American Nurses Association Membership Assembly

by Irene Eaton

Synergy, promise, courage, commitment, creativity, respect, delight and joy characterized the atmosphere at the Inaugural Membership Assembly of the American Nurses Association in Crystal City, VA, June 27 and 28. It felt as though hardly any time had passed since we had last come together as one body. We had worked together throughout the year via webinars and conference calls, e-mails and gatherings; I felt the essence of a cohesive, dynamic and powerful group of professionals as bylaws amendments passed seamlessly, by unanimous vote.

Staff, leadership and delegates worked and socialized together as one body with a common cause of furthering the profession, developing the profession and advocating for those we serve. There was a gentle and yet incredibly strong spirit present.

Who could believe that one could experience critical aspects of leadership from African drums? Each of the more than 300 attendees had a beautiful African drum at their table. Skilled in his craft and tuned to leadership, the presenter led us through ascending and descending crescendos, commanding beats, abrupt or delayed starts, held us to unison performance or opposing beats. Listening, following, leading, responding, waiting and creating filled the broad menu of activities. Kudos, ANA: your foresight and courage to think outside the box has led us into a new era of leadership and governance.

National staff and officers offered their assistance to us at ANA-MAINE. “If you have any needs, please call.” I am blessed to be among you, American Nurses Association, Northeast Multistate Division and the American Nurses Association-Maine!

You will not want to miss the ANA-Maine Annual Meeting to be held on Friday, Oct. 4, 2013. Save the date – plan ahead. Details should be finalized and available to you on the ANA-Maine website at www.anamaine.org.

At the annual meeting, Lynne Gagnon, RN, BSN, MS, NEA-BC and Barbara Hannon, RN, PhD, co-chairs of the Maine Action Coalition for Nursing, will speak. Donna Policastro, association manager of the Northeast Multistate Division, will have the latest on our activities and goals at the MSD level. The event will close with a celebration and award presentation for the Sister Consuela White Spirit of Nursing and the Agnes Flaherty Leadership Awards.

Lastly, if you are not a member, join ANA-Maine and ANA now! Together, we have significantly lowered our dues to just $13 a month or $150 a year. You will enjoy all the state and national benefits with this joint ANA-Maine and ANA membership. If you are interested in a membership with more benefits, ANA-Maine and ANA also offers Premier membership. You will find more specific membership information in this Journal.

Peace to all as we transition from a beautiful Maine summer to all the bustle and activities of autumn.

Sincerely,

[Signature]
Two centennial milestones in nursing will be commemorated during the next two years in an Oral History of Maine Nurses. Maine nursing organizations are preparing to recognize a century of professional leadership in 2014 with the 100th anniversary of the American Nurses Association and, in 2015, with the centennial of the Maine Board of Nursing. An Oral History of Nursing Project has been established to highlight both anniversaries. The purpose of the project is to recognize 100 years of nursing in Maine and the contribution of the nursing profession to the health and well-being of the people in our communities.

Nurses have been on the front lines during the evolution of medicine and caregiving beginning in Maine’s colonial days. Madawaska’s heroine, Marguerite Thibodeau Cyr, known as “Tante Blanche” (1738-1810), is revered for the care she provided to the starving people in her community during the 1797 “black famine.” In so doing, this brave lady saved many lives when she supervised the sharing of scarce food supplies during a winter famine in Madawaska. Although public health was certainly not a formalized concept at the time, Tante Blanche instinctively summoned the wherewithal to redistribute food where they were needed. As professional nursing grew, the nurses provided direct care to the sick and infirm during Maine’s Industrial Revolution and epidemics. Maine’s nursing leaders have epitomized the leadership during times of peace, famine, war and public health, community health and organizational leaders of specialty organizations to contribute.

In addition, the Oral History of Nursing Project will be collecting stories from the maternal and child health leaders of today’s St. Andre Health Care Facility and the St. Andre’s Home for parenting and children’s services. Military nurses Alice Zwicker and Agnes Flaherty are among Maine’s World War II officers. Myra Broadway, the Maine Board of Nursing director and a project manager for the nursing history project, is also a Vietnam War veteran nurse, having served with the Air Force in Cameron Bay.

Twenty-first century nurses are at the pinnacle of modern healthcare history. Newly licensed nurses are witnessing the growth of quality care, tailored to wellness and evidence-based disease management, during an era of rapidly changing technological advances.

To commemorate our important history, Ann Sossong, Susan Henderson and Myra Broadway are currently assembling a collection of nursing autobiographies and biographies. These stories are being prepared for a publication marking the two 100-year milestones for our state’s professional nursing practice.

Nursing history throughout North America spotlights public health, community health and organizational leadership during times of peace, famine, war and epidemics. Maine’s nursing leaders have epitomized the delivery of quality care. This care is provided in response to community needs, while supporting the expansion of professional practice, exemplified by the dedicated work of the Certified Nursing Assistants (CNAs), the Licensed Practical Nurses (LPNs), the Registered Professional Nurses, Nurse Anesthetists and Nurse Practitioners.

