The team was based in Monrovia but spent the majority of our time "up country" (any area outside of Monrovia). We spent 2 nights in Suakoko, Bong County and worked at Phebe Hospital which also had a government supported Fistula Rehab on its campus. On beautiful grounds, this hospital was hard hit by the war. There was no running water and electricity was generator supplied. The inpatient kitchen was 2 cook fires outside.

A gem on the grounds was the nursing school, established in 1921 by missionaries from the Lutheran Church. Many programs are offered: 3 year professional nurse (RN equivalent), 3 year professional midwife, 2 year nurse anesthetists for RNs, and an 18 month nurse midwife for RNs.

Government scholarships are available for food and lodging. According to Sarah Lonfay, administrator, nursing is an honored profession yet poorly compensated. Upon completion of a course there is a state licensure exam. A tour of the library revealed many familiar titles, yet we were shocked to learn that there were only of 1 or 2 copies each in their library. But, the students were



**Anne-Marie Mueller  
BSN, RN Houston, MO**



**Some nursing students at Phebe Hospital**



**I am being greeted at Charles Luke Town. They had signs with all of our names on them welcoming us. Felt like a celebrity!**

engaged and the dedication and commitment of the teaching staff was amazing. In order to save the practice lab, consisting of an adult and child dummy and a very few pieces of equipment, staff had carried the materials for days, while traveling to Monrovia to save them from being destroyed by the "rogues."

At the second hospital, we assisted with surgeries was the Bomi Hospital at Tubmanburg, a facility with 1 main OR suite, where the chief of staff was a jovial woman who danced in the OR wearing a balloon hat at the end of the day. The fistula surgeon came from Monrovia and performed 6 fistula repairs with the assistance of the 2 US MDs. We worked alongside the Liberian staff. It was an interesting OR where cell phones being charged and supplies were on the floor.

The fistula ward was a tight, cramped space that held approximately 12 beds. Patients socialized while sitting on buckets or commodes since they were all leaking urine and/or stool.

The devastation from the 14 year war that ended in 2003, remained evident everywhere we went. No electricity...no land lines...no public water supply...former luxury hotels now filled with squatters...a femur, pelvis and scapula on the beach exposed by erosion...UN troops everywhere...gas being sold in glass jars...businesses run out of cargo containers...no ATMs...no credit cards...

For more information on the activities of Dignity:Liberia, go to [http://dignityliberia.com/index\\_764P.html](http://dignityliberia.com/index_764P.html).

Individuals or school/organizations interested in supporting this work are desperately needed. In particular, the staff at the Phebe Hospital SON would love to create a partnership with a US based nursing program.



# Reflections On My Nursing Career

**Rachel E. Tierney, PhD, RN**  
*Living Legend in Massachusetts Nursing – 2012*

I am truly honored and humbled to be a recipient of a “Living Legend in Massachusetts Nursing” award from MARN. When told of this award, my first thought was, I know that I am “living,” but it is difficult for me to believe that I am the stuff of which legends are made!

This year marks the 50th year of my graduation from the baccalaureate nursing program at the University of Massachusetts Amherst. This milestone and award inspired me to review my life and nursing career and to identify the themes that have guided and molded my professional trajectory.

First, I was in the right place at the right time. I was born into a family that valued education and supported academic and personal achievement. My parents, both college graduates with active professional careers—expected the same of their children. My maternal grandmother was a Methodist deaconess and was a daily example of service and generosity to others. I have 2 brothers, and spent considerable time in the company of two male cousins—so I learned early and well how to get and stay on an equal footing with men, and how to negotiate “the old boys’ network.”

Being at the right place at the right time influenced my choice of psychiatric-mental health nursing as my specialty. When I graduated in 1962, the times were fraught with change in our society that influenced patterns of health care and professional nursing practice roles including the civil rights movement, the women’s movement and concern about human and patient rights. Large state mental hospitals were called upon to “de-institutionalize” by moving patients to community-based living and support services. Newer antipsychotic and antidepressant medications provided individuals with better symptom relief and less-debilitating side effects.

The time was ripe for change, and I boarded the train for the ride.

A second theme of my career has Mentors and Role Models. During my undergraduate years, they included Dean Mary Maher, Mary Macdonald—the first Dean, Associate Dean, and faculty (especially my psychiatric nursing professor) of the UMass Amherst School of Nursing (SON). These women taught us leadership expectations, professional values and ethics by weaving those themes through every course assignment, discussion group, and convocation message.

Transforming personal and professional crises into challenges and opportunities has been another thread in the weave of my career. Learning from disappointments allowed me to move forward to new adventures. One personal disappointment spurred me to enter the UMass Amherst SON graduate program in psychiatric-mental health nursing with a NIMH grant. Upon graduation 1974, I had the wonderful opportunity to create the first advanced practice nursing role in adult mental health services in that clinic.

