“What if McGyver was a nurse... how cool would that be!” That statement, from one of my new grad nurses, sparked a lively discussion among myself and three new RNs as we attempted to safely transfer a de-conditioned patient from bed to chair. Channelling the Eighties icon who battled villains with legendary combinations of paperclips, rubberbands, ketchup bottles, toothpicks and cool common sense, we assessed the best use of our limited resources.

In today’s dynamic health care environment, those “McGyver” skills; optimism, creativity, innovation, safe, efficient and effective use of limited resources poise Maryland’s Registered Nurses for Health Care Leadership. New mandates require new care delivery models, and in turn new economic, ethical and resource allocation models will evolve.

And, like in every action packed series, the timer is ticking. Where are you poised professionally in today’s healthcare environment? What combinations of education, skills and leadership will you need to ensure that you as a healthcare professional clip the right wire to ensure a safe outcome for your patients and your profession?

Don’t panic! You have a secret weapon that action stars and super heroes envy. The Maryland Nurses Association has its own legendary combination of optimism, creativity and innovation. Please join us October 11 and 12 at the Anne Arundel Medical Center Doordan Health Sciences Pavilion for 110 years of nursing knowledge and expertise. Our 2013 convention presenters will provide you with Top Secret insight into how Maryland Nurses are “Expanding Horizons for Improving Outcomes.”

I hope to see you in October! P.S. Don’t forget your safety pins, nursing scissors, Kerlex, Ace Wrap paperclips and rubberbands....

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ANNA Holds Inaugural Membership Assembly
Meeting Ushers in New Strategic Direction for Association

Inside this Issue...

Maryland Nurses visit Rep. Donna Edwards (D-MD) (pictured center) at the Rayburn House Office Building during ANA’s Lobby Day held on Thursday, June 27, 2013.

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The Maryland Nurse welcomes original articles and submissions for publication. All material is reviewed by the editorial board prior to acceptance. Once accepted, manuscripts become the property of The Maryland Nurse. Articles may be used in print or online by the Maryland Nurses Association and will be archived online. It is standard practice for articles to be published in only one publication. If the submission has been previously distributed in any manner to any audience, please include this information with your submission. Once published, articles cannot be reproduced elsewhere without permission from the publisher.

Preparing the Manuscript:

1. All submissions should be word-processed using a 12 point font and double spaced.
2. A title page should be included and contain a suggested title and the name or names of the author(s), credentials, professional title, current position, e-mail, mailing address, telephone contact, and FAX number, if applicable. Authors must meet the requirements for authorship. Contributors who do not meet the criteria for authorship may be listed in an acknowledgements section in the article. Written permission from each person acknowledged must be submitted with the article.
3. Subheadings are encouraged throughout the article to enhance readability.
4. Article length should not exceed five (5) 8 1/2 X 11 pages (1500-2000 words).
5. All statements based on published findings or data should be referenced appropriately. References should be listed in numerical order in the text and at the end of the article following the American Psychological Association (APA) style. A maximum of 15 references will be printed with the article. All references should be recent–published within the past 5 to 7 years–unless using a seminal text on a given subject.
6. Articles should not mention product and service providers.

Editing:

All submissions are edited for clarity, style and conciseness. Refereed articles will be peer reviewed. Comments may be returned to the author if significant clarification, verification or amplification is requested. Original submissions may be reprinted in The Maryland Nurse with written permission from the original author and/or publishing company that owns the copyright. The same consideration is requested for authors who may have original articles published first in The Maryland Nurse. Additionally, once the editorial process begins and if a submission is withdrawn, the author may not use The Maryland Nurse editorial board review comments or suggestions to submit the article to another source for publication.

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Correction

In the last issue of The Maryland Nurse Antonio Fowler, BA, BSN, author of “Nurses’ Lobby Night 2013,” in the May, June issue of The Maryland Nurse News and Journal, page 17, was incorrectly listed as a student at University of Maryland. At the time of publication, Ms. Fowler was a student at Notre Dame of Maryland University matriculating toward a Master’s degree in Nursing. We regret the error.

The Nurse Practitioner Association of Maryland (NPAM) announces the 2013 fall nurse practitioner CE conference on October 12, 2013 – “Improve Your Skills: Head to Toe and Everything in Between.” The conference will be held in the RCF Building at Howard Community College. More information and registration materials are available at www.NPAMOnLine.com

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Maryland was well represented at the American Nurses Association (ANA) 2013 Inaugural Membership Assembly. President-Elect Janice Hoffman and Secretary Kathy Ogle attended as the voting representatives and were on the voting floor with Executive Director Ed Suddath. Past-President Pat Travis is a member of the ANA Board of Directors and Past-President Denise Moore served as the Chair of the Reference Committee.

MNA member Linda Stierle, a past CEO of ANA, was an invited guest. Linda was instrumental in crafting the new MNA By-laws which members will receive soon and vote on at the October Membership Meeting.

The Membership Assembly (MA) replaced the ANA House of Delegates providing a smaller and more nimble decision-making body. The main business of the MA at this first meeting was revision of the ANA By-laws to align them with current changes.

The only reference for consideration this year dealt with “Licensure Jurisdiction for Cross-Border Nursing Practice” which advocates for a policy that will support licensure jurisdiction at the location of the registered nurse. The reference is based on the advances in technology which allow nurses and patients to be in different states during treatment and advice. After discussion the reference was referred back to the ANA Board of Directors for further consideration.

The next MA will be held in November 2014. Members are encouraged to review the position guidelines and consider running for the MA representative general member position.

Using the theme, “A Look into the Future: Advancing the Association; Advancing the Profession,” representatives explored pressing nursing and health care issues as part of an environmental scan to better position ANA to anticipate trends that may impact the nursing profession. The environmental scan also laid the foundation for policies and positions to ensure a stronger nursing presence in the emerging health care delivery system.

Assembly representatives discussed the important and sometimes competing interests regarding access to care, care coordination, patient outcomes, and licensure issues. In terms of specific actions, they referred a licensure jurisdiction proposal back to the ANA Board of Directors. The board will further review licensure implications for nurses who provide technology-enabled care, including follow-up phone calls after patient discharge, across state lines.

Representatives also voted on bylaws, or governing amendments, which included approving a timeline for smoothly transitioning to a smaller board of directors. Additionally, representatives adopted a structure that acknowledges registered nurses who are full members of a constituent/state nurses association as holding concurrent membership in ANA.

Assembly attendees also welcomed two new state nurses associations from Illinois and New York and celebrated the Alabama State Nurses Association’s centennial.

In advance of the Membership Assembly, on Thursday, June 27, hundreds of nurses met with federal legislators on Capitol Hill in Washington, D.C. as part of ANA’s annual Lobby Day to advocate for critical nursing issues, including safe staffing and eliminating scope of practice barriers.

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The Assembly will elect a new slate of officers. For more information, please visit www.nursingworld.org.

ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public. Please visit www.nursingworld.org for more information.
Veterans Affairs Maryland Health Care System Nursing Academic Achievement Recognition Ceremony

Iris E. Pettigrew, R.N., M.S., Sc.D., CPHQ Director, Performance was the keynote speaker at the Veterans Affairs Maryland Health Care System Nursing Academic Achievement Recognition Ceremony. Pettigrew reinforced the need for nurses to consider how additional degrees fit into their career goals. She also emphasized the need to apply life skills in addition to formal education and to use all avenues to increase your knowledge base.

The degrees earned by VA staff included: 3 Doctorates; 19 Masters; 6 Bachelors; and, 5 Associate degrees.

