MASSACHUSETTS REPORT ON NURSING

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Who is this nurse?

AMERICAN NURSES ASSOCIATION MASSACHUSETTS

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ANA Mass Awards

Community Service Award *is presented annually to a nurse whose service has a positive impact on the citizens of the Commonwealth of Massachusetts.*

Conventual Brother Michael Duffy, DNP, APRN, ANP-BC has improved healthcare access to homeless populations for many years. Because of Brother Michael's work, an otherwise underserved population has access to primary health care, avoiding unnecessary visits to hospital emergency rooms. His doctoral capstone project was the caRe vaN, a refurbished camper, which continues to operate a nurse-run primary care health clinic for the homeless of Chicopee, MA. The caRe vaN is staffed with pre-licensure students, RN-to-BS students, DNP students and clinical faculty of Elms College, where Brother Michael was recently promoted to Associate Dean of the School of Nursing. In addition, Brother Michael sponsors an annual Free Healthcare Fair in Chicopee, MA, an event that offers free snacks, gently used clothing and bedding, haircuts, foot care, Naloxone education and kits, CPR training, comfort bags from Friends of the Homeless, and the St. Stan's Sandwich Ministry. This year, 80 people attended this fair.

Michael Duffy continued on page 12

Rachel Tierney, Brother Duffy

Mary A. Manning Nurse Mentoring Award *is presented annually to a nurse with a record of consistent outreach to nurses in practice or in the pursuit of advanced education.*

Jane Murphy and Herminia Shermont

Herminia Shermont, MS, RN, NE-BC is the Nurse Director of Surgical Programs at Boston Children's Hospital. She strongly articulates and encourages enthusiasm for a shared mentoring vision using evidence-based mentoring practices. She creates innovative mentoring programs, embeds mentoring into nurse's daily practice and links mentoring to organizational goals. Herminia takes a personal interest in each nurse she works with. Even with the vast scope of her role, she is highly visible and connects easily with staff. She is aware of each person's career goals and helps staff work towards them. Through mentoring she has increased the number of diverse nurses in Surgical Programs by guiding them in developing career trajectory goals into leadership roles thus developing an effective mechanism for succession planning. Moreover, her impact extends beyond the program and outside the walls of Boston Children's Hospital.

Herminia Shermont continued on page 12

Excellence in Nursing Practice Award *is presented annually to a nurse who demonstrates excellence in clinical practice.*

Andrea Bertheaud, MSN, RN-BC is an extraordinary nurse, a respected leader among her colleagues, and a kind and generous human being devoted to patient care. She has an enthusiasm and determination toward learning and teaching. Andrea shows her passionate and holistic approach to care. She is thoughtful and respectfully applies her knowledge and skills to help patients with mental health challenges. Highly regarded by her colleagues, Andrea is generous and attentive in her collaboration with others. She has made a profound impact on others.

Andrea is an outstanding, inspiring and humble leader. She is admired for her innovative and excellence in patient care. Her compassion is evident through her dedication to caring for those with mental health conditions. She will always have the respect and gratitude of those for whom and with whom she serves.