The importance of creating, expanding and nurturing networks is critical—no one can develop a meaningful and challenging career alone. Professional colleagues, family and personal friends, political and community organizational leaders—they are your networks. Networking is critical if nursing is to be at the policy-making table. One of my joys has been to help others expand their networks as they manage their own careers. Be sure to keep all doors open, and to not burn any bridges. You never know when you might re-connect.

Choosing the right life partner who actively nurtures and supports your career is critical. I have been lucky to have had two terrific life partners—each of whom left this earthly world too soon—but both challenged, cajoled and comforted me while making accommodations in their own lives. My first husband insisted that I

not work during the school semesters during my master’s program and felt assured that one day I would earn a doctorate. He was right—and a year after he died and with amazing support from my American International College faculty colleagues, I completed my doctoral studies in public health at UMass Amherst. Later, my second husband adjusted his schedule to accommodate my doctoral completion. To our marriage and to my life, he brought the wonderful Tierney clan that has expanded my world and enriched my life in countless ways.

Throughout my life, I tried to keep an open mind, learning from patients, students, peers, mentors, friends, and especially from those whose opinion or viewpoint differs from mine. I’ve found that I learn more from those who can help me to “turn the prism” (to borrow a phrase from a colleague) to view situations and information from different perspectives.

We all do “nursing work”—the daily job, the position for which we get paid with our commitment to patients and our employers to provide quality care. But it is also important to do the “work of nursing”—the activities that shape the environments in which nursing practice, research and education happen...within our nursing professional organizations, state and national legislatures, regulatory and accreditation agencies that oversee practice, with community action plans to address critical health care needs. Nurses must be active and well represented at the table at which such deliberations take place. If we are not there to create our own nursing practice future, others will be there to do it for us.

Lastly—but perhaps most importantly—nurture our young. Be a preceptor, a mentor, a coach, an educator, a role model. Our young are our future—for the profession and for ourselves. We are all where we are today because someone(s) took us under their wing. Never forget those who pushed us up the hill, and honor them by doing the same for our young.

## Supreme Court Upholds Affordable Care Act

**Karen A. Daley, PhD, MPH, RN, FAAN**

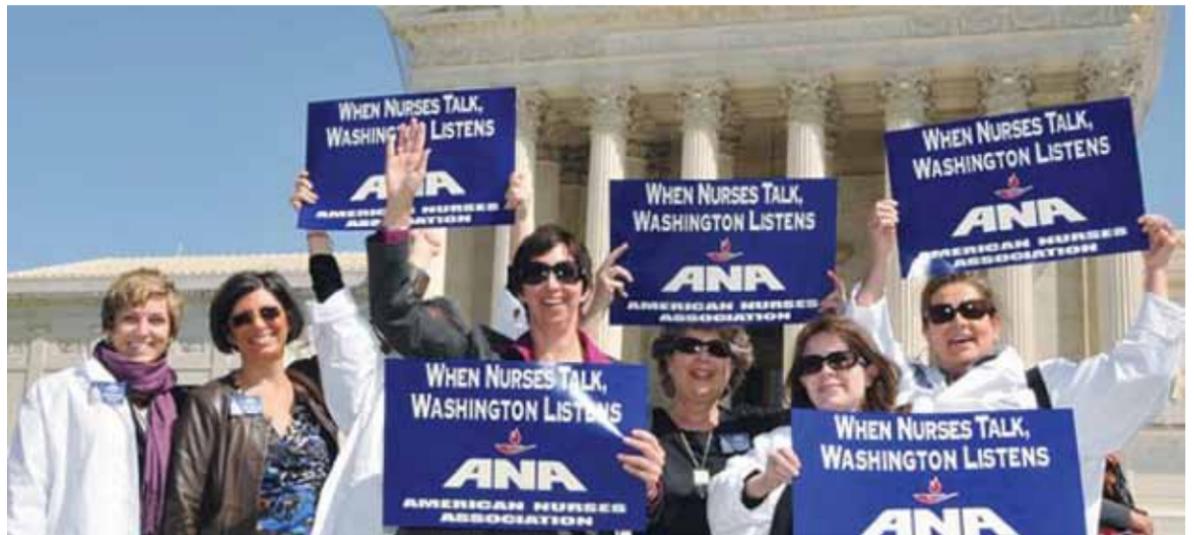
For more than 20 years, the American Nurses Association has advocated for health care reform in the United States to provide universal, affordable health insurance and create a system that emphasizes prevention and wellness rather than “sick care.” In June 2012, we earned a hard-fought victory with the U.S. Supreme Court’s decision to uphold the Affordable Care Act—for patients, nurses, and the nation. The ANA leadership team is grateful for membership support of our efforts to create a health care system that works better for everyone.