University of Maryland School of Nursing Graduates State’s Largest Class of Nurses

638 Graduates Receive Degrees

For the first time as dean of the University of Maryland School of Nursing (UMSON), Jane Kirschling, PhD, RN, FAAN, led UMSON graduates into the 1st Mariner Arena on Friday, May 17, to celebrate the successful completion of their nursing degrees. The Class of 2013, consisting of 275 Bachelor of Science in Nursing, 332 Master of Science, 17 Doctor of Nursing Practice, and 14 PhD graduates, is the largest class of nursing graduates in the state of Maryland.

Kathleen Buckley, PhD, RN, IBCLC, associate professor and chair of the faculty council, welcomed graduates, family members, faculty, and friends. In her Convocation address, Dean Kirschling encouraged students to embrace the many opportunities afforded by the nursing profession.

“You have chosen a career that will provide you with tremendous opportunities over your lifetime. You will have opportunities to redesign the work that you do – in ways that cannot be predicted or imagined today. I encourage you to embrace these opportunities with the courage, open-mindedness, and knowledge that your education at the University of Maryland School of Nursing has positioned you for – to not simply accomplish, but to excel and to lead. And remember, every challenge you encounter is a chance for success.”

Later in the day, UMSON graduates participated in the University of Maryland, Baltimore Commencement ceremony at 1st Mariner Arena, where graduates heard the inspiring words of keynote speaker Gen. Stanley A. McChrystal (ret.), MS, MA, a senior fellow at Yale University.

“Whatever your professional training is, your positions of leadership are going to require you to empathize with the communities you serve, and with the individuals you lead. You won’t be able to cure every ill, but you should work hard to understand as deeply as possible the circumstances that affect those around you,” he said.
Coppin Nursing Students Complete American Red Cross National Student Nurse Program for Disaster Preparedness

by Phillip Bovender, BSN, RN, CCRN

Fittingly during National Nurses’ Week and Teacher Appreciation Week in May, sixteen graduating seniors of the Helene Fuld School of Nursing of Coppin State University (CSU) received student nurse pins and certificates of completion for two initiatives of the American Red Cross National Student Nurse Program at their Senior Awards Banquet. Disaster Health and Sheltering enables students to assume roles as spontaneous volunteers locally or fully-fledged Red Cross Nurse volunteers for local or national deployment upon licensure. The course fulfills disaster preparedness content requirements for baccalaureate nursing curricula by the American Association of Colleges of Nursing. Protecting Lives, Promoting Health gives student nurses in-depth review of American Red Cross Biomedical Services and prepares them to promote blood donation in their communities.

The students comprised two sections of Community Health nursing taught by Coppin Assistant Professor Kathi Pendleton, RN, MS, and American Red Cross State Nurse Leader for Maryland, Phillip Bovender, RN, BSN, CCRN. Pam Evans, LCSW-C, MSW, American Red Cross Disaster Mental Health Advisor for Maryland, taught Psychological First Aid in the semester-long collaboration during which students met twice weekly at the Chesapeake Region Chapter in Baltimore. The students also completed a learning module on Client Casework, focused on clients with functional needs, went on late night Disaster Action Team calls, and toured the Greater Chesapeake and Potomac Blood Services facility.

Dr. Marcella Copes, RN, PhD, Professor and Dean of the College of Health Professions, presented the Dean’s Award for academic and clinical excellence to one of the sixteen students, Michelle Haywood, who had experienced services provided by the Disaster Action Team first-hand after she was the victim of a house fire two winters ago. She had escaped with her textbooks, and now, with graduation imminent, wants to volunteer as a Red Cross Nurse. Coppin has added a summer section and plans to continue the collaboration with the Red Cross in Disaster Nursing in the fall.

CSM Faculty, Student Receive Honors from Maryland Nurses Association

At the College of Southern Maryland Nursing Recognition ceremony May 16, CSM Health Sciences Division Chair Dr. Laura Polk referenced the 2013 spring class quote by author Maya Angelou, saying, “People will forget what you said. People will forget what you did, but people will never forget how you made them feel.” Polk understands well the emotional impact of one’s actions having recently been named nurse of the year by the Maryland Nurses Association (MNA) District 9 for her professionalism, performance and excellence in nursing. Also receiving recognition from the MNA District 9 were Nursing Professor Rose Miller, Assistant Professor and Clinical Simulation Coordinator Linda Goodman and nursing graduate Travis Roberts.

MNA District 9 Nurse of the Year Award Recipient Dr. Laura Polk

“The Nurse of the Year Award is among the most prestigious awards given and we are very proud of the public recognition given to Laura Polk for the incredible work she does to advance the nursing profession in Southern Maryland,” said CSM Vice President of Academic Affairs Dr. Sue Subocz. “Her dedication to the nursing program here at CSM makes a major difference in our region by allowing opportunities for students to advance in a rigorous yet supportive environment.”

CSM Faculty continued on page 6

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Coppin Assistant Professor Kathi Pendleton, RN, MS and American Red Cross State Nurse Leader for Maryland, Phillip Bovender, RN, BSN, CCRN present Certificates to Coppin Nursing Students.

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CSM Faculty continued from page 5

Polk has co-authored or managed grants of more than $2 million that provide essential resources to promote nursing education in Southern Maryland. As a leader within the nursing community, Polk serves as a nursing program site visitor for the Accreditation Commission for Education in Nursing (ACEN), as a peer reviewer for the International Journal of Nursing Terminologies and Classification. Polk is an active member of several professional nursing and/or nurse leader organizations, and as an academic leader, she works on 11 CSM committees.

As a leader in the Southern Maryland community, Polk serves as a judge for the biomedical science programs for grant presentations at La Plata High School, is an advisory council member for biomedical sciences programs in Charles and Calvert counties and serves on the Partnership for a Healthier Charles County.

“Laura’s commitment to stay up-to-date with advances in learning/instructional strategies and trends in education helps her as an instructor and provides a clear example of how she serves as a role model. She’s a leader and advocate within the state nursing community and in our Southern Maryland community. Laura’s optimistic and cheerful attitude carries across non-nursing activities, too, such as her volunteer work with Girls Scouts of America, Destination Imagination, Safe Nights, Angel Watch and food pantries,” said CSM Nursing Retention Coordinator Liz Benson.

Polk received her bachelor’s degree in nursing from Georgetown University, and her master’s in nursing and doctor of nursing degrees from The Catholic University of America.

Polk told those gathered for the Nursing Recognition Event that many years ago she had a very young patient with a brain tumor who found comfort from rubbing her hands on Polk’s stockings. “It may have been one of the strangest nursing interventions I’ve ever done. [Jessica] couldn’t focus on words or other high-tech interventions, but what she never forgot was how I made her feel—safe, comforted and loved by the simple act of wearing stockings when I took care of her,” said Polk. “This is not a job where you get to go in for your eight- or 12-hour shift for the day and then dismiss. This is not a job where you get to go in for your eight- or 12-hour shift for the day and then dismiss. The award is presented to an outstanding student of nursing graduating from the MNA District Nursing Association 9 area. Roberts was nominated based on his academic achievement, clinical practice, and community and school involvement.

“Travis is a strong clinician and his high overall GPA, specifically in nursing courses, demonstrates his clear understanding of the theory essential to making good clinical judgments. He demonstrates the valuable characteristics of caring and compassion in his delivery of care,” said Professor Lynn Kennedy who added that his quiet, professional demeanor provides an excellent example for his peers. “Travis is a model student and demonstrates his commitment to learning by taking responsibility for his own learning needs and assisting others by sharing his study techniques with his colleagues. He was always willing to lend a hand with anything that needed to be done on the clinical floor. The consistent high level of performance Travis set for himself led his clinical group to be the best they could be,” Kennedy said.