Marcia Duclos and Andrea Bertheaud

president's message

Julie Cronin, DNP, RN, OCN

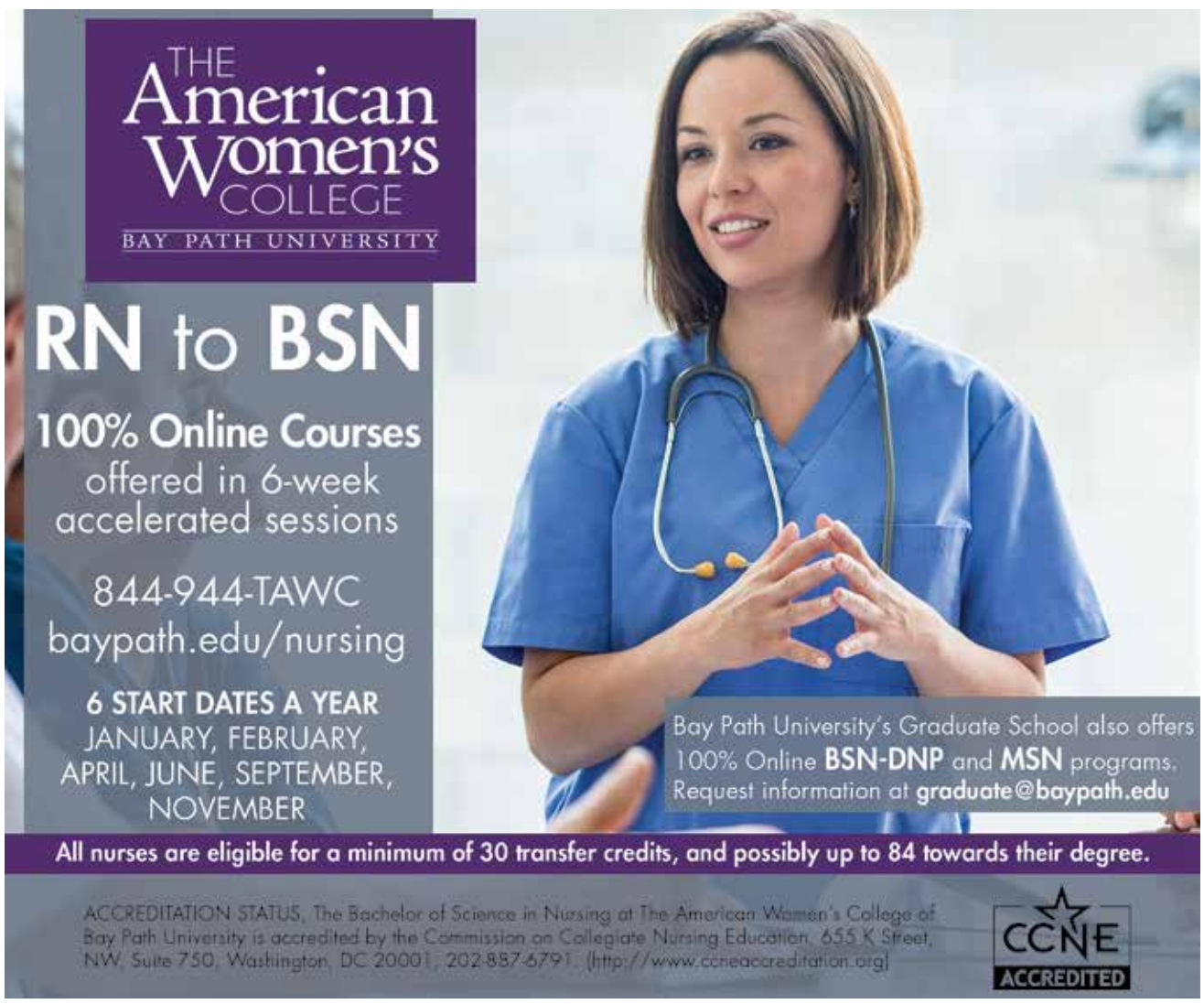
I am truly honored to begin serving as the American Nurses Association Massachusetts President. This past year has been busy and challenging, and yet one that I believe has brought us a unique opportunity to our organization. ANA Massachusetts is recognized nationally as a leader and voice for professional nursing. Throughout the next year, we will continue to build on our outstanding reputation and affect positive changes for patients and nurses in the Commonwealth.

Just over a month ago, ANA Massachusetts held an exceptional day and evening celebrating nursing excellence at the breathtaking Royal Sonesta Hotel in Cambridge. The annual Spring conference offered attendees a variety of clinical topics that are relevant to practice. This was followed by the annual business meeting, where outgoing board members were recognized for their significant contributions over the previous year. The evening commenced with a celebration of nursing at the annual awards dinner, where we recognized leaders in nursing and living legends.