We worked tirelessly to influence the law to ensure a larger role for nurses to provide patient-centered care and to make our fullest contribution to health care. Our voices were heard on Capitol Hill at rallies and congressional hearings, and at the White House. ANA members’ activism contributed to the law’s enactment. I’m extremely proud of us for making a huge difference for our patients and our profession.

We’re already seeing benefits from the law making a big difference in people’s lives. Young adults are able to retain health insurance under their parents’ policy; seniors are receiving free prevention services; insurance companies can’t impose annual or lifetime coverage limits; and individuals with pre-existing conditions have new options for health insurance.

More crucial reforms are coming that will provide 30 million currently uninsured individuals health insurance through more affordable private insurance and Medicaid expansion. We believe health care is a basic human right. The Affordable Care Act moves toward achieving that vision. But there’s more work to do to ensure that everyone has access to essential health care services.

As a longtime emergency department nurse, I’ve seen the devastating consequences when patients without insurance use the ED as a last resort, with



severe and costly conditions that could have been prevented. The United States can do better. ANA will continue to advocate for a system that focuses on wellness, early intervention, chronic disease management, and care coordination—areas of nurses’ expertise.

The law represents progress for our profession. It funds nursing education, creates innovative, team-based care delivery models with nurses as key participants, and expands nurse-managed health services.

ANA will continue to advocate for you, your families and your patients. We’re working tenaciously to ensure we take full advantage of nurses’ capabilities to provide high-quality, comprehensive care. We’re protecting APRNs’ eligibility to serve as primary care providers, and patients’ rights to choose them.

Thank you for working to shape a higher quality, more effective health care system. Together, through the strength of nursing’s leadership, we will influence the changes we want to see for our patients and our profession.

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**President, American Nurses Association**

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# RN Assessment and Care Management Skills are Central to a State Demonstration Project

by Craven & Ober Policy Strategists, LLC

On June 18, 2012 the Massachusetts Executive Office of Health and Human Services released a Request for Responses (RFR) for Integrated Care Organizations (ICO) to illustrate how they would care for individuals, between 21-64 years of age who are eligible for both Medicare and Medicaid (MassHealth). Registered Nurses play a prominent role in this proposed new delivery and payment model.

Dubbed as the "Dual Demonstration," this project has been discussed by the Commonwealth, the Federal Government and hundreds of stakeholders for over a year. Interestingly, the central role of nursing has been affirmed by many of these stakeholders.

"The purpose of this three year Duals Demonstration is to improve the quality of care and reduce health disparities, improve health and functional outcomes, and contain costs for Dual Eligible Members. ICOs...will be accountable for the delivery and management of all covered Medical, Behavioral Health and Long Term Services and Supports (LTSS) for their Enrollees. ICOs will be required to provide the full array of Medicare and Medicaid services, but also will have significant flexibility to provide a range of community-based services and supports as alternatives to or means to avoid high-cost traditional services. ICOs also have the flexibility to promote enhancement of the health care workforce through the use of Community Health Workers and qualified peers. These flexibilities must be tailored to the needs of individual Enrollees."<sup>1</sup>

The model calls for a three way contract for the payment of services between selected ICOs, Medicare and MassHealth. The payment will also move away from traditional fee for service and insist upon a proposed capitated, alternative payment methodology like global payments (based on the current rates of payment) for services, acknowledging care management and the critical role of care coordination. The Demonstration seeks to make available comprehensive services, beyond currently covered standard Medicare and Medicaid benefits, which address members' full range of health and functional needs. ICOs will deliver the services in a setting of integrated care management and care coordination through an interdisciplinary care team (ICT). The ICO must be capable of coordinating care utilizing the expertise of many partners in primary

care, acute and long term support services in order to address the individualized care plan needs of adults with:

- physical disabilities;
- developmental disabilities;
- serious mental illness;
- substance use disorders;
- disabilities who have multiple chronic illnesses or functional or cognitive limitations; and
- disabilities who are homeless.

An individual identified as "dual," will be assigned to an ICO with a provision to "opt out." The nurses' role begins immediately. Individual enrollees must have an "in-person" assessment within 90 days of enrollment by a RN utilizing a standardized assessment tool, known as the Minimum Data Set-Home Care (MDS-HC): a clinical screening system using proprietary tools developed by InterRAI Corporation, which assesses the key domains of function, health and service use.<sup>2</sup>

Another major role for RNs is the dependence on nursing expertise for the Clinical Care Management role in the Interdisciplinary Care Team (ICT). A Clinical Care Manager is a licensed RN or other individual, employed by the Primary Care Provider or the ICO licensed to provide Clinical Care Management.