To this end, Ann Sossong, at the University of Maine in Orono College of Nursing, is collecting written and oral histories to highlight the past 100 years of nursing history. Stories will be stored at the University of Maine.

A call for stories is going out to all Maine nurses who have history to share with the centennial publication. Stories are currently being collected via surveys and an interview process. To participate, fill out the form included in this issue of the Journal. Please send the form to Ann Sossong PhD at the University of Maine School of Nursing, 5724 Dunn Hall, Orono, Maine 04469-5724 or her email ann.sossong@umit.maine.edu.

www.anamaine.org

Published by:
Arthur L. Davis
Publishing Agency, Inc.
You are invited to participate in an oral history of Maine nurses. The project will preserve the stories of Maine nurses and promote an appreciation of nursing as an art. Participants are nurses who have made a long-term commitment to the profession and have stories to share about their nursing careers.

An interview of short, open-ended questions will be conducted. Examples of questions that you will be asked include: “What significant changes have you experienced in your nursing career?” and “What advice would you pass on to future nurses?” The interview format will be flexible. Interviews last no more than two hours but are usually less than one hour. The interview may be terminated at any time if the story is complete or if a break is needed.

This project is intended to honor the contribution of Maine nurses to the health and well-being of Maine’s residents and to the advancement of the profession.

It will also create a lasting record of these contributions through the voices and ideas of the nurses who helped shape our state’s history.

There may be a few risks involved in participation. You may experience mild anxiety from the interview or the use of recorders. There is a risk in exposing your ideas and opinions to the public.

Stories will be collected with a digital voice recorder and transferred to a compact disc (CD). As a participant, you may have a copy of the CD upon request. You will be asked to sign a Deposit Agreement, giving your permission for the CD to be housed at the Maine Folklife Center. The recording will be identified with your name and a brief biographical sketch. It will be available for historical research or to students learning about the profession of nursing. As a participant, you have a right to listen to the CD prior to its being archived. If you decide not to have the CD archived, you may retain the copy or ask to have the CD destroyed.

My signature indicates that I give consent to be part of the Oral Histories of Maine Nurses and that my participation is voluntary. I have received information about the project, and all my questions have been answered. I have the right to withdraw my consent at any time.

Signed: ________________________________
Date: ________________________________
Print Name: ___________________________

Please mail this form to Ann Sossong Ph.D. at the University of Maine School of Nursing 5724 Dunn Hall, Orono, Maine 04469-5724 or email for more information ann.sossong@umit.maine.edu

Ann Sossong, PhD, Susan Henderson, MS

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Maine Nurse Responds with Red Cross at the Scene of Boston Strong

by Karen Rea

Boston, Mass – Boston Strong: The Role of Red Cross Health Services

Most of you are aware of the amazing work that health care professionals played in the minutes, hours and days following the Boston Marathon bombing on Patriot’s Day. You may not be as aware of the role that the American Red Cross played in responding to the needs of those affected at all levels by the bombing. The Red Cross is chartered by Congress to respond to meet the immediate needs of individuals affected by disasters. Typically this response is called into play following natural disasters such as hurricanes and tornadoes, as well as transportation incidents such as plane or rail crashes. However, the Red Cross also responds to terrorist events as well, and was activated to respond to the aftermath of the Boston Marathon bombing. Major players in this response were health service and mental health workers, with nurses being prominent in both teams. The focus of the response was two pronged: 1) offering support to the community at large as they sought to cope with the bombings and aftermath, and 2) offering assistance directly to the bombing victims and their families.

In both of the above situations, principles of Psychological First Aid were used to help those affected process the bombing, recognize their specific needs, identify coping mechanisms, and if appropriate, connect with community support organizations for further assistance. Developed initially by the National Child Traumatic Stress Network, psychological first aid is widely used by disaster responders with individuals of all ages in a wide variety of settings. Evidence-based, it is "designed to reduce the initial distress caused by traumatic events and foster short- and long-term adaptive functioning and coping” (www.nctsn.org/sites/default/files/pdfs/english/l- nfta/fta_final_complete_manual.pdf, p 5). It assumes that most individuals will not develop long-term emotional needs following a traumatic event, especially if they receive the appropriate support initially. A major portion of this support is simply being there, offering a calm and supportive presence, and offering specific, concrete assistance to address immediate needs and services.

The Community Setting

Even those not directly injured by an event such as a bombing are significantly impacted by it. Members of the general community may have feelings of shock, disbelief, anger, and helplessness, as well as fear that there will be continued terrorist attacks. In the aftermath of the Boston bombings, there were a wide variety of public gatherings and memorials to both remember the victims and offer a public way to support each other and mourn together. Members of the Red Cross Mental Health and Health Services teams were present at all of these gatherings. They offered a way for community members to express their feelings and start making sense of the events surrounding the Marathon. The volunteers were present at the Boston Athletic Authority as runners came in to claim their personal effects. They were present in Waterville as the SWAT team members were searching for the bombers. They were present at all of the memorial services in Boston and the surrounding towns. They were present in the subway distributing information on personal resiliency, coping, and local mental health resources for those that felt they needed it. The Red Cross arranged for public messaging ads to be placed in the subway cars about normal responses to the situation, and how to recognize and seek treatments for abnormal responses. In many cases, just knowing that the way they were feeling was normal was a big relief to community members.