Looking at the year ahead, there is a lot of important work to be done. I would like to begin the year by asking each of us to re-commit to our values: to be open, fair, transparent, and respectful of one another. Only with these values at the forefront can we continue to build cohesion and drive our organization forward. This year, we will create a strategic plan for the next three years that aligns with that of ANA and will drive the mission and vision of ANA Massachusetts forward. You may soon notice our new logo that reflects the other American Nurses Association C/SNA's. We will also begin to pursue a 501c3 organization that can stimulate funding and scholarship opportunities.

We have a busy legislative year ahead and will work with our lobbyists to support legislation that is important to nursing and healthcare. One exciting advancement is the appointment of past ANA President Barbara Blakeney, MS, RN, FNAP, to the Health Policy Commission. Barbara brings decades of experience in nursing and healthcare to this role, and we are thrilled to have her representing nursing on the Commission. We will continue to support legislation that calls for a registered nurse to hold a permanent appointment on the Commission. Nursing offers a unique perspective in healthcare and we need to have a seat at this table. Additionally, ANA MA has filed HB1941 (HD2861) - *An Act Establishing a Commission on Quality Patient Outcomes and Professional Nursing Practice*, which calls for a 17-member Commission on nurse staffing to make recommendations regarding best nurse staffing practices with the goal of improving patient care environment, quality outcomes, and nurse satisfaction.

Some of the best advice I have ever heard given was to a new nurse that wanted to excel and advance her career. The advice was simply to "show up." There are many ways in which we can all "show up" and become involved with ANA Massachusetts. From participation in one of our many committees, including Health Policy, Conference Planning, Member Engagement, Bylaws and Awards Committee to advocating for legislation to simply attending events and networking with your nursing colleagues. This coming year, we will all have plenty of opportunities to show up and I am excited to see what the future has in store for us as an organization. I sincerely thank you for your commitment to the American Nurses Association Massachusetts and to our outstanding profession. Your unique ideas and contributions are what makes our organization so dynamic and special. Please reach out at any time and I look forward to serving you as President in the year ahead.



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editor's message

Humor, humanization and the fleeting nature of life

Jean C. Solodiuk

In the last newsletter, I challenged readers to write 13-word micro-narratives (poems really) about nursing for submission into the *Massachusetts Report on Nursing*. I am delighted with your responses. Nurses from across the Commonwealth wrote. School, pediatric and intensive care unit nurses wrote. Rural and inner city nurses wrote.

As I savored each micro-narrative, I thought of the many commonalities that nurses share. Nurses witness more births and deaths than most. We see the power of love and the devastation that occurs when love is absent. Nurses witness more human strength and vulnerability than most. We also truthfully, touch more naked bodies than most. We smell more … I think you understand where I am going with this.

In addition to our common experiences, I believe that nurses share a certain approach or central focus when caring for others. As I read your micro-narratives, I recalled a paper describing the central focus of nursing and reread it. Three nurses with varied backgrounds and clinical experiences described the central focus for the nursing profession as "facilitating humanization, meaning, choice, quality of life, and healing in living and dying" (Willis, Grace, Roy, 2008). Interestingly, your submitted micro-narratives seemed to support this focus.

There were three major categories of stories: Humor, humanization and the fleeting nature of life. The overwhelming majority were about humanization. Humanization in nursing has been defined as "open-minded caring, intentional, thoughtful, unconditional acceptance and awareness of human beings as they are" (Willis, Grace, Roy, 2008). Nurses wrote about "open-minded caring" when: addressing a young child as the child saw herself - a princess; playing laser tag and; hugging a thirsty patient. Some described "intentional and thoughtful" practice when: Carefully choosing words; administering interventions for children undergoing needle procedures and; showing empathy and caring. Others wrote about an "awareness of human beings as they are:" The loving couple with six numbers tattooed on their arms; an injured athlete striving for the Olympics; and a small child receiving chemotherapy are examples of this.