Roberts is a member of Phi Theta Kappa Honors Society and was a founding member of CSM’s National Society of Leadership and Success. He organized a coat drive at CSM that collected more than 100 coats for local charities. He managed his participation in these organizations while he was a full-time nursing student and working 25 to 30 hours a week.

With his award he received membership to the American Nurses Association and MNA. For more on CSM’s Nursing Recognition Event, visit http://www.csmd.edu/news/archive/2013/fa55bfde51bf71f625dd204381e12d46c6bbec4.html.

Grace E. Brown Scholarship Award for Advanced Practice Recipient Linda Goodman

The Grace E. Brown Scholarship Award (Advanced Practice) was presented to CSM Assistant Professor and Clinical Simulation Coordinator Linda Goodman to provide assistance as she pursues completion of her PhD.

“Linda freely admits that furthering her education was not her idea or initial direction but that working alongside the faculty at CSM energized her to return to school,” said Polk.

Each semester, Goodman mentors a clinical group in the nursing home setting in addition to managing the clinical simulation program. Long-term care is her first passion and she finds teaching first semester nursing students in the nursing home setting exciting and rewarding, she said.

Goodman, past legislative liaison for District 9 to MNA, is active with numerous advisory boards in Southern Maryland including North Point and La Plata high schools. She has presented at the International Nursing Association for Clinical Simulation in Nursing and at the Annual Caregivers Conference in Southern Maryland.

Goodman earned her bachelor’s degree in nursing from the University of Phoenix and is pursuing her MSN at Stevenson University.

Nursing Student of the Year Travis Roberts

The MNA District 9 Nursing Student of the Year Award was given to Travis Roberts, of La Plata, a winter 2013 nursing graduate and a military veteran. The award is presented to an outstanding student of nursing graduating from the MNA District Nurses Association 9 area. Roberts was nominated based on his academic achievement, clinical practice, and community and school involvement.

“Travis is a strong clinician and his high overall GPA, specifically in nursing courses, demonstrates his clear understanding of the theory essential to making good clinical judgments. He demonstrates the valuable characteristics of caring and compassion in his delivery of care,” said Professor Lynn Kennedy who added that his quiet, professional demeanor provides an excellent example for his peers. “Travis is a model student and demonstrates his commitment to learning by taking responsibility for his own learning needs and assisting others by sharing his study techniques with his colleagues. He was always willing to lend a hand with anything that needed to be done on the clinical floor. The consistent high level of performance Travis set for himself led his clinical group to be the best they could be,” Kennedy said.

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The Maryland Nurse’s Association District 9 presented the Nurse of the Year Award to Health Sciences Division Chair Dr. Laura Polk, left, the Grace E. Brown Scholarship Award for Advanced Practice to CSM Assistant Professor and Clinical Simulation Coordinator Linda Goodman, center, and the Grace E. Brown Nurse Educator Award to Nursing Professor Rose Miller. The awards received recognition during CSM Nursing Recognition Event May 16 in La Plata.

Health Sciences Division Chair Dr. Laura Polk received the Maryland Nurses Association Nurse of the Year Award.

Nursing Professor Rose Miller received the Maryland Nurses Association Grace E. Brown Nurse Educator Award.

CSM Assistant Professor and Clinical Simulation Coordinator Linda Goodman received the Grace E. Brown Scholarship Award for Advanced Practice from the Maryland Nurses Association.
13% Male Class a High for Hopkins Nursing

Thirteen for ‘13. That’s the percentage of males in the Summer 2013 Accelerated BSN class at the Johns Hopkins University School of Nursing, highest in its history and far above the national average of working nurses who are male.

There are 16 males out of 122 enrolled in a cohort of 13-month ABSN students remarkable for nurses who are male.

“We strive for diversity in every one of our cohorts. It’s good for students and for the school,” says Nancy Griffin, Associate Dean for Enrollment Management and Student Affairs. “So this is great news. It’s good for students and for the school,”

1. Nursing Foundation of Maryland Scholarship
The Nursing Foundation of Maryland awards a $1,000 scholarship to promote nursing education and improved patient outcomes. The recipient of this scholarship will be a Baccalaureate or Graduate nursing student in Maryland. This can include an Associate Degree prepared RN licensed in Maryland who is continuing his or her education in an RN to BSN nursing education program in Maryland. The recipient will exemplify academic achievement, leadership and community service.

2. Ruth Hans Scholarship
The Ruth Hans Scholarship promotes lifelong learning and best practices in nursing by awarding an education scholarship to a Baccalaureate nursing student in Maryland. This can include an RN licensed in Maryland who is continuing his or her education in an RN to BSN nursing education program in Maryland. Ruth Hans received her entry nursing education from the Lutheran Hospital School of Nursing and this award was established in her honor in 2006. The recipient will exemplify academic achievement, leadership and community service. The scholarship is for $500.

3. Maryland General Hospital School of Nursing Alumnae Association Education Scholarship
The Alumnae Association of Maryland General Hospital awards one scholarship of $1000.00. Preference will be given to the student enrolled in an Associate Degree Nursing program. The recipient must demonstrate financial need in addition to academic achievement and community service.

4. Barbara Suddath Nursing Scholarship
The Barbara Suddath Nursing Scholarship was established to honor the memory of Mrs. Suddath, the mother of the Executive Director of the Maryland Nurses Association. The recipient must be a nurse enrolled in a graduate degree nursing program with the intention of working with the older population. The recipient will exemplify academic achievement, leadership and community service. One scholarship of $500 will be awarded.

5. Arthur L. Davis Publishing Agency Scholarship
Art Davis established the Arthur L. Davis Publishing Agency, the publisher of The Maryland Nurse. Now deceased, the business he began remains a family business dedicated to supporting the nursing community. The Arthur L. Davis scholarship was established in 2003. The scholarship will be awarded to one applicant in the amount of $1000. The recipient must be pursuing a master’s degree in nursing as part of the preparation to teach in a Maryland nursing program. The recipient will exemplify academic achievement, leadership and community service. Applicants for this scholarship must be members of the Maryland Nurses Association.

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For an application and additional information regarding the NFM Scholarships, visit www.marylandrn.org. Deadline for submitting applications is September 13, 2013.
Academy of Nursing Education Fellow

Janice Hoffman, PhD, RN, assistant professor and assistant dean for the Bachelor of Science in Nursing program at the University of Maryland School of Nursing, will be inducted as an Academy of Nursing Education Fellow at the National League for Nursing’s (NLN) annual Education Summit in Washington, D.C. this fall. Hoffman is being recognized for her contributions to the nursing education community in the areas of leadership and innovative teaching and learning strategies.

Denise Moore

Denise Moore, MSN, APRN-BC, (pictured at podium), a Past President of MNA, serving in her role as Chair of the ANA Reference Committee during the first inaugural Membership Assembly on Friday, June 28, 2013.

Nursing Professor Receives Awards

An assistant professor who teaches in Hood College’s bachelor of science in nursing degree completion program was recently honored with two prestigious awards.

Kelly Wolfe, CRNP, DNPe(c), is a recipient of the 2013 Geriatrics and Gerontology Education and Research Program Award, given by the University of Maryland School of Nursing where she is pursuing her doctoral degree and a teaching in nursing certificate.

The award is presented to students for their exceptional contributions to the field of aging. Wolfe was cited for her capstone research project, which focused on improving quality care for older adults by using behavioral interventions rather than medications to treat behavioral disturbances associated with dementia.