In the Family Assistance Center

The second role the Red Cross played was in supporting the Family Assistance Center (FAC). This center was set up at the request of the Boston Public Health Department to be a one-stop location where victims of the bombing and their families could come to apply for the assistance they were eligible for. The Red Cross was the lead administrative organization for the FAC. Nursing and mental health professionals were there to offer support to the families and victims as they moved through the process of meeting with the various assistance agencies. Those agencies were the Federal Office of Victims Assistance, the MA Office of Victims Assistance, the State Attorney General’s Office, the Boston Police Department, and the Boston Public Health Department. All were committed to doing whatever it took to ensure that those directly affected received the support they needed. Initially it was chiefly families of the victims who came to the FAC, typically in groups of 3-5 family members, with some victims themselves arriving by the end of the second week as they were discharged from the hospital. The Red Cross volunteers met each family group and victim as they arrived and served as a personal guide and support as the group went through the various application processes. They stayed with them the entire time, helped them identify specific needs, answered questions, provided a shoulder to cry on, and in general provided much needed support. As might be imagined, the families were overwhelmed by the complexity of needs of their loved one. They were overwhelmed by the multiple hospital professionals providing care and by the uncertainty of what the future would look like in terms of further surgeries, rehabilitation, and long-term adjustment issues. As one mother said, “I haven’t prepared for being a nurse to my 33 year old daughter without a leg. I don’t know what to do!” In a number of cases, several members of the same family were impacted by the bombing and were in different hospitals for treatment. The Red Cross volunteers were able to offer support as the families and victims expressed their feelings and frustrations and “told their story.” A very simple yet important support was offering a spiral bound notebook to everyone to write down information, who-what-who providing care, questions, and anything they wanted to note.
A Reminder about Empathy

by Kathryn E. Landry, RN
Saint Joseph’s College of Maine

The nurse’s role as patient advocate is deeply rooted in the ethical matter of empathy and reflects self-awareness, balance, integrity and sincerity. As a nursing student, I personally learned this valuable lesson while also recognizing there is always room for gentle reminders about the appropriate use and benefits of compassion in nursing care.

In particular, I vividly remember one professional situation where I felt empathy with a patient who had been diagnosed with bladder cancer. The patient was young, otherwise healthy, but with a family history of cancer. It came to my attention that the patient’s father had recently passed away as a victim of pancreatic cancer and that her significant other was likewise, ironically, battling bladder cancer.

Less than 24 hours prior to my clinical shift, the patient underwent an anterior pelvic exenteration involving the surgical removal of the urethra, lower part of the ureters, cervix, vagina and bladder (National Cancer Institute, n.d.). The procedure resulted in an eight-inch surgical incision midline abdomen; a Jackson Pratt (JP) wound drainage system in place and ileal conduit with new stoma and nasogastric tube on low constant suction. As a student, having the ability to witness and learn about these systems was clinically beneficial; however, one particular moment has remained in my memory.

Upon entering the hospital room, the patient was experiencing anxiety and was teary about moisture that she felt along her abdomen. On examination, it was evident that the JP drainage system was full and as a result, serosanguinous fluid was leaking around the point of the tube insertion. Having just undergone major surgery, the patient was fearful that something was horribly wrong. Both the nurse I was shadowing and I explained to the patient why this was happening. We changed the dressing around the tube and assured her that drainage is normal following this procedure. I placed my hand over the patient’s hand and offered a slight squeeze, giving her additional reassurance that the situation was nothing to be concerned about. The patient was relieved and thanked us for our support and explanation. Throughout the day, I frequently returned to drain the system so the patient didn’t have to experience that stress and anxiety again.

Although this situation was fairly brief, I was able to empathize with the patient and to understand her reality and the feelings involved.

Statements and compassionate gestures reflecting empathy are highly effective in the hospital setting because they tell patients that the nurse understood their feelings and heard the facts they wanted to communicate. This aids in building a therapeutic relationship that is not only beneficial to the patient, but can also be highly rewarding to the nurse. Considering this particular patient’s health history, status and psychosocial vulnerability, it was extremely important to take the few extra minutes to offer support and reassurance. Although not all individuals naturally display empathy, I believe it is important for all nurses to strive for this goal and be to be reminded of its necessity. Empathy is an essential component to both verbal and nonverbal communication; it aids in peeling away layers of concern a patient may have and is the key to communicating support to those you are caring for.

References


Kathryn Landry, RN, graduated from Villanova University with a B.A. in Communications, received her Associate Degree in Nursing from the University of New England and is currently earning her MSN/FNP credentials through Saint Joseph’s College of Maine. She resides in Cumberland, Maine with her husband and two young children.

Poet’s Corner

TAKE HEART
A Conversation in Poetry

Edited and Introduced by Wesley McNair, Maine Poet Laureate

Every day, each of us repeats the ritual of rising in the morning, with different results. In his inventive poem for this week, Bob Brooks of Stockton Springs suggests both the repetition and the differences.