Some of the micro-narratives were humorous. Nurses wrote about excrement; a punch from an "unrestrained hand" and; hearing call bells as "change of shift sonata in a minor key." The descriptions were so familiar and vivid I could feel the punch and hear the sonata. Humor is essential for sharing joy, even during times of pain and sorrow. Thankfully, I know a lot of humorous nurses. I hope you do too. Humor can be a way to facilitate humanization and care for yourself and your colleagues. After a difficult day, one of my nurse friends tells me funny stories until I lose control with some belly laughs.

Quite of few of the micro-narratives were about the fleeting nature of life. Caring for the dying, grieving families and the dead are definitely a part of nursing. Nurses wrote about celebrating a daughter's birthday after caring for a patient and family after death; having perspective about working the holidays when faced with a near death experience, and several more. I believe that having a daily awareness of our mortality is one of the many benefits of being a nurse. Almost every work day, I am reminded that this day could be my last. Far from being morbid, I try to let this awareness propel me to live fully by working hard then going home to enjoy my dear family and friends.

Please take a few minutes to enjoy these micro-narratives from your colleagues. I included many more that I originally planned to include. Unfortunately, I could not choose them all. I plan to publish micro-narratives again next year, so please keep writing. To each of the poets who submitted stories, I sincerely thank you for writing and sharing your wisdom.

I also want to mention that this edition includes two new columns that I think you will enjoy: *caring corner* and *introductions*. A. Lynne Wagner conceived of the *caring corner* column to share articles and art related to caring practices. Gail Gall is coordinating the effort on *introductions*, a column conceived by Cammie Townsend to help readers get to know some of our new members. I hope you will enjoy these columns. Please consider writing something for the *caring corner*. Please answer Gail when she reaches out to you for an interview! Enjoy!

Willis, D. G., Grace, P. J., Roy, C. A central unifying focus for the discipline: facilitating humanization, meaning, choice, quality of life, and healing in living and dying. Advances in Nursing Science, 2008, 31 E28-40.

Jean Solodiuk is a pediatric nurse practitioner at Boston Children's Hospital.

Micro-narratives

"I'm a princess": Imagine a tiny little princess speaking to me at work!
-Judith Mahoney

Sad to work Christmas. Sadder parents rush to bedside. Christmas miracle. Elation! Perspective.
-Rachel Mortell

Walked parents out, their daughter in morgue. Home to celebrate my daughter's birthday.
-Claire McCollom

A soldier, he longed for love but never made it to Jared®.
-Lia Bertolaccini

Request for hug masked an ulterior motive for a popsicle while strictly NPO.
-Erin Sweet

Nurse marries doctor: Transplant patient plays match maker while waiting for a match.
-Jessica Hoytema van Konijnenburg

Tiny little hands wrap around my finger as I connect tube to chemotherapy.
-Claire McCollom

Ten years: Running fast, Heart beats, Focused, STUMBLE. Olympic trials over for good.
-Christine Shusterman

"Had I known, I would've chosen different words." Shouldn't we always speak kindly?
-Brenna Quinn

I want to draw blood before transfer." Inside I screamed "no." Needlestick. Code.
-Judith Mahoney

Isabel dies before Mother's Day. "Am I still a mom?" her mother asks.
-Christine Shusterman

Acknowledge, guide, show compassion as a life is divided into before and after.
-Claire McCollom

Nursing responsibilities: Laser tag with child post BMT hospitalized more than 10 months.
-Mary Tang

Headache, Stomachache, Papercut.
3rd grade girl comes everyday.
Maybe home really isn't okay
-Christine McCabe

Code Brown, also known as a test of who your real coworkers are.
-Anne Ho

Seeing God's face in everyone, and treating them with compassion, dignity and respect.
-Joel Clemente

GoLytey: Go often, urgently, and never stop. The world's great oxymoron for nurses.
-Christine Shusterman, Gail Deterling, Teresa O'Neill

It was swift: A fist to my cheek with the one unrestrained hand.
-Geri Spina

He's dying. You were there. Wanted you to meet Dad, not like this.
-Christine McCabe