She also received the Maryland Gerontological Association student award, given to graduate students for projects that demonstrate innovative approaches to care that support older adults at home, in the community or in institutional care. She will give a poster presentation of her capstone project during the MGA’s annual conference in June.

In addition to her classroom responsibilities, Wolfe, with more than 20 years of nursing experience with adults, seniors and adolescents, coordinates Hood nursing students’ clinical experiences and works with nurse preceptors to enhance that training. She also provides primary and urgent care for college students, faculty and staff in Hood’s health center.

The Geriatrics and Gerontology Education and Research Program is a state-funded program developed to better prepare Maryland’s health care professionals to care for frail, older individuals and to sponsor research projects that will produce improved interventions on behalf of this population.
District News

Annual Business Meeting & Meet D2 Leadership Annual Meeting

We are excited to announce that Delegate Shirley Nathan-Pulliam will be presenting at District Two’s Annual Business Meeting. The Annual Business Meeting will be held at Martin’s West on September 12, 2013 at 6:30 pm. We will have more stimulating presentations at that meeting. Please plan to attend this meeting. Stay tuned for more information will follow in your e-mail and on MNAs’s website.

President
Christie Simon-Waterman RN, MSN, CRNP WCC

Over 14 years nursing experience which include a diverse background in Long term care, Pediatric, level one Trauma, wound care, emergency preparedness, infection control and quality improvement

President of District Two Maryland Nurses Association

1st Vice-President
Natasha Loving MSN, RN


1st Vice-President District 2 Maryland Nurses Association

2nd Vice-President
Karen E. B. Evans MSN, RN–BC, SD-LTCN

Nurse: 29 years.
Current Position: Regional Manager of Education FutureCare Health & Management Corporation.
Over 29 years nursing experience in Acute, Critical, and Post-Acute Care. Specialty in Staff Development,

President
Christie Simon-Waterman RN, MSN, CRNP WCC

Over 14 years nursing experience which include a diverse background in Long term care, Pediatric, level one Trauma, wound care, emergency preparedness, infection control and quality improvement

President of District Two Maryland Nurses Association

1st Vice-President
Natasha Loving MSN, RN


1st Vice-President District 2 Maryland Nurses Association

2nd Vice-President
Karen E. B. Evans MSN, RN–BC, SD-LTCN

Nurse: 29 years.
Current Position: Regional Manager of Education FutureCare Health & Management Corporation.
Over 29 years nursing experience in Acute, Critical, and Post-Acute Care. Specialty in Staff Development,

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District 2 Hosts Second Policy and Practice Seminar: Communicating with Patients and Families About End of Life Care

Over forty nurses participated in the second “Policy and Practice Seminar Series” hosted by MNA District 2, which represents Baltimore City, Baltimore County, Howard County and Carroll County, in the Education Center of Future Care Irvington on May 2, 2013.

Serena Kerr, Senior Hospice Care Consultant, of Seasons Hospice and Palliative Care, described common misconceptions and conflicts surrounding end-of-life care. Participants learned strategies to communicate with families to promote patient autonomy, dignity and quality of life for this very difficult time.

These seminars, provided as a professional service to members of District 2, support its mission to support quality care. The seminars are free to nurses and students. If you are a District 2 nurse and would like to see us provide education on a particular topic, please contact us at mnadistrict2@gmail.com.

The next Policy and Practice Seminar will be held during the District 2 Annual Meeting in September, 2013.

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We are excited to announce that Delegate Shirley Nathan-Pulliam will be presenting at District Two’s Annual Business Meeting. The Annual Business Meeting will be held at Martin’s West on September 12, 2013 at 6:30 pm. We will have more stimulating presentations at that meeting. Please plan to attend this meeting. Stay tuned for more information will follow in your e-mail and on MNAs’s website.

President
Christie Simon-Waterman RN, MSN, CRNP WCC

Over 14 years nursing experience which include a diverse background in Long term care, Pediatric, level one Trauma, wound care, emergency preparedness, infection control and quality improvement

President of District Two Maryland Nurses Association

1st Vice-President
Natasha Loving MSN, RN


1st Vice-President District 2 Maryland Nurses Association

2nd Vice-President
Karen E. B. Evans MSN, RN–BC, SD-LTCN

Nurse: 29 years.
Current Position: Regional Manager of Education FutureCare Health & Management Corporation.
Over 29 years nursing experience in Acute, Critical, and Post-Acute Care. Specialty in Staff Development,

Freedom to Work with the Best in Nursing

LifeBridge Health, with centers located in northwest Baltimore, Maryland, offers experienced nurses the following opportunities:

Northwest Hospital: This newly expanded community hospital seeks RNs and Nurse Leaders for positions in Surgical Services.

Levindale: Chronic hospital and long term care/ skilled facility seeks RNs, LPNs and CNA’s with long term care, med/surg and/or behavioral health (geropsychiatric) experience.

Sinai Hospital: ANCC Magnet Hospital seeks experienced BSN RNs for full-time and part-time shifts in multiple specialty units.

Each hospital offers opportunities for career advancement, free parking and a family-friendly work environment.

Visit www.lifejobs.org to learn more and apply.
Phyllis Brodsky Retires After 57 Years in Nursing

by Bea Himmelwright-Lamm, EdD, RN

Phyllis Brodsky, nursing pioneer, women’s advocate, educator, and historian, recently retired from nursing after 57 years. Phyllis has been a member of the editorial board of The Maryland Nurse for the past two years. Beverly Lang, Editor of The Maryland Nurse, states that “the contribution that Phyllis has made as a member of the editorial board of The Maryland Nurse is inmeasurable and is reflective of her passion for nursing in general, and Maryland nurses, in particular.” Working on the editorial board is a volunteer position and Phyllis has taken on many of these types of roles all throughout her career. She is a member of Sigma Theta Tau, the American Nurses Association, the Maryland Nurses Association, the Association of Women’s Health, Obstetric and Neonatal Nursing, and the International Childbirth Education Association. In these volunteer organizations Phyllis has held many leadership positions. Phyllis has worked primarily in maternal-child health nursing. She holds her BSN and MS degrees from the University of Maryland School of Nursing. Over the course of her career she has served as an obstetric nurse and educator in hospital settings and on several university faculties. In addition, she has authored several articles in journals and other publications.

Phyllis retired from full-time teaching position at Salisbury University School of Nursing in 1998. After her retirement, she thought it would be interesting to write a book to explore the history of childbirth, explaining “this has been on my mind for a long time.” Phyllis researched and wrote the book for eight years at the National Library of Medicine in Bethesda. The book, The Control of Childbirth—Women Versus Medicine Through the Ages, was published by McFarland in 2008. Phyllis said “it was fun to write with some stories from fellow classmates … and it certainly portrayed the changes in nursing from then to now.” The book tells the inspiring vision of the profession of nursing for anyone considering or recommending a nursing career. It also contrasts the student living and working situations over the past fifty years. This book was published by Cat’s Paw Studios/CPS Publications in 2007.

McFarland Publishers contacted Phyllis about writing a book for their series of Living With…. Phyllis was provided list of ailments and she chose Insomnia. Next she performed a quick literature search and found hundreds of books and articles by experts in the field, including psychiatrists and sleep

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The biggest change that Phyllis sees in nursing from then to now is the role of the nurse. Back in the 1950s and 1960s, Phyllis observed that new nurses could be in charge of an entire unit and they had to strictly follow doctors’ orders. She said she was taught to report symptomatic problems and did not “diagnose problems.” Nurses were extremely passionate during this era. With today’s technology Phyllis believes that nurses do not spend as much time “caring” for their patients and they need to be present more with the patient. Phyllis explains that she always told students how wonderful the field of nursing is as there are many paths to pursue. One of her daughters and her daughter-in-law are also nurses. The best advice Phyllis gives to students is to learn all of the skills well, but never lose compassion.