On Getting Up

by Bob Brooks

Some days it’s all you can do
to get up in the morning.
Some days you get up in the morning—it’s all you do.

Some days are all morning,
some mornings all day.
Some days it’s all up, all can do.
Some days it’s get up, you, it’s morning.
Days you can get up, you do.
Some days all morning.
Some days all day.
You do all you can do…

All in all, some days get to you.

Take Heart: A Conversation in Poetry is produced in collaboration with the Maine Writers & Publishers Alliance. Poem copyright © 2011 Bob Brooks. Reprinted from Unguarded Crossing, Antrim House, 2011, by permission of Bob Brooks. Questions about submitting to Take Heart may be directed to Gibson Fay-LeBlanc, Special Consultant to the Maine Poet Laureate, at mainepoetlaureate@gmail.com or 207-228-8263. Take Heart: Poems from Maine, an anthology collecting the first two years of this column, is now available from Down East Books.
Privacy Act Alert for Health Care Practitioners: HIPAA Exemption for American Red Cross

by Karen Rea MSN, RN

The American Red Cross (ARC) is charged with providing emergency communication services for military families and service men and women in the line of duty. With many emergency messages involving health issues (deaths, births, surgeries, etc.), we need to verify a patient's condition, cause of illness/death and obtain a "Doctor's Interpretive Statement" including condition, prognosis, life expectancy, and diagnosis. This information can be obtained from any medical personnel involved in the care of a patient (doctor, nurse, or office manager). This information is vital to the sending of an emergency message by the ARC to the military command structure. The information we gather is strictly used for sending an emergency communication and is kept otherwise confidential.

Recognizing such, the Department of Health and Human Services (H&H) created an exemption to the HIPAA regulations allowing doctors, or their representatives, to share information about a patient with the ARC to provide emergency communications services for members of the U.S. military, such as notifying service members of family illness or death, including verifying such illnesses for emergency leave request.

As you might imagine, time is of the essence in obtaining and sending this information, as it may be difficult for arrangements to be made for transportation home. The general goal is to have the verified information forwarded to the command structure within four hours of receiving the request from a family member back home. You can help facilitate the process by sharing the appropriate information when requested by the ARC Caseworker. If you have questions about this, or would like a presentation to be made to discharge planners, case workers or staff at your health care facility, please contact Karen Rea, MSN, RN, Division Nurse Leader, American Red Cross, at karen.rea@redcross.org.

American Nurses Association Lobby Day:  
When Nurses Talk, Washington Listens

by Juliana L'Heureux, BS, RN, MHSA

On Lobby Day with the American Nurses Association, nurses flood the U.S. Capitol to meet with congressional delegations. Our purpose is to educate our national policymakers and their staffs about professional quality of care issues.

On June 27, 2013, during the ANA National Membership Assembly, three Maine nurses took to the halls of the Capitol to advocate for three pieces of pending legislation. ANA-MAINE President Irene Eaton, First Vice President Patricia Boston and Vice President Juliana L'Heureux, who also serves as legislative committee chair, met with the staffs of Rep. Chellie Pingree (1st District), Sen. Susan Collins and Sen. Angus King.

ANA provided us with detailed agendas for educating each member of Congress about the three bills:

1. **The Home Healthcare Planning and Improvement Act.** The lead co-sponsor for this bill is Sen. Susan Collins. This bill allows advanced practice registered nurses (APRNs), nurse practitioners (NPs), and clinical nurse specialists (CNs) certified nurse midwives (CNMs) and physician assistants (PAs) to order home healthcare services and meet the face-to-face requirements under Medicare in accordance with state law.

2. **The Registered Nurse Safe Staffing Act.** Adding RNs to unit staffing has demonstrated a reduction in hospital deaths and reduces the relative risk of adverse patient events (Kane, 2007, Curtin, 2003). ANA and its constituent and state nurses associations (CSNAAs) support legislation to hold hospitals accountable for the development and implementation of valid, reliable, unit-by-unit nurse staffing plans. These staffing plans, based upon ANA's Principles for Nurse Staffing, are created in coordination with direct care registered nurses (RNs), and are based on each unit's special circumstances and changing needs. This is not a one-size-fits-all approach but, rather, a collaborative approach to evaluate staffing needs based on acuity and needs at the patient care level.

3. **The Nurse and Health Care Worker Protection Act of 2013.** For almost two decades, the ANA has led the fight to eliminate manual patient handling such as lifting. Conventional manual lifting, repositioning and transferring have contributed to work-related injuries and musculoskeletal disorders (MSDs) in nurses and other healthcare workers. ANA supports a Safe Patient Handling and Mobility (SPHM) program designed to decrease the potential for injury to healthcare personnel and patients, while reducing work-related healthcare costs and improving the safety of patient care delivery. The nation, now facing a serious nursing shortage, can no longer afford to lose the nurses who leave the profession annually due to musculoskeletal injuries and pain.