Thirteen hospital call bells in C# Minor: A poignant change-of-shift sonata.
-Oshetisi Okagbare

Treat infants, children with sucrose, topical analgesics, distraction, comfort holds, before needle procedures.
-Joyce LoChiatto

They came for cure. Found only love. They experienced healing, dying in peace
-A. Lynne Wagner

He's comatose. She's constantly present. Six tattooed numbers on their forearms tell all.
-Susan Boudreau

Pain expressed/understood by another can be endured. Changes nothing but everything changed.
-Sue Korber

clio's corner

Vita Paladino: Guardian of nursing's memory to retire

Photo by Cydney Scott,
Boston University Photography

Mary Ellen Doona

In 1976 while perusing the positions available at Boston University, Vita Paladino stopped at the one that said, "Must be willing to work with authors and famous people." Later she would recall the moment saying, "I thought that the position was absolutely for me. It had my name written all over it." Apparently so did Howard Gotlieb (1926-2005), the Director of BU's Special Collections, for he chose Paladino over all others who had applied. Her studies in sociology and social work would prove to be among her many assets, for capturing the history of the twentieth century required being focused on individuals and their social milieu. To be sure Paladino was a neophyte about contemporary archives as she began but under Gotlieb's guidance she quickly mastered its requirements.

She learned his method of scrutinizing the ongoing scene, spotting people at the beginning of their careers and anticipating their future excellence. A few instances suggest the rest: Martin Luther King, Jr., with the Civil Rights march at Selma still before him; David Halbertson just back from Vietnam and not yet the author of seventeen books; and Dan Rather on Nixon's enemies list but concentrating on the Watergate muddle are three of the more than 2000 individuals who yielded to Gotlieb's persuasion and gave their papers to BU's Special Collections.

Paladino was still another success of the Gotlieb method. His clever ad "spoke" to her and roused her curiosity. Her intelligence and self-confidence were obvious but for Gotlieb more telling during the interview was her ease in the new situation. Her comfort in the moment seemed predictive of an ability to meet new people and respond to their unique needs that the position required. Paladino had just returned from seven weeks in Europe where she had met with writers that included Ezra Pound's mistress. She did not actually dress as if she were going to a ball for the interview as her former professor of poetry advised. Better than that, she was clothed in the conviction that she was perfect for this position. September 13, 1976 was her first day of thousands of others that stretched over the next four decades.

In hiring Paladino, Gotlieb had taken another step in his own journey in creating a contemporary archive. Wooed by BU in 1963 Gotlieb resigned from his position as University Archivist at Yale and seized the opportunity to create Special Collections in the newly built Mugar Memorial Library. The next phase of convincing significant individuals to donate their papers, processing these documents and serving researchers was into its thirteenth year when Paladino arrived. She and Gotleib quickly combined their individual determination and imaginations. Special Collections flourished as they worked side-by-side each relying on the other and each respecting the strengths of the other. Driving their efforts was the belief that people in the future would want to know what had happened in the past.

Much of their work was beyond the scholarly hush of the library, the animated chatter with colleagues at conferences and the weighty discussions at Board meetings. Directing a Special Collection required a public face that promoted collections that were already preserved, looked for potential donors of documents and memorabilia and invited financial support. Each year the Friends of the Library lecture series filled BU's George Sherman Union Ballroom. Still other events in New York, Palm Beach and London aimed at helping those who were stars in their own field become more comfortable in their new lives as celebrated collectees.

In 2003 Paladino was Managing Director when the University renamed Special Collections the Howard Gotlieb Archival Research Center to honor its Founding Curator. Exhibits surrounding the gala celebration testified to the Center's achievement in creating a contemporary archive and preserving records of the past. Documents selected from the History of Nursing Archives were displayed among those of artists, authors, diplomats, journalists, statesmen, actors, and musicians. The letters of Florence Nightingale, a Crimean War era lamp and Charles Dickens, the creator of nurses Sairey Gamp and Betsy Prig, provided insights into nursing during the Victorian era. Similarly nurses' photographs, letters and diaries of their military service during the World Wars were exhibited alongside documents of military strategists, journalists and novelists making nursing's context more accessible to viewers. "Nursing's Urgent Now" in *Capturing History* was one among many tributes in the monograph highlighting scholars' necessary relationship with the forty-year-old Center.