Another book that Phyllis wrote was Memoir of a Student Nurse or You Can Leave Anytime You Want. The book was written during the publication of her first book when she was preparing for the 50th anniversary of her diploma program from the Albert Einstein Medical Center, School of Nursing in Philadelphia. Phyllis said “it was fun to write with some stories from fellow classmates …and it certainly portrayed the changes in nursing from then to now. “ The book tells the inspiring vision of the profession of nursing for anyone considering or recommending a nursing career. It also contrasts the student living and working situations over the past fifty years. This book was published by Cat’s Paw Studios/CPS Publications in 2007.

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specialists. At that time Phyllis was ready to back out and had leaned on her husband Allan who said he would write the book with her. They decided to send out about 50 questionnaires gathering evidence about sleep, sleep habits, and insomnia. Together they wrote the book with Phyllis writing the overview of research, physical effects of insomnia and possible treatments for this common disorder. Phyllis and Allan Brodsky illustrated with real-life stories about their sleep experiences and remedies in this book. The guide is to help readers improve their sleep habits to live a better life. This book, Living with Insomnia: A Guide to Causes, Effects and Management with Personal Accounts was published in 2011. Phyllis and Allan Brodsky co-authored the book with Elaine A. Moore as an author and editor.

A former colleague, Dr. Nayna Philipsen, summarized, “Phyllis Brodsky has been a champion for the empowerment of women through knowledge, and a model of patient advocacy in nursing.” Phyllis is a remarkable person who has tirelessly worked to care for pregnant mothers and to educate students and the community through her keen sense of self, wit, and super intelligence. She has exhibited a “caring” attitude in all of her works and feels that this is the quality that is so important today in healthcare. Her example of being a nurse will stand out over time. The works that she has produced will be available for generations to come. Phyllis is planning to spend her retirement making quilts for her grandchildren and performing volunteer work as a Court Appointed Special Advocate for children in need of assistance. Even though Phyllis has officially retired from nursing, she will continue to be an inspiration for nurses today.

The author
Phyllis Brodsky, shown here in the 1950’s, delighted to be holding one of her newborn babies.
In 2001, after passing a $35 dues increase after 12 years without an increase, the ANA House of Delegates recognized that an ongoing plan to adjust membership dues for inflation was necessary. The plan calls for increasing dues every three years. Although this computation is made each year, the ANA policy states that the dues increase is only to be implemented every three years. As a result, the dues for MNA and ANA joint members will be increased by $8.00. The next increase will be effective on January 1, 2014. In 2004, the ANA House of Delegates passed an automatic dues escalator that increases the ANA Assessment Factor based on the Consumer Price Index for Urban Consumers (CPI-U). The increase is computed using the 12 months percentage change from June to June each year. It stipulates that the change for any year cannot go below 0% and there is a 2% cap on any increase. In addition, the change in the Assessment Factor is to be rounded to the nearest dollar. Although this computation is made each year, the policy states that the dues increase is only to be implemented every three years.

In 2010, the ANA House of Delegates removed the sunset clause from the escalator policy allowing these changes in the ANA Assessment Factor to continue. The next increase will be effective on January 1, 2014. The ANA Assessment Factor will increase by $8.00 as of this date. As a result, the dues for MNA and ANA joint members will be $256.00.

ATTENTION MEMBERS!

MNA solicits your input in nominating Registered Nurses for the following seven (7) awards.

The Outstanding Nursing Practice Award
Presented to a MNA member to recognize a nurse in direct patient care whose care is a source of pride to self, peers, patient/clients and colleagues. This award is given to the nurse you would most want to care for your loved ones.

The Outstanding Nurse Educator Award
Presented to a MNA member who has demonstrated excellence in nursing education, continuing education or staff development. This award is given to a nurse educator who has provided others with exceptional educational opportunities.

The Outstanding Leadership Award
Presented to a MNA member who has demonstrated exemplary leadership in the performance of activities on behalf of nursing and the MNA. This award is given to a leader who has furthered MNA’s mission and nursing’s agenda.

The Outstanding Advanced Practice Clinical Nurse Award
Presented to a MNA member who has demonstrated excellence in clinical practice. The recipient should be an innovator and combine clinical practice with a major leadership function such as research, education, professional services, community services, or scholarly activities.

The Outstanding Dissemination of Health Information Award
Presented in recognition of achievements in the dissemination of health information to the public. Coverage may include illness prevention or wellness promotion. This award could come from the print, radio, television or social media.

The Outstanding Pathfinder Award
Presented to a MNA member who has demonstrated excellence and creative leadership that fosters the development of the nursing profession. The recipient has pioneered in innovation in nursing or developed creative approaches to further nursing’s agenda.

The Outstanding Mentoring Award
Presented to a MNA member who shows individuals how to put into practice the professional concepts of nursing by example and through wise counsel and advice. This award is given to a mentor who best demonstrates outstanding efforts and interest in the professional development and advancement of less experienced nurses.

The awardees will be recognized at the 2013 Annual Convention on Friday, October 11.

Nominating Instructions:
1. MNA Districts or members of the Association recommend nominees.
2. A Nominating Form must be completed for each nominee.
3. Nominations must address the specific criteria noted for each award on the Nominating Form.
4. A photo of the nominee should be submitted with the Nominating Form.

Selection:
Each award is competitive and will be selected by the Awards Committee.

Presentations:
Awards will be presented at the Annual MNA Convention.

Nominating Forms are available by contacting the MNA office at 410-944-5800 or sprentice@marylandrn.org.

The MNA office must receive all Nominating materials no later than August 23, 2013 for consideration.

Spring Grove Hospital Center
We are Recruiting!
Assistant Director of Nursing, Licensed Practical Nurses and Registered Nurses
Located on a scenic 189 acre campus in Catonsville, the Spring Grove Hospital Center, a 24/7 State of Maryland facility within DHMH is looking for qualified RNs and LPNs!

- Day, Evening & Night Shifts
- Permanent & Contractual

Psychiatric Licensed Practical Nurses and Registered Nurses:

- 26 Paid Vacation Days
- 15 Days Sick Leave
- Shift Differential
- Free Parking
- State Pension
- Excellent Healthcare

An MS-100 form must be accessed and electronically submitted to the Department of Budget and Management’s website at www.dbm.maryland.gov for employment opportunities.