In this setting, Clinical Care Management is a set of activities that include intensive monitoring, follow-up, care coordination and clinical management of Enrollees with complex care needs, including but not limited to:

1. Engagement of the Enrollee into Clinical Care Management;
2. Assessment of the clinical risks and needs of each Enrollee;
3. Identification of the Enrollee's strengths, preferences and family and community supports that can assist in addressing the clinical risks;
4. Medication review, reconciliation and adjustment by protocol;
5. Enhanced self-management training and support for complex critical conditions, including coaching of family members, if appropriate;
6. Follow-up within 24 hours of an Enrollee's admission to an acute hospital, and coordination with the Enrollee and hospital staff to facilitate hospital discharges;
7. Frequent Enrollee contact as appropriate.

ICOs will be encouraged to support primary care providers in offering and delivering Clinical Care

Management services at the point of service (e.g., in the primary care office setting) where feasible.

Each ICO (or primary care provider working in partnership with an ICO) shall determine a mechanism to identify, offer and provide Clinical Care Management services to Enrollees with complex care needs. Such Enrollees may be identified through several mechanisms, including but not limited to analysis of service utilization data, referral by the primary care provider or ICT, and Enrollee self referral. Enrollees may include individuals who require multiple prescription medications, have one or more chronic health conditions, or are assessed to be at high-risk of hospital or nursing facility admission, emergency department use, or loss of independence.<sup>3</sup>

The individualized care plan is then operationalized by an ICT consisting of at least a Primary Care Provider (physician or nurse practitioner), a Behavioral Health clinician, Care Coordinator or Clinical Care Manager, and an Independent Living and Long Term Supports Coordinator (IL-LTSS), if indicated. As appropriate and at the discretion of the Enrollee, the ICT also may include: a Registered Nurse, a Physician Assistant, a specialist clinician, other professional and support disciplines including social workers, community health workers, and qualified peers; family members; other informal caregivers; advocates; and state agency (such as the Department of Mental Health) and other care managers.

As you can see, RNs from acute care, to home care, to behavioral health care are key participants in this project in conjunction with the ICO...another example of how the care system is changing from both the delivery and payment perspectives and how nurses can have a positive influence for the system and for patients.

For more information on the Duals Demonstration, go to: <http://www.mass.gov/masshealth/duals>.

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

<sup>1</sup> Duals RFR, accessed on June 18 at <http://www.mass.gov/masshealth/duals> RFR # 12CBEHSDUALSICORFR, p. 1.

<sup>2</sup> Duals RFR, accessed on June 18 at <http://www.mass.gov/masshealth/duals> RFR # 12CBEHSDUALSICORFR, p. 15

<sup>3</sup> Duals RFR, accessed on June 18 at <http://www.mass.gov/masshealth/duals> RFR # 12CBEHSDUALSICORFR, p. 30.

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# Clio's Corner



## At The Threshold Of Massachusetts Mental Health Center's Next Century

by Mary Ellen Doona

Special thanks to Karen Sherman RN, for her help

On June 22 and 23, 2012, the Massachusetts Mental Health Center (MMHC) marked its centennial with a symposium in the Longwood Medical Area only a short walk away from the Fenwood Road site of MMHC's remarkable history in caring for individuals with serious mental illness. Dignitaries from the National Institute of Mental Health, the Commonwealth's Health and Human Services, the Department of Mental Health (DMH), and Brigham and Women's Hospital (BWH) praised MMHC's unique legacy in care, training and research. Papers featured the neurobiological and genetic factors in serious mental illness along with the cognitive therapies designed for detection, early intervention and recovery. The symposium moved from research reports to reality when a young woman recounted her journey from serious mental illness to recovery.

That the MMHC still exists to celebrate its one-hundredth year is due in large part to what its care, training and research meant to its patients. By 1994, the MMHC building had deteriorated becoming shabby and outdated. Hopes that MMHC would be restored were dashed when Governor William Weld moved MMHC's acute care unit to the New England Deaconess Hospital. Worsening finances, prohibited the Commonwealth from rehabilitating MMHC on its 3.1 acres site in the Longwood Medical Area. Despite its recognition by the National Register of Historic Places, the Commonwealth announced that MMHC would close but promised "equal or better" services in its place.

Patients knew at first hand that there was no equal to MMHC. To them, MMHC was more

than a building. It was care when they were seriously ill; support that helped them move into the community; and professional commitment that helped them to live more satisfying and productive lives. And so patients created the Committee to Save Mass Mental; designed pins that said "MMHC GIVE AWAY? NO WAY!" spoke on radio shows; wrote op-ed pieces for Boston's newspapers; visited the State House; and, lobbied legislators. Amazingly, they were heard. Legislators blocked the governor's plan by forbidding the closing of MMHC without the expressed consent of the Legislature.