Nurses can help to pass these three important patient care policies by writing letters of support, including some short personal stories, to our Maine congressional delegation using the following e-mail addresses:

Sen. Angus King: http://www king.senate.gov/contact

![Visiting Rep. Chellie Pingree's office (left) ANA-Maine First Vice President Patricia Boston, Legislative Assistant Jennifer Taylor, ANA-Maine Vice President Juliana L’Heureux and ANA-Maine President Irene Eaton.](https://forms.house.gov/pingree/webforms/contact-form.shtml)
Although we attempt to be as accurate as possible, information concerning events is published as submitted. We do not assume responsibility for errors. If you have questions about any event, please call the event planner directly.

If you wish to post an event on this calendar, the next submission deadline is September 30, 2013 for the Fall issue. Send items to publications@anamaine.org. Please use the format you see below: date, city, title, sponsor, fee and contact information. There is no charge to post an educational offering.

Advertising: To place an ad or for information, contact sales@aldpub.com.

ANA-MAINE is the ANCC-COA accredited Approver Unit for Maine. Not all courses listed here provide ANCC-COA credit, but they are printed for your interest and convenience. For more CNE information, please go to www.anamaine.org.

To obtain information on becoming an ANCC-COA CNE provider, please contact anmaines@gwi.net.

USM/PCE indicates the class is offered through University of Southern Maine/Center for Professional and Continuing Education. For course descriptions, visit www.usm.maine.edu/cce or call 207-780-5900 or 800-787-0468 for a catalog. Most classes are held at the new Abromson Community Education Center in Portland, conveniently located just off I-295. Free parking nearby.

CCSME indicates class is held by the Co-Occurring Collaborative Serving Maine.

For FESI HealthCare seminars in Maine, visit http://www.pesihhcare.com.

Visit the ANA-MAINE Calendar of Events at: http://www.anamaine.org/calendar.cfm for more information for additional upcoming events.

### 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@usm.maine.edu.

### 2013 Ongoing

#### Computer-Based Learning Program

- Five-level triage and patient assessment
- 10.9 contact hours
- $249.95 for two months’ access
- For more information contact Jo-Ann Rowe RN, Med. jrowe@nurseeducation.org.

### July 2013

#### 24-26 USM/PCE/Portland. Childhood Psychopathology

A three-day institute; 9:15 a.m.-3 p.m.; first-day check-in: 8 a.m.-9 a.m. $475; attendance for an individual day, $175. Price includes handouts, continental breakfast, lunch, and afternoon refreshments. For additional information, visit www.usm.maine.edu/cce or call 207-780-5900 or 800-787-0468.

### August 2013

#### PESI/Portland. Injuries in Youth Sports: Assessment & Treatment of Orthopedic Injuries in the Young Athlete Seminar.

8 a.m.-3:30 p.m. $179.99 single advanced registration or group rate; $199.99 after Aug. 29. For additional information, call 1-800-843-7763 or visit http://www.pesihhcare.com.

#### PESI/Portland. Dysphagia: From Assessment to Discharge.

8 a.m.-4 p.m. $179.99 single advanced registration or group rate; $199.99 single after Sept. 7. For additional information, call 1-800-843-7763 or visit http://www.pesihhcare.com.

#### PESI/Portland. Understanding Interviewing with Chronic Illness.

12 contact hrs/1.2 CEUs. Instructor led training by Nancy Hathaway. $295. For more information, visit usm.maine.edu/pdp or call 207-780-5900 or 1-800-787-0468.


8 a.m.-4 p.m. $179.99 single advanced registration or group rate; $199.99 single after Sept. 24. For additional information, call 1-800-843-7763 or visit http://www.pesihhcare.com.

### September 2013

#### PESI/Portland. Childhood Neurology Seminar.

8 a.m.-3:30 p.m. $179.99 single advanced registration or group rate; $199.99 after Aug. 22. For additional information, call 1-800-843-7763 or visit http://www.pesihhcare.com.

#### PESI/Portland. Injuries in Youth Sports: Assessment & Treatment of Orthopedic Injuries in the Young Athlete Seminar.

8 a.m.-3:30 p.m. $179.99 single advanced registration or group rate; $199.99 after Aug. 28. For additional information, call 1-800-843-7763 or visit http://www.pesihhcare.com.

#### PESI/Portland. Interviewing with Chronic Illness.

12 contact hrs/1.2 CEUs. Instructor led training by Nancy Hathaway. $295. For more information, visit usm.maine.edu/pdp or call 207-780-5900 or 1-800-787-0468.

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### October 2013

#### PESI/Portland. Injuries in Youth Sports: Assessment & Treatment of Orthopedic Injuries in the Young Athlete Seminar.

8 a.m.-3:30 p.m. $179.99 single advanced registration or group rate; $199.99 after Aug. 29. For additional information, call 1-800-843-7763 or visit http://www.pesihhcare.com.

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Save the Dates

- Sigma Theta Tau Kappa Zeta at large 25th anniversary September 12, 2013.
  Please check the website for information http://kappazeta.nursingsociety.org/
  KappaZetaChapter/Home/
  Please check the website for information http://www.anamaine.org/
- Annual Meeting of the Organization of Maine Nurse Executives (OMNE) October 17-18 at the Hilton Garden Inn, Freeport, Maine
  Please check the website for information http://omne.org/site/

Continuing Education Calendar continued from page 6

24 PESI/Portland. The Ultimate One-Day Diabetes Course – Managing Diabetes: Improving Patient Outcomes. 8 a.m.-4 p.m. $179.99 single advanced registration or group rate; $199.99 single after Sept. 27. For additional information, call 1-800-843-7763 or visit http://www.pesihomecare.com.