All submissions must include RN or LPN license. Visit www.dbm.maryland.gov
### 2013 MNA Convention

**Maryland Nurses Association**

**110th Annual Convention**

**October 10-11, 2013**

“Nursing: Expanding Horizons for Better Outcomes”

Anne Arundel Medical Center
Martin L. Doordan Health Sciences Institute Conference Center

**Day I - Thursday, October 10, 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:30 – 8:00 AM</td>
<td>Registration/Exhibitors/Continental Breakfast</td>
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<tr>
<td>8:00 – 9:00 AM</td>
<td>Opening Session</td>
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<tr>
<td></td>
<td>Welcome: Neysa Ernst, RN, MSN</td>
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<td>President, Maryland Nurses Association</td>
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<td></td>
<td>Keynote: Virginia Beeson, BSN, MSN, NEA-BC, Captain (Ret) USN</td>
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<td></td>
<td>“Facing Our Current Reality: The Need for Radical Leadership”</td>
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<tr>
<td>9:00 – 9:15 AM</td>
<td>Break/Exhibitors/Posters</td>
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<tr>
<td>9:15 – 10:15 AM</td>
<td>Concurrent Sessions 1</td>
</tr>
<tr>
<td>10:20 – 11:20 AM</td>
<td>Concurrent Sessions 2</td>
</tr>
<tr>
<td>11:25 – 12:25 PM</td>
<td>Poster Session</td>
</tr>
<tr>
<td>12:30 – 2:00 PM</td>
<td>Lunch with Concurrent Sessions 3 – Get your lunch and then go to your session.</td>
</tr>
</tbody>
</table>

### Session 1A

- Expanding Civilian Care for Military Children: Using the I CARE Strategy
  - Catherine G. Ling, PhD, FNP-BC
  - Heather L. Johnson, Lt. Col USAF (Ret), DNP, FNP-BC, FAANP
  - Uniformed Services University Graduate School of Nursing

### Session 1B

- HIV Routine Testing: An AETC Intervention Model to Increase Testing and Linkage to Care for Improved Outcomes in the HIV Infected Patient
  - Hazel Jones-Parker, DNP, MSN, FNP-BC, AACRN
  - Christopher Roberson, MS, CRNP, AACRN
  - University of Maryland School of Medicine, Institute of Human Virology PA/MidAtlantic AIDS Education and Training Center

### Session 1C

- Interprofessional Approach to the Care of the Critically Ill: An IRB Approved Study of an Interprofessional Academic Course for Undergraduate, Graduate, and Doctoral Students using Simulation Technology and Case Studies
  - Karen Clark, PhD, RN, MSN, BSN, Alumna CCRN
  - University of Maryland School of Nursing

### Session 1D

- Expanding Our Green Horizons: Strategies for Sustainability and Nursing Stewardship
  - Rebecca Shelley, PhD, RN, MS
  - Robyn Gilden, PhD, RN
  - University of Maryland School of Nursing

### Session 2A

- Power in Congress: Nurses and Policy
  - Antonia Fowler, BA, MSN
  - A. Fowler Associates
  - Karin Gunther Russ, MS, BSN, RN, Collaborative on Health and Environment

### Session 2B

- Preventing Infections in the Cath Lab and Beyond
  - Heather Green, RN, BSN
  - Elizabeth Fuss, RN, MS, CIC
  - Carroll Hospital Center

### Session 2C

- Social Media: Ushering in a New Way of Communication in Nursing and Education
  - Lisa Gotschall, PhD, RN
  - Stevenson University
  - Mary Beth Zaber, MS, RN
  - Maryland Oncology Hematology

### Session 3A

- Intensive Care in Community Settings: Care Management of Complex Patients by Nurse Care Coordinators in a Transitioning Patient Centered Medical Home
  - Crystal Devance-Wilson, MS, MBA, PHCNS-BC
  - University of Maryland School of Nursing
  - Barbara Hoffman-Eldridge, MBA, PA-C
  - Primary Care Coalition of Montgomery County, Maryland

### Session 3B

- Optimizing Health Care Outcomes for the Wounded Warrior in Your Care
  - Joan Oliver, MNEd, RN, CNE, CBIS
  - Anne Arundel Community College

### Session 3C

- Research is a Four Letter Word
  - Lynn Crouch, MSN, RNC-OB
  - University of Maryland Medical Center at Easton

### Session 3D

- Accelerated Nursing Programs: Innovative Partnerships for Nursing Education
  - Karen A. Wons, MS, RN, CNE
  - Community College of Baltimore County
  - Vicky P. Kent, PhD, RN, CNE
  - Towson University
## 2013 MNA Convention

### 2:05 – 3:05 PM Concurrent Sessions 4

<table>
<thead>
<tr>
<th>Session 4A</th>
<th>Session 4B</th>
<th>Session 4C</th>
<th>Session 4D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploring Possibilities in Nursing: Expanding Care through the Nurse Coach Role</td>
<td>Successful Defiance of “Never the Two Shall Meet.” Direct Care Staff Understanding and Using Data to Drive the Reduction of Unit-Acquired Pressure Ulcers</td>
<td>Balancing Nurse Workloads Through the Development and Implementation of a Unit Intensity of Care Score</td>
<td>Successfully Writing an Abstract for Conference Presentation</td>
</tr>
<tr>
<td>Elizabeth Scala, MSN, MBA, RN</td>
<td>Jeanete Troyer, MSN, RN, NE-BC</td>
<td>Marybeth Daniels, RN, BSN, PCCN</td>
<td>Denise Moore, MSN, APRN-BC</td>
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<tr>
<td>Living Sublime Wellness</td>
<td>Rosemary Klein, RN, MS, CPNP, FNP-BC</td>
<td>Renee Thomas, RN</td>
<td>Susan Prentice, BS</td>
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<td></td>
<td>Atlantic General Hospital</td>
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<td>Maryland Nurses Association</td>
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### 3:10 – 4:10 PM Concurrent Sessions 5

<table>
<thead>
<tr>
<th>Session 5A</th>
<th>Session 5B</th>
<th>Session 5C</th>
<th>Session 5D</th>
</tr>
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<tbody>
<tr>
<td>Appreciative Inquiry: A Transitional Care Intervention for Medication Management</td>
<td>Bridging the Gap in Patient Care Transitioning a Smoking Cessation Program from the Community to the Inpatient Setting</td>
<td>Survey of Nurses’ Perceptions and Readiness for Evidence-Based Practice</td>
<td>From Acute Care to Home: Teaching Nursing Students the Nurse’s Role in Facilitating Community Re-entry for Older Adult Patients</td>
</tr>
<tr>
<td>Elizabeth Scala, MSN, MBA, RN</td>
<td>Karen Politie-Lamma, RN, BS, BSN, CCE, CTTS, MCHES</td>
<td>Oluwaseun Ross, DNP, RN-CRNPN</td>
<td>Vivian Koroknay, RN, MS, CNE, CRRN</td>
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<tr>
<td>Living Sublime Wellness</td>
<td>MedStar Franklin Square Medical Center</td>
<td>MedStar Harbor Hospital</td>
<td>Barbara Dobish, MSN, RN</td>
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<tr>
<td></td>
<td></td>
<td>Stephen K. Risch, MSN, RN, CCRN, CCNS</td>
<td>University of Maryland School of Nursing, Shady Grove Campus</td>
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</tbody>
</table>

### 4:40 – 4:50 PM Poster Session

### 5:00 – 6:30 PM Annual Business Meeting - Open to MNA Members only (there is no fee to attend this meeting)

**Day II - Friday, October 11, 2013**

### 7:30 – 8:15 AM Registration/Exhibitors/Continental Breakfast

### 8:15 – 9:15 AM Opening Session

**Welcome:** Neysa Ernst, RN, MSN  
**President, Maryland Nurses Association**

**Keynote:** Rose Gonzalez, PhD, MPS, RN  
**Director, Government Affairs, American Nurses Association**

“ANA – Beyond Nursing to Improve Health Outcomes”