That action provided the necessary pause for other voices to be heard. MaryLou Sudders MSW, the Commissioner of Mental Health, listened to these consumers because their action to save MMHC exemplified DMH's mission. Patients were receiving effective and culturally competent care across a wide spectrum of community-based services. Their rights as patients were honored, and their political action showed that patients were a self-determining population actively participating in decisions made about their care. MMHC worked. The question was how might it be saved.

By 2003, however, the building was no longer safe for patient care. MMHC was moved to the Lemuel Shattuck Hospital in Jamaica Plain with the promise that it would be returned to Fenwood Road. Six years later, the BWH announced a public-private partnership between the DMH, BWH and Roxbury Tenants of Harvard (RTH). BWH would build: a new MMHC at 75 Fenwood Road, a BWH clinical and research building on MMHC's old site at 74 Fenwood Road, and an affordable housing complex and community spaces for RTH.

MMHC returned to Fenwood Road in November 2011; to a shiny six-story tower housing Continuing Care, the Commonwealth



Center Director, Laura Rood RN MS, chatting with Michael Bennet MD at MMHC Celebration

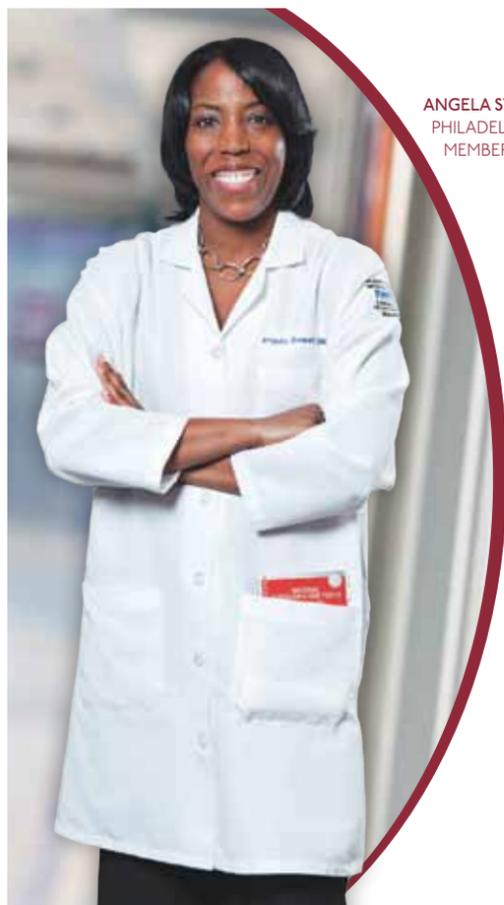
Research Center, and administrative offices. Partial Hospitalization and the Fenwood Inn, a transitional residential program, opened at 20 Vining Street. Next spring, BWH will open a medical services clinic, completing MMHC's new status as a public/private institution.

Such easy access to physical care will be a boon to a population that dies from physical illnesses (primarily cardiovascular diseases) 25 years earlier than other populations in the United States. Dr. Jim O'Connell (Boston Health Care for the Homeless) who works closely with MMHC said at the symposium that if other populations had such a statistic, a public health emergency would be declared. In a comment worthy of the satirist, one wag stated "dying from physical illness prevents the recovery from mental illness."

Several nurses including Marilyn Matte, Rena Levesque, Sondra Hellman and Ellen Flowers were mentioned in an historical overview at the start of the symposium. Also attending the symposium was Center Director, Laura Rood with her vast clinical, administrative and teaching experience in caring for those with serious mental illness. Mary Maher, the Nursing Coordinator of Partial Hospitalization, said, "I am so proud of MMHC. I am so proud to be at MMHC. There is nothing more rewarding than seeing the patient out there in the community. When they drop in for a visit, I think of it as alumni week."

Ekaterini Poulakos, APRN exclaimed, "How important it is, this work that we do. We need to do much more to help people." Other nurses at the symposium were: Karen Sherman, the RN on Partial Hospitalization and Liaison between Partial Hospitalization and the Fenwood Inn, Veronica Besancon of Partial Hospitalization, Ann Findeisen of the Prevention and Recovery in Early Psychosis Program (PREP), Joanne Wojcik, Sharon Brown of the Clozapine Clinic, and Ann Cousins of MMHC's Commonwealth Research Center. Mary Kickham Carney, Northeastern University's Cooperative Education Coordinator confessed she had to attend. Her Boston College student experience on MMHC's Service Two in the 1970s focused her vision of nursing and led her into a career in psychiatric nursing. She exemplifies the concept of "the stickiness of MMHC" described by the Joseph Schilkraudt, MD, "people remain attached to MMHC."