The History of Nursing Archives is a story in itself. Mary Ann Garrigan (1914-2000), the professor of nursing at BU, had not waited until Gotlieb would spot her excellence nor had she sought his invitation. Instead she approached him and proposed that he should collect nursing. She countered his concerns about collecting nursing when no other library was doing so. Nursing had a wealth of primary sources, she said, and more important, nursing's past was becoming increasingly significant. More and more nurses were researching documents seeking facts for the profession's narrative then cluttered with myths. Sensitive to the social ferment of the 1960s, Garrigan also pointed out that feminists in search of a useable past would latch on to nursing, a field that women dominated almost as much as they did motherhood. Gotleib conceded and on the eighteenth of February 1966 the History of Nursing Archives became part of Special Collections with Garrigan as its Curator.

A decade later, Garrigan led nurses in joining the celebrations of the Nation's Bicentennial that began on April 18, 1975 when President Gerald Ford hung a third lantern in the Old North Church and the next day visited Concord and Lexington where America's War of Independence began. On May 6, 1975 the American Nurses Association's President Gabriel Rosamund reminded nurses gathered at Faneuil Hall that their predecessors had cared for the sick and wounded at the Continental Hospital in 1777 during America's War of Independence. And on July 11, 1976 Queen Elizabeth stood on the balcony of the Old South Church where the subjects of her predecessor, King George III, had read the Declaration of Independence two hundred years before.

Photo by Doona.
Susan Fisher (L), Beth Thomson (R), MGH Nursing History Committee members with Dr John Truman, docent at the Russell Museum standing in front of the Spirit of Devotion exhibit featuring Catherine Carleton's trunk and bedroll that she used during her World War I service with Base Hospital No. 6 in Talence France.

Garrigan chaired ANA's Bicentennial Celebration Committee, established its Hall of Fame, selected its first inductees and created Legacy Hall. She selected documents from the History of Nursing Archives for exhibits that would grace the 1975 convention in Boston and the next year the convention in Atlantic City NJ. By its tenth year, 1976, the History of Nursing Archives had more than demonstrated its value and worth.

That September as Paladino began what would become a forty-three-year stint at the Center, she came under Garrigan's tutelage in all things related to nursing. Of different eras both women were native New Yorkers who had chosen Boston for their lives and Boston University for their careers. The collegiality between the novice and the expert was much more than locale and careers. "We related in a heartbeat," says Paladino, "We *knew* each other." Garrigan was "very much a mentor… she was very encouraging," remembers Paladino adding, "She even put forth money for the new technology of the day: a memory typewriter!"

Paladino absorbed Garrigan's lessons and fostered the growth of the History of Nursing Archives. Paladino's direction and enthusiasm, says Archivist Diane Gallagher, has ensured the esteem in which the History of Nursing Archive is held nationally and internationally. Paladino has made sure that Garrigan's memory continues as an enlivening presence. Her portrait graces the Center's Mary Ann Garrigan Vault that is both a repository of the History of Nursing Archives and a vivid reminder of its Founding Curator. Except for Garrigan's vision many of nursing's documents, books and artifacts may otherwise have perished.

Under Paladino's leadership, the nursing collections continued to grow beyond what even Garrigan might have imagined. The 50 Florence Nightingale letters of 1972 now number 305. More dazzling is the *Florence Nightingale Digitization Project* that Paladino created first with Natasha McEnroe, the Director of the Florence Nightingale Museum in London, and then with the Royal College of Nursing and the Wellcome Institute in London. More than 2300 Florence Nightingale letters are accessible with the click of a mouse through the single source at BU: (http://archives.bu.edu/web/florence-nightingale).