24-25 PESI/Las Vegas. The 2013 Cardiac Essentials National Conference. $349 single advanced registration, group rate, ACVP member discount; $399 single after Sept. 30. For additional information, call 1-800-843-7763 or visit http://www.pesihomecare.com.

4-5 USM/PCE/Portland. Mindfulness-Based Stress Reduction (12 contact hrs/1.2 CEUs). Instructor led training by Nancy Hathaway. $295. For more information, visit usm.maine.edu/pdp or call 207-780-5900 or 1-800-787-0468.

You Take Care of Your Patients – ANA Takes Care of You

November 2013

By Irene Eaton

Joining the American Nurses Association

Registered nurses are the largest and most trusted group of healthcare professionals in this country, numbering more than 3 million. Nurses are crucial to achieving the critical goals of expanding health care coverage while improving quality and controlling costs. Now is our time to seize the opportunity to take on new roles, participate in improving the quality of patient care and gain greater appreciation for nurses’ contributions.

ANA-MAINE represents the interests of registered nurses in the state and works with the American Nurses Association to advocate for you and your patients. The ANA-Maine Journal is mailed to all nurses in the state as a courtesy. Yet only a small fraction of nurses belong to ANA-MAINE and support the work we do at the state and national levels. ANA-MAINE has made a bold move to dramatically lower the membership dues for ANA and ANA-MAINE, to allow every nurse the opportunity to be part of a united voice to support nursing.

ANA provides vital professional development resources to its members. Consider how some of our top benefits, whose value could more than pay for your membership, will help you...

✓ Advance your knowledge through ANA’s extensive online Continuing Education library which includes more than 35 modules free or discounted for ANA members
✓ Save on ANCC specialty certification exams through exclusive member discounts —save $85 on the initial exam and $95 on recertification
✓ Stay up-to-date on nursing news with a free subscription to ANA’s peer-reviewed, award-winning journal The American Nurse and many other resources that are free to ANA members: American Nurse Today, Online Journal of Issues in Nursing and SmartBrief—a value of over $50
✓ Explore job openings that are right for you through the ANA Career Center
✓ Protect yourself with significant savings on professional liability insurance for ANA members

Now, for the remarkably low membership dues of just $12 a month or $150 a year, you receive all the benefits of membership in both ANA and ANA-MAINE! Nurses need to work together. Every nurse who becomes a member of ANA and ANA-MAINE adds to the power and influence of all nurses and strengthens the profession.

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Hospice Education in the Maine State Prison

Juliana L’Heureux, BS, RN, MHSA with Kandyce Powell, MSN, RN

AUGUSTA, ME – A group photograph from the inmates of the Maine State Prison hangs in a visible location on the office wall at the Maine Hospice Council and Center for End of Life Care in Augusta. It’s signed with personal messages by over a dozen grateful men, expressing their appreciation to Kandyce Powell, MS, RN, the executive director of the MHCCELC.

“In a nutshell, I’m a better person because of you. Thank you for including me in your world,” signs one person, with initials RP.

Another writes, “There is so much to say, but not enough words to express our love and gratitude for the warmth of feelings you bring into our lives.”

The Maine State Prison hospice program is 13 years old. Although the Maine Hospice Council and Center for End of Life Care led the first prisoner training program, the concept had its origins in 1998 when Dr. Diane Schetyk, M.D., a part-time prison psychiatrist who is now retired, began to raise awareness about the benefit of grief and loss education when she led support groups at the prison.

In 2000, Powell called the warden to inquire about developing a hospice program, in which inmates could be trained to care for and comfort dying or chronically ill inmates. She reached out to Dr. Schetyk, who offered to help, and together they implemented their shared vision.

The initial goal was to educate prison administration, law enforcement and prisoners about quality end-of-life care. Through an intensive training program, the prisoners are taught to help one another through chronic and terminal illnesses. “This is incredible work,” says Powell. “I’m very grateful for the support our hospice program receives from the Department of Corrections.” To date, 15 prisoners have been trained by the program, says Powell.

Dr. Schetyk explained her interest in the hospice program in a newsletter article titled, Why I go to the Prison Each Week and Leave with a Smile on My Face. “I care about the men who provide hospice care and I want them to succeed in the important work they are doing. I learn so much from them,” she wrote.

The MHCCELC is among 58 prison hospice programs nationwide. These professional and compassionate programs are a response to the aging of the U.S. prison population, a situation that can be attributed to what some have called a perfect storm in the world of corrections.

As a result of years of tough-on-crime laws that mandate harsher sentencing, the U.S. correctional system finds itself caring for a growing number of elderly prisoners who are chronically ill.

Beginning in the early 1990’s, the number of state and federal inmates age 50 and older has grown an astonishing 172 percent. Some estimates claim that within the next 15 to 20 years, over 20 percent of the U.S. prison population will be over 50 years old (Prison Terminal: Life and Death in a Prison World http://www.prisonterminal.com/essays).