That attachment created the commitment to people with serious mental illness that is as much action for social justice as care that promotes recovery and resilience. That is what the patients were telling the Commonwealth when they were determined that MMHC would not close. Area Director, Cliff Robinson remarked at the symposium, "Every area [in the Commonwealth] should have a MMHC!" A heavy downpour greeted those leaving the symposium, many of them carrying a brick from the old MMHC, the concrete reminder of 100 years of excellence.



ANGELA STEWART  
PHILADELPHIA, PA  
MEMBER SINCE 2008



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In order to save space, we are offering the Continuing Education unit upon request. To see the entire CE unit, please contact [newsletter@MARNonline.org](mailto:newsletter@MARNonline.org) and it will be sent to your computer.

If you want to receive the unit by conventional mail please send your name and address to:  
Newsletter Editor P O Box 285, Milton MA 02186

(Please allow 4 weeks for delivery by conventional mail).

Requesting the CE unit in this way does NOT imply an obligation to complete the unit and there is no cost until you complete the Application and CE test.

Processing Fee: MARN Members \$25; Non-MARN Members: \$35

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## Bulletin Board

## Save the date!



The following continuing nursing education activities were approved by the **Massachusetts Association of Registered Nurses, Inc.**, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

### Yoga for Anxiety and Depression

October 27-28  
12:30 pm to 7 pm  
TriYoga Boston  
60 Prospect Street  
Waltham, MA 02453

Research shows the benefits of yoga for anxiety and depression. Participants apply breathing, flows and meditation into practice. No yoga experience necessary. Wear loose and comfortable clothing.

To Register: [www.TriYogaBoston.org](http://www.TriYogaBoston.org)  
Contact Hours: 12  
Fee: \$160; Group Discount \$150 per person  
For more information, contact:  
Lorrie Jacobsohn,  
RN, MSN, PMHCNS-BC, RYT  
Email: [lkjacobsohn@aol.com](mailto:lkjacobsohn@aol.com)  
Phone: 978-263-4364

### Practice of Wise Leadership: A 2-Day Advanced Health Care Leadership Program

October 18 and October 19, 2012  
8:00 am - 4:30 pm  
Newton, Massachusetts

This unique, time tested program presented by Mary J. Connaughton, RN, MS, and Jim Hassinger, EdM, provides diagnostic tools and practical skills to expand leadership capability for novice and seasoned leaders. Participants report immediate and lasting changes in their ability to manage difficult situations and communicate more effectively.

Fee: \$795 (for 2 days)  
Number of contact hours: 11.75  
Registration Information:  
visit [www.connaughtonconsulting.com](http://www.connaughtonconsulting.com)  
or call 617-244-5478

### Willing to Lead... Let's Chart the Course

October 17, 2012  
8:00 am - 4:30 pm  
Newton, Massachusetts

This program, presented by Mary J. Connaughton, RN, MS, is designed for nurse leaders with significant responsibility but little formal authority...resource/charge nurses, supervisors, etc. The program will provide diagnostic tools to assess leadership strengths and areas needing improvement. You are not alone...come and learn with new colleagues!

Fee: \$225  
Number of Contact Hours: 5.5  
Registration Information:  
visit [www.connaughtonconsulting.com](http://www.connaughtonconsulting.com)  
or call 617-244-5478

### Breakthroughs in Neurology/Epilepsy and Parkinson's Disease

October 24, 2012  
6:30-8:30pm  
Regis College, Alumnae Hall,  
Upper Student Union Lounge  
235 Wellesley St., Weston, MA. 02493  
Co-Sponsored by Regis College and  
Harvard Pilgrim Health Care

Parkinson's Disease and Epilepsy can affect both younger and older individuals. Current research findings will be discussed as well as the impact of these disorders on the client, family, and the community.

Fee: none  
Contact Hours: 2  
To register: Call 781 768 7120 or Email  
[presidents.lectureseries@regiscollege.edu](mailto:presidents.lectureseries@regiscollege.edu)  
or at [www.registowertalk.net/neurology](http://www.registowertalk.net/neurology)

### Update on Mental Health Treatment

November 14, 2012  
Regis College, Alumnae Hall, Upper Student  
Union Lounge  
235 Wellesley St., Weston, MA. 02493

Mental Health Disorders can place a financial burden on the client, family and health care system. Cost effective measures are needed to improve the clients' access to care and the quality of treatment.

Fee: None  
Contact Hours: 2  
To register: Call 781 768 7120 or email  
[presidents.lectureseries@regiscollege.edu](mailto:presidents.lectureseries@regiscollege.edu)  
or at [www.registowertalk.net/MHT](http://www.registowertalk.net/MHT).