Paladino was the logical successor following Gotleib's death in 2005. From her vantage point as an archivist, Lt Cmdr Ann Donovan (1916-2016) USNNC (Retired) witnessed everyday how the Center was flourishing. She unequivocally endorsed Paladino as its next leader:

> I cannot think of any other than Vita Paladino who is as qualified to take over the leadership of the Center. She has worked very hard and has educated herself so that she is fully cognizant of the responsibilities and the workings of the Center. Over the years she has prepared herself for these administrative duties.

Apparently the position of Director of the Howard Gotleib Archival Research Center had Paladino's name written all over it as had her first position of 1976. Paladino was even more willing to "work with authors and famous people" having done so for thirty years. Wisely, BU chose Paladino as Director of the Howard Gotleib Archival Research Center saying in 2006:

> Vita has effectively nurtured the Center and expanded its considerable holdings using her persistence, persuasiveness, and passion. Not only has she embraced the founder's vision; she has further advanced the Center and its relevance to the University and to the community.

During Paladino's tenure as Director, the History of Nursing Archives marked its fiftieth anniversary. The Nursing Archives Associates and Mary Ann Garrigan's family joined nurses on May 22, 2016 for a gala celebration at BU's George Sherman Union.

The Paladino Era that began in 2006 will come to a close June 30, 2019 with the Center's holdings valued at over $198,000,000. Her value is without measure. For four decades from 1976 to 2019 she was a vital force in preserving nursing's memory. Vita Paladino will remain an imperishable part of nursing's history.

introductions

Gail B. Gall

Gail Gall

In June, we celebrate graduations and weddings, honor our fathers, and, believe it or not, World Juggling Day. I consider this a chance to celebrate nurses who juggle, multitask, and constantly manage competing demands. The *Massachusetts Report on Nursing* is initiating a column to introduce new ANAMASS members to our readership. These are stories about our colleagues, both those who've set a high bar for nursing in the past, as well as contemporaries, who propel us to juggle with joy and expertise. I am looking forward to interviewing new members who represent varied interests, diverse backgrounds and locations. When I reached out to new members both east and west of Route 495, two nurses quickly responded.

Christina Sansome

When I reached out to Christina Sansone DNP, ACNP, CNRN, RNFA, she responded promptly and enthusiastically to the invitation to be interviewed. Dr. Sansone is well-experienced in perioperative nursing, and a veteran acute care nurse practitioner who recently completed her DNP with a concentration in Executive Leadership. We chatted about her reasons for joining ANAMASS at this time in her career, her expectations about how ANAMASS might influence her career path, and potential contributions she might make as a member.

Currently, Dr. Sansone is putting her clinical and leadership skills to use by opening an innovative clinic for Dana Farber Cancer Institute (DFCI) patients, an endeavor she views as a captivating. Dr. Sansone and colleagues intend to mitigate emergency room visits for this highly vulnerable population by providing access to acute care services with oncologic expertise. All DFCI patients undergoing cancer treatment are eligible for this new service.

Dr. Sansone senses that nurses often maintain membership in multiple professional nursing organizations, a practice occasionally overwhelming but essential for clinical, academic, and leadership development. She has been an active member of the MA Coalition of Nurse Practitioners (MCNP) as an advocate for the "liberation of the nurse practitioner role and removal of prescriptive restrictions requiring physician oversight." Nurse practitioners, she observes, exist in a "grey zone" and often lack identity with the larger nursing profession. In comparison to traditional approaches for career advancement, nurse practitioners straddle both nursing and medical expertise, skills, and roles without clear pathways for progression.

A dynamic and constructive doctoral mentorship with Dr. Sheryl Cosme, Director of ANCC's Practice Transition Accreditation Program, opened Dr. Consone's eyes to ANA-MA benefits. She is convinced that the broad membership base and advocacy strength are inclusive resources for nurses. When asked how she might participate in ANA-MA, Dr. Consone replied that she would love to continue to advocate for independent NP practice and be a resource for nurse practitioners "looking to find where they fit." She would also