Powell says the dying prisoner is not the only beneficiary of the prison’s hospice program. The inmates who volunteer as hospice workers also benefit from the specialized education. Volunteers learn how to offer physical care to ease pain and suffering, and spiritual, psychological, and emotional support to the dying or those enduring chronic illnesses.

Hospice care at the Maine State Prison is provided in a dedicated hospice room within the infirmary. Walls of the room are painted with colorful murals to transform the institutional decor of the facility into a more soothing environment.

One inmate wrote about how grateful he is to those who have never given up on the prisoners. In a letter published in “Voices from the Maine State Prison,” he writes, “Knowing that I gave a dying prisoner comfort by just holding him and telling him I had him, and just seeing the smile that came across his face and being there for him, is the reason why I became a prison hospice volunteer.”

More information about the Maine Hospice Council and Center for End of Life Care is available at http://mainehospicecouncil.org/.

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Kandyce Powell

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More information about the Maine Hospice Council and Center for End of Life Care is available at http://mainehospicecouncil.org/.

Kandyce Powell, RN, MSN, has been the executive director of the Maine Hospice Council and Center for End of Life Care in Augusta since 1992, and she is the co-author of Maine’s Hospice Licensure Law.

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Northeast Multistate Division Leader Update

by Donna M. Policastro, APRN-BC

On March 1, 2013, the first multistate division of the American Nurses Association (ANA) was formed. It is called the Northeast Multistate Division (NE-MSD) and consists of the following states: Maine, New Hampshire, Vermont, Rhode Island, Connecticut and Maryland. The formation of the multistate division model was approved by the ANA board of directors as a two-year pilot. The ANA board of directors, as well as the individual state nurses association boards, will re-evaluate the division model in two years and will at that time decide if the model is sustainable. Each state nurses association (SNA) will retain its own identity and board structure. Models for shared services are being explored and evaluated by the SNAs.

Among the objectives of the Multistate membership partnership are the establishment of new and efficient initiatives, shared association management services, group purchasing and Professional Development.

I have been chosen to lead the Northeast Multistate Division during the pilot phase, while still retaining the title of executive director of the Rhode Island State Nurses Association (RISNA). Through a contractual agreement with ANA-MAINE and the Northeast Multistate Division, I will also be assuming the role of the association manager of ANA-MAINE. I look forward to collaborating with my Maine colleagues to create and ensure a strong and viable ANA-MAINE. These are exciting times for both the state nurses associations and the multistate division. This is an era of transformational change that will ensure the viability of the state associations. Increased membership and continued nursing advocacy are the key factors for success. But how do we continue to measure success? Here are just a few examples that the NE-MSD has inaugurated: A membership initiative will begin on Aug. 1, 2013, to increase the number of members and to ensure the sustainability of our state nurses associations in order to continue our advocacy work at the state level. Shared services with the American Nurses Association in order to purchase goods and services at group rates and to tap into the resources within ANA will allow us to transition to a more nimble organization that will be beneficial to our membership.

I look forward to meeting you at your annual meeting on Oct. 4, 2013, and will share more exciting initiatives at that time. If you are not already a valued member, please consider joining ANA-MAINE and become part of this exciting initiative. If you are a licensed registered nurse in Maine, join today and become an integral part of your growing professional association.

Donna Policastro is the Executive Director of the Rhode Island State Nurses Association and serves as the primary voice of professional nursing in the state. In 2013 she received the Woman of the Year in Healthcare from the International Women’s Day Committee.

Nurses and Healthcare Reform

by Sally Melcher-McKeagney, RN

The Patient Protection and Affordable Care Act (ACA) represents a landmark change in how Americans pay for health care. The present American healthcare system is expensive and continues to raise the annual deficit by $858 billion in two years and will at that time decide if the model is sustainable. Each state nurses association (SNA) will retain its own identity and board structure. Models for shared services are being explored and evaluated by the SNAs.

The American Nurses Association (ANA) has advocated for healthcare reform and urges nurses to advocate for the ACA.


References


Patiance Protection and Affordable Care Act USC sec 18001 (2010).


Source: Patient Protection and Affordable Care Act USC sec 18001 (2010).
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local hospital and visited schools, homes, the orphanage
will return each year, to evaluate the women’s needs over

50 miles south of the country’s capital, Dakar. The economy is
dependent on fishing, peanut processing and tourism.

Ruth led the students to this West African country under the direction of Partners for World Health. This international humanitarian organization’s mission is to

collect and distribute discarded medical supplies, reduce environmental waste, provide primary care to third-world countries and educate people about global well-being.

“They take materials that would be thrown away at Maine hospitals and clinics and send them to needy third-world countries,” she explained. Traveling with Ruth and the students were trip organizer Elizabeth McLellan, Mandy Rodeny and Emily Gerardo.

On this trip, Partners wanted to establish a presence at a rural area in M’Bour, a city located on the Senegal coast, about 50 miles south of the country’s capital, Dakar. The economy is dependent on fishing, peanut processing and tourism.