### Practice of Wise Leadership: A 2-Day Advanced Health Care Leadership Program

Newton, Massachusetts  
April 11 and April 12, 2013  
8:00 am - 4:30 pm

This unique, time tested program presented by Mary J. Connaughton, RN, MS, and Jim Hassinger, EdM, provides diagnostic tools and practical skills to expand leadership capability for novice and seasoned leaders. Participants report immediate and lasting changes in their ability to manage difficult situations and communicate more effectively.

Fee: \$795 (for 2 days)  
Number of contact hours: 11.75  
Registration Information:  
visit [www.connaughtonconsulting.com](http://www.connaughtonconsulting.com)  
or call 617-244-5478

### Willing to Lead...Let's Chart the Course

Newton, Massachusetts  
April 10, 2013  
8:00 am - 4:30 pm

This program, presented by Mary J. Connaughton, RN, MS, is designed for nurse leaders with significant responsibility but little formal authority...resource/charge nurses, supervisors, etc. The program will provide diagnostic tools to assess leadership strengths and areas needing improvement. You are not alone...come and learn with new colleagues!

Fee: \$225  
Number of Contact Hours: 5.5  
Registration Information:  
visit [www.connaughtonconsulting.com](http://www.connaughtonconsulting.com)  
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### MARN Mission Statement

**Massachusetts Association of Registered Nurses (MARN) is committed to the advancement of the profession of nursing and of quality patient care across the Commonwealth.**

### The MARN Approver Unit

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[www.MARNonline.org](http://www.MARNonline.org)

## Announcements

### Peterson Elected to as ANA Staff Nurse Director... Appointed to Code of Ethics for Nurses Review Task Force

June 2012: Gayle Peterson, RN, BC, Staff Nurse at Massachusetts General Hospital was elected to a 2 year term as ANA Staff Nurse Director at Large. Her term of office started at the close of the ANA House of Delegates. Gayle will serve as the voice of the staff nurse at the National level as well as in the Commonwealth since she is also a member of the MARN Board of Directors and Health Policy Committee.

Peterson was also appointed as a member of the American Nurses Association *Code of Ethics for Nurses Review Task Force* in June. The work of the task force includes document review, communicating with colleagues and participating in conference calls as needed. The primary responsibility of this task force is to review the *Code of Ethics for Nurses Provisions* and the *Interpretive Statements*. The first task to be performed is to prepare a request for public comment to determine whether the current code is in need of clarification, change, or addition. The Task Force will review and evaluate the public comments with an eye toward determining if the current *Code of Ethics for Nurses* will stand or be changed.



Congratulations Gayle!



### ACLS Course for RNs at Massachusetts General Hospital

The Advanced Cardiac Life Support (ACLS) Provider Course is designed to provide the knowledge and skills needed to evaluate and manage the first 10 minutes of an adult ventricular fibrillation/ventricular tachycardia (VF/VT) arrest.

For more information on upcoming classes and dates, go to:  
<http://www.massgeneral.org/emergencymedicine/education/acls.aspx>

## Bulletin Board

### MARN Vision Statement

As a constituent member of the American Nurses Association, MARN is recognized as the voice of registered nursing in Massachusetts through advocacy, education, leadership and practice.

### Marn Members Honored Nationally

#### Gaurdia Banister, PhD, RN Receives the 2012 American Nurses Association Mary E. Mahoney Award



This award recognizes significant contributions to advancing equal opportunities in nursing for members of minority groups. It was established in 1936 by the National Association of Colored Graduate Nurses, the Mary Mahoney Award has been conferred by the ANA since 1952, following the dissolution of the NACGN in 1951. The award is named for Mary Elizabeth Mahoney, the first African American graduate nurse in the U.S. It was Gaurdia Bannister, executive director at the Institute for Patient Care at Massachusetts General Hospital, is a role model, mentor, and advocate for minority students. Banister's forte is collaboration and professional development, and her accomplishments have had a profound influence in Massachusetts and the District of Columbia.

Described as a champion of diversity, Banister has dedicated significant energy to advancing a program to enhance the nursing career opportunities of minority students at the University of Massachusetts at Boston, as well as other schools of nursing. Through the Clinical Leadership Collaborative for Diversity in Nursing, minority students are offered both scholarship assistance and mentoring. More than 64 undergraduate and 16 graduate students have benefited from the program and are now employed in the Massachusetts General Hospital system.

Banister has demonstrated leadership and contributed to the impact of the Robert Wood Johnson Foundation New Careers in Nursing Scholarship Program as a member of the National Advisory Committee. The program awards scholarships to nursing students from underrepresented groups. Banister serves as an exceptional role model for those following in her steps.

#### Josephine A. Dolan ANA Hall of Fame inductees and National Award

The American Nurses Association inducted six registered nurses into its Hall of Fame June 16 at its biennial House of Delegates meeting, an honor recognizing a lifelong commitment to nursing and impact on health and/or social history of the United States. One of the recipients was Massachusetts Living Legend in Nursing History, Josephine A. Dolan.