### 9:15 – 9:45 AM Break/Exhibitors

### 9:50 – 10:50 AM Concurrent Sessions 6

<table>
<thead>
<tr>
<th>Session 6A</th>
<th>Session 6B</th>
<th>Session 6C</th>
<th>Session 6D</th>
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<tbody>
<tr>
<td>Where Do We Go From Here: Improving Patient’s Outcome in Today’s Environment</td>
<td>A Multi-Patient Simulation Experience for Transition to Practice</td>
<td>Improving Quality Outcomes through Employee Recognition</td>
<td>Mapping the Future: Pathway to Decrease Readmissions from Post to Acute</td>
</tr>
<tr>
<td>Rosalind L. Wright, DNP, RN-BC, RAC-CT, CNHA, Fellow</td>
<td>Amy L. Daniels, MS, RN</td>
<td>Jane Flowers, MSN, RN, CNOR</td>
<td>Karen E. B. Evans, MSN, RN-BC</td>
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<td>Dr. Solanges Vivens, RN, MSN</td>
<td>University of Maryland School of Nursing</td>
<td>Shore Health System</td>
<td>Barbara Clauser, MBA</td>
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<tr>
<td>VMT Long-Term Care Management</td>
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<td>FutureCare Health &amp; Management Corporation</td>
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### 10:55 – 11:55 AM Concurrent Sessions 7

<table>
<thead>
<tr>
<th>Session 7A</th>
<th>Session 7B</th>
<th>Session 7C</th>
<th>Session 7D</th>
</tr>
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<tbody>
<tr>
<td>Expanding Horizons and Improving Outcomes for Nurses and Nursing Through Mentoring</td>
<td>Expanding Nursing Horizons by Improving Documentation to Demonstrate Quality of Care and Minimize Lawsuit Exposure</td>
<td>Lead Poisoning in the 21st Century</td>
<td>Teaching Aggression Management to Children: Implementing the “I CAN” Group (I Control Anger Now)</td>
</tr>
<tr>
<td>Gail Shorter, MSN, RN, BC, CEN</td>
<td>Joan Cerniglia-Lowensen, BSN, MS, JD</td>
<td>Jerome Paulson, MD, FAAP</td>
<td>Vickie Beck, CNS, BC</td>
</tr>
<tr>
<td>Melanie Donaway, MSN, RN, CEN, CPEN</td>
<td>Pessin Katz Law, PA</td>
<td>Mid-Atlantic Center for Children's Health and the Environment</td>
<td>University of Maryland Child Psychiatry Clinic</td>
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<td>Shore Health System</td>
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<td>Children's National Medical Center</td>
<td>Tara McDonald, LGSW</td>
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<td>University of Maryland Medical System</td>
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**Nursing: Expanding Horizons for Better Outcomes**

110th Convention of the Maryland Nurses Association
October 10 & 11, 2013—Anne Arundel Medical Center Martin L. Doodtan Health Sciences Institute

**REGISTRATION FORM**

Name (Please Print) ____________ Credentials ____________ MNA District ____________

Home Address ___________________ City ____________ State ____________ Zip ____________

Daytime Phone (_____) ______________________ Email ______________________

**EARLY REGISTRATION—Before September 20, 2013—Includes Meals**

<table>
<thead>
<tr>
<th>Description</th>
<th>Full 2 Day Convention</th>
<th>Thursday or Friday Only</th>
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<tbody>
<tr>
<td>MNA Member</td>
<td>$250</td>
<td>$155</td>
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<tr>
<td>Full-Time Student</td>
<td>$100</td>
<td>$60</td>
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<tr>
<td>Non-Member</td>
<td>$280</td>
<td>$195</td>
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**LATE REGISTRATION After September 20, 2013—Add $40—One day participants add $20**

Full-time Students: _____2 Day $125; _____1 Day $65

Lunch (October 10)  I will attend _____ I will not attend (Check One)

Awards Luncheon: (October 11)  I will attend _____ I will not attend (Check One)

(Include in conference Fee. Additional Tickets available for $25 each).

Additional Awards Luncheon Tickets _____ X $25 Awards Luncheon ticket total=$______

**Breakout Sessions:**

Place an “X” in one breakout session (see schedule) in each time slot, for each day you plan to attend.

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<th>Day</th>
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**Payment Information:**

Total Due $__________

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Cultural Competency in Health Care: What Can Nurses Do?

One of America’s greatest challenges, if we are to improve our overall health care outcomes relative to the rest of the world, is reducing the profound disparity in health status among different populations that experience disproportionately poorer health than the rest of society. These include racial and ethnic minority groups, socioeconomically disadvantaged groups, and rural populations. Data confirm that racial, ethnic, language barriers, and quality health care are related to primary health care disparities. Members of minority groups suffer disproportionately from conditions such as cardiovascular disease, diabetes, asthma, and cancer.

The 21st century has brought a heightened awareness of how beliefs, values, religion, language, perspective to health care. The 2000 census form has multiple sociological implications for specifying one’s own race. This change on the 2000 census form was revised, providing for a proactive lead in improving patient outcomes that can be the role models for other professionals, taking recognized as a key component of nursing. Nurses must express the attitude that it is the responsibility of all health care providers on their website. This bill provided for educational programs in cultural competency and health literacy to be offered to Maryland’s health professionals, with DHMH to provide recognition for continuing professional education.

A primary resource for Maryland nurses is the free, downloadable Primer on Cultural Competency and Health Literacy which was developed by nurses and other professionals in collaboration with the Maryland Department of Health and Mental Hygiene (DHMH), which became available online in 2013 at http://dhmt.maryland.gov/mchc/CHLP/SitePages/Home.aspx. The Primer modules include Health Disparities, Community Strategies, Bias and Stereotyping, and Effective Communication Skills. It is rich with resources, such as webinars and other self-guided learning resources and clinical and field application resources, for both nursing educators and for nurses who are lifelong learners.

The movement toward cultural competence in health care has gained national attention and is now recognized by health policy makers, managed care administrators, academicians, providers, and consumers as a strategy to eliminate racial (i.e., ethnic) disparities in health and health care.

Cultural competency is described as a set of congruent practice skills, behaviors, attitudes and policies that come embedded in a system, agency, or among consumer providers and professionals. Cultural competency facilitates the ability to carry out tasks effectively in an environment that has cross-cultural relevance, the mastery of skills that provide appropriate awareness and sensitivity to individuals who are in cross-cultural situations. Cultural competency is related to diversity and disparity. As Buchbinder and Shanks pointed out, diversity has been historically defined by broad categorical markers such as age, sexual orientation, religion, and ethnicity, which involves many factors, including economic status and marginalization. Therefore, not only specific numeric markers, but other ethnic groups in the United States be taken into account in anticipating care, but also factors that are relevant to a patient’s minority status (i.e., whether they are immigrants, uninsured, poor, or refugees) which contribute to economic, social, cultural, and psychological despair.

The causes of these disparities are multifactorial, and the greatest contributors are those related to social determinants external to the health care delivery system. For example, the lack of education, the lack of health care insurance, and prolonged racism are considered significant determinants (i.e., socioeconomic factors). These examples fall into the order of a доминантного effect. A patient’s lack of education qualifies the individual to seek only minimum wage employment that often provides little or no health insurance. This employment, in turn, leads to living arrangements in the most undesirable areas, which further exposes the individual to greater health and safety risks.

The absence of health care coverage deprives the uninsured individual access to preventative care and in past years forced over 100 million Americans to seek refuge in Emergency Departments (EDs) around the country. There is a poor one’s own race. This change on the census form has multiple sociological implications and reinforces the importance of a multicultural perspective to health care.

What is cultural competency?

Cultural competency is described as a set of congruent practice skills, behaviors, attitudes and policies that come embedded in a system, agency, or among consumer providers and professionals. Cultural competency facilitates the ability to carry out tasks effectively in an environment that has cross-cultural relevance, the mastery of skills that provide appropriate awareness and sensitivity to individuals who are in cross-cultural situations. Cultural competency is related to diversity and disparity. As Buchbinder and Shanks pointed out, diversity has been historically defined by broad categorical markers such as age, sexual orientation, religion, and ethnicity, which involves many factors, including economic status and marginalization. Therefore, not only specific numeric markers, but other ethnic groups in the United States be taken into account in anticipating care, but also factors that are relevant to a patient’s minority status (i.e., whether they are immigrants, uninsured, poor, or refugees) which contribute to economic, social, cultural, and psychological despair.