Students who traveled with Ruth received credit for their community health course by assessing a population of women who work on the fish docks. Other students will return each year, to evaluate the women’s needs over time. The students assessed the women’s health at the local hospital and visited schools, homes, the orphanage and a prison in the area. A large container of supplies was en route to the hospital, but didn’t arrive in time for the group’s visit. These badly needed medical supplies were to be accompanied by a physician who was supposed to demonstrate surgery and help teach the use of the materials.

As a result, this group was composed only of nurses.

Although Ruth discussed the Senegalese culture, the humanitarian mission was the most important aspect of the visit. “I thought about what I would tell others about our Africa trip. I could go on about the culture, about how the men often have more than one wife. By the way, the women don’t really like the multiple wife culture, so much. Or, I could talk about the Muslim culture, or what I learned of it. But, that’s not really what our visit was about,” she said.

Then, she said, she saw a sign on the customs booth at Boston’s Logan International Airport during the group’s return. It gave her the inspiration she was seeking. “You are the Face of America,” said the sign. This was a reminder for the customs workers who are often the first Americans a foreigner meets when they enter the U.S. “That’s when it became clear to me about what I learned from the visit to Senegal,” she said. The humanitarian visit to Senegal was the face of nursing. As a matter of fact, every nurse is the face of nursing. “Each of us is a nurse and we have a big responsibility to be a nurse always, in everything we do. It isn’t a job that you walk away from after 12 hours. Instead, it’s a part of who we are. We are the most trusted profession.

We have a big responsibility every day 24/7,” she said.

During their 10-day visit, the delegation of nurses saw how the human condition is shared with people throughout the world. “We saw how distance and poverty don’t change the feelings of family. Mothers love their children, everywhere,” she said. They saw the celebration of new life, and the pain of hunger, poverty and filth. They shared the experience of Senegalese nurses who care about their patients, just like those in the U.S.

Moreover, they saw the injustice of social inequality, especially when people who needed treatment were required to pay up front, before care was provided.

“Nurses should speak up to help right this pain,” Ruth said. “We should speak for the underserved people and for the poor, the weak, for the elderly or anyone who cannot speak for themselves. Nurses speak to and speak for the orphans, the women, the many unheard voices. We must always be the voice of the people we care for when they cannot speak for themselves.”

The nursing delegation and the Senegalese women shared emotional moments. Ruth said the face of nursing showed grief for the fish women who had lost family members. “We cried for the orphans and the unfairness of life. It was sad to see people who died from treatable diseases because of lack of resources.”

Smiling also characterizes the face of nursing. “We smile because we love people regardless of their race, color or religion. There’s joy. Even in poverty, there is joy, happiness, warmth and laughter. We sang with the children, we danced with the old women at the fish docks and we played games. The face of nursing smiled,” she said.

In fact, the face of nursing is in every hospital, nursing home, office, visiting nurse association or clinic, says Ruth. “We are the face of nursing in our homes or in the supermarket. Fortunately, we are never hidden. Let’s be proud to be the face of nursing!”

Ruth Smillie, MSN, RN, is an associate professor of maternal/pediatrics at Saint Joseph’s College of Maine.
Ruby Red Heart in a Cold Blue Sea

by Morgan Callan Rogers

Reviewed by Penny Higgins, RN, MSN, EdD

In her first novel, Morgan Callan Rogers, who grew up in Maine, tells the story of a young heroine coming of age in coastal Maine during the early 1960s. Rogers, who now lives part of the year in South Dakota, does this through describing life in a small Maine seaport town through the eyes of this young girl, Florine, as she moves through adolescence and personal loss.

There are lively interactions among all of the main characters: daughter, mother, father, grandmother, the girl’s childhood friends and others in the town. These characterizations are the most vivid part of the book, with summertime residents playing minor roles.

Florine, named for two grandmothers, is leading a lively and enviable life as a much-loved only child when her mother disappears from a small neighboring community. No one has seen her since she left a clothing store one morning, and there seem to be no further clues as everyone who might possibly have seen her is interviewed. She and her dad struggle to recreate their life as a family with the help of his mother, who lives nearby. As they bake bread and cookies or shine her grandmother’s ruby red glass collection, her grandmother tells her about the ruby glass heart, Florine’s favorite, that her grandfather had presented to his bride on their wedding day. One night, in a fit of extreme pain, Florine tosses the heart into the sea.

She has had her own little “posse” of school friends who spend holidays together, play pranks, learn to drive, and, when they are 16, take a trip to the town where her mother was last seen. Meanwhile, she must adjust to her dad’s romance with and subsequent marriage to an old girlfriend. But as Florine grows into a young adult, she learns to accept that her mom is unlikely to return. Yes, she makes a young person’s mistakes that are clear to her only as disaster falls, but she learns who she is and who she will become through these mistakes. In reviewing the book, author Monica Wood concludes, “Never have I rooted so hard for a fictional girl, whose losses, while deep and abiding, show us what she’s made of…She will break your heart and make you glad she did.”

Red Ruby Heart in a Cold Blue Sea was published in 2012 by Viking Adult.
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