Josephine A. Dolan, MS, RN, PdD (Hon.), DNSc (Hon.) is known as a nurse historian and educator, Josephine A. Dolan's textbook on the history of nursing, "Nursing in Society: a Historical Perspective," was the most widely used text of its kind for 25 years, influencing students nationally and internationally. Dolan, who died in 2004, earned a master's in nursing from Boston University. She was the first professor hired by the University of Connecticut's new School of Nursing in 1944, teaching for 35 years. She encouraged students to pursue higher education and advocated for the professionalism of nursing.

### Important Nurse Licensure Information: BORN Goes Green! Renew Nursing Licenses On Line 24/7!

The Board of Registration encourages all nurses to renew their nursing licenses on line at [www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)! You will receive a one page reminder to renew your license with instructions about how to renew 90 days before your license will expire.

### Budget News: Governor Patrick Signs Budget into Law

The governor's action led to the approval of funding for Department of Higher Education (DHE) Nursing Initiative when he signed the state's \$32.5 Billion Fiscal Year 2013 budget into law in July. With this, he approved the full funding of \$500,000 for the DHE Nursing Initiative. MARN members will recall the DHE Nursing and Allied Health Workforce Initiative Line Item (7066-0020) was in jeopardy of being eliminated from the budget so the restoration of funding is welcome news.

Many nurses from across the state sent messages asking for this line item to be protected, and this positive outcome demonstrates that our nursing voices truly made a difference. MARN offers a special thanks to Senate and House leadership and to Senator Richard Moore and Rep. Kay Khan, RN who championed restoration of the DHE Nursing Initiative funding in the Senate and House budgets respectively.

### Members Only The MARN Action Team—

MAT cordially invites you to join this new and exciting team, when you join you will be lending your voice to those matters affecting all nurses in Massachusetts.

Contact [www.MARNonline.org](http://www.MARNonline.org) for more information

### Policy for Accepting Announcements for the Newsletter:

MARN encourages organizations of higher education to submit announcements about continuing education opportunities and upcoming events that are of interest to nurses. Fees must be included with submissions.

The Fee Schedule is as follows:  
Non-MARN Approved Providers/Sponsors—\$50  
MARN Approved Providers/Sponsors—\$25

Payment can be mailed to MARN, PO Box 285, Milton, MA 02186. Please include a copy of the announcement and contact information (name, address, telephone, Email) with the check. Please email copy to [www.MARNonline.org](http://www.MARNonline.org).

Announcements are limited to 75 words.

### ATTENTION POTENTIAL PROGRAM ADVERTISERS

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

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

MARN member: Have you gotten your MARN News message? If not, then we don't have your correct email address. If you want to begin receiving this important information, just send a email to: [info@MARNonline.org](mailto:info@MARNonline.org) with "AD" and your name on the subject line.

We also welcome any pictures that show MARN members in action...at work or at play. Interested persons, please contact Myra Cacace at [myra@net1plus.com](mailto:myra@net1plus.com).

### MEMBER BENEFITS

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

- **Dell Computers**—MARN and ANA are pleased to announce a new member benefit. MARN and ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this valuable offer, or for more details, call 1-800-695-8133 or Visit Dell's Web site at [www.Dell.com](http://www.Dell.com).
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### Promote yourself: professional development tools and opportunities

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- **Online continuing education available at a discount or free to members.**
- **Conferences and educational events at the national and local level offered at a discount to members.**
- **Member discounts on [nursesbooks.org](http://nursesbooks.org)—ANA's publications arm.**
- **Up to 60% savings on regular monthly dues with GlobalFit Fitness program.**
- **Find a new job on Nurse's Career Center—developed in cooperation with [Monster.com](http://Monster.com).**

### Stay informed: publications that keep you current

- **Free subscription to The American Nurse—a \$20 Value.**
- **Free online access to OJIN—the Online Journal of Issues in Nursing.**
- **Free subscription to the MAssachusetts Report on Nursing—a \$20 value**
- **Free access to ANA's Informative listserves including—Capitol Update and Members Insider.**
- **Access to the new Members Only web site of [NursingWorld.org](http://NursingWorld.org).**
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Credentials \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Basic School of Nursing \_\_\_\_\_

Preferred Contact: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax Number \_\_\_\_\_ Graduation (Month/Year) \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ RN License Number/State \_\_\_\_\_

Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_ UAN member?  Not a Member of Collective Bargaining Unit

Employer Name \_\_\_\_\_ Member of Collective Bargaining Unit other than UAN? (Please specify) \_\_\_\_\_

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This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize CMA/ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due.

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