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What can nurses do?

A culturally competent health care system can only exist with culturally competent nurses. This is an essential component of patient-centered care, as well as of effective care. Institutions have formalized a structure that will promote at least a minimum level of awareness among nurses who work in health care institutions. The Joint Commission announced new cultural competency standards that went into effect for accredited institutions in 2012. The Joint Commission has also produced a number of items advancing culturally competent care and patient-centered communication and care, which are available online at http://www.jointcommission.org/ Advancing Effective Communication in Healthcare.

Nurses should be leaders, not followers, in promoting quality, efficient and effective care. Nurses must express the attitude that it is the responsibility of all health care providers to become informed and to meet the needs of these addressees. Nurses should make informing themselves about culturally competent patient care a high priority. This information has become increasingly accessible to professionals.

The Office of Minority Health of the U.S. Department of Health and Human Services (HHS) has made a wealth of resources available for nurses and other health care providers on their website. This includes an online course on culturally competent nursing care that is accredited by the American Nurses Credentialing Center.

References

2. Ibid.
4. Betancourt, R., and Health Literacy

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by: Carmen Vogt, RN, BSN

According to the Joint Commission (JC) communication was the root cause for 65% of all sentinel events reported between 1995 and 2005.1 On the basis of this statistic the JC included the National Patient Safety Goal (NPSG) “Improve the effectiveness of communication among caregivers” every year since 2006. Shift reports between registered nurses (RN’s) occur at least twice a day in the hospital setting. Therefore, communication problems associated with the handover may lead to information gaps and negatively affect the care and safety of patients.

Nursing shift reports do not only function as the exchange of information but also facilitate organization, teamwork, coordination, socialization, and release tension among RN’s.2 In 2008, the JC included expectations for patient handoff communication, including “interactive communications, up-to-date information transfer, relevant patient historical data, and minimization of interruptions.” Several studies concluded that bedside shift report decreased accuracy,1,3,6 increased patient satisfaction,6,7, and negatively affect the care and safety of patients.3 This handover may lead to information gaps and negatively affect the care and safety of patients. Therefore, communication problems associated with the handover were identified as one of the top ten causes for shift report. This research paper shows that increased time consumption and increased interruptions during bedside report are a misconception of the staff. Moreover, strategies to overcome the number one barrier to bedside report, sharing sensitive information in front of the patient and family, have been identified. Further research about to type of information considered too sensitive, implementation of strategies to address this issue, and reinforcement of the use of bedside report is likely to increase patient satisfaction and decrease overtime at this unit in the future.

References
5. Staggers, N., Jennings, B. M. 2009. The content and context of change of shift report on medical and surgical units. The Journal of Nursing Administration 39(9), 391-398. DOI:10.1097/NNA.0b013e3181b363a

The author may be contacted at: Carmen.vogt@gmail.com

Conclusion
Bedside report has been shown to increase patient satisfaction, patient safety, and decrease time required for shift report. This research paper shows that increased time consumption and increased interruptions during bedside report are a misconception of the staff. Moreover, strategies to overcome the number one barrier to bedside report, sharing sensitive information in front of the patient and family, have been identified. Further research about to type of information considered too sensitive, implementation of strategies to address this issue, and reinforcement of the use of bedside report is likely to increase patient satisfaction and decrease overtime at this unit in the future.

Study Design
Despite great advantages of bedside report, many RN’s are reluctant to change their current handover style. To determine and reduce barriers to bedside report I conducted a survey at a large metropolitan hospital located on the east coast. The medical-surgical unit was chosen because the nurses have been encouraged to perform bedside report for almost 2 years but the compliance rate remains low, end-of-shift overtime is a problem, and the patient satisfaction scores ranks at the 53rd percentile.

Qualitative survey data included demographics, degree, position, years since licensing, and years worked at the hospital. The most recent shift report received was rated in terms of relevance, objectivity, and uniqueness. Relevance was defined as “the information was correct and helped care for the patient,” objectivity was defined as “the information consisted of fact and not opinions or presumptions.” Uniqueness was defined as “the information could not be found in the patient’s chart.” Furthermore, the participant was asked about the location of and time required for the report as well as any other types of interruptions. Moreover, the survey inquired about electronic health record health (EHR) usage, satisfaction with report, and willingness to change current handover practices. The last part of the survey was a Likert scale capturing a perceived advantages and disadvantages of bedside report to other types of handover.

The survey design and content was examined and approved by Professor Barbara Dobish, MSN, RN. Participation was anonymous and voluntary, for every RN who worked on the unit during the time of data collection. Survey participation was open to all shifts. Permission for the study was obtained from the unit director. The bedside report was participated in a sealed cardboard box positioned in the nursing lounge over a time period of 14 days. Surveys were evaluated for quantitative and qualitative content.

Results
After 14 days, 11 surveys were completed on the medical-surgical floor. The majority of RNs are full time employed females with either an Associate or Bachelor degree. RN’s are licensed for an average of 8.8 years (range 1-29 years) and have worked at the hospital of an average of 6.2 years (range 1-29 years). Relevance of information received during the previous shift report scored 3.5 points on average (range 3-4). Objectivity scored 3.5 points (range 2-4), and uniqueness scored 2.3 points (range 1-4). Both, in the hallway and report on the bedside took on average 6 minutes and was interrupted 2.6 and 2.7 times, respectively. Most nurses listed the patient as the source of the interruption. Seventy percent were satisfied with the current handover style and 60% would like change report. The greatest advantage of bedside report identified was patient centeredness, followed by increased relevance of information shared and inclusion of the patient and family (60% each). Increased objectiveness was identified by 40%, 30% identified bedside report as an opportunity to teach junior staff, and only 20% perceived bedside report as time consuming. Thirty percent are saving time and saving sharing sensitive information in front of the patient and family as barriers for bedside report. Ninety percent perceived the interruption as more frequent during bedside report and 50% found this type of report more time consuming.

Implication to practice
The information transferred during the current end-of-shift handover was rated as relevant and objective and not very unique. Bedside report would allow the patient to listen to this valuable information and the patient might add unique insights from his or her perspective. A computer kardex could facilitate easy access to current data, which decreases the need to share information such as admitting diagnosis, past medical history (PMH), and IV fluid orders. Such kardex would save time and reduce errors.

Even though all study participants were under the impression that bedside report is interrupted more often than other types of report, and 63% rated bedside report as more time consuming, this study concludes that there is no significant difference in the number of interruptions and in the amount of time spent in report between bedside report and report in the hallway. Sharing sensitive information in front of the patient and family was identified as the number one barrier to bedside report. Possible ways to share sensitive information include asking the patient’s family to wait in the lounge during report, writing sensitive information on the handover sheet, and sharing this type of information in the hallway after completing the bedside report.

Limitations
Limitations of this research include low survey return rate, lack of clarity concerning survey items, and lack of information regarding the definition of sensitive information. There are a total of 29 nurses working at the unit but only 11 nurses completed the survey (38%). Time constraints may be the predominant barrier to complete the survey many hours after the end of shift report. Direct observation would be a more reliable tool. Furthermore, the reliability, objectivity, and uniqueness might be interpreted differently from one participant to the other. Interviews would provide an opportunity to clarify definitions and understandings of these terms. Interviews could also inquire about specific examples of sensitive information nurses do not feel comfortable sharing in front of patients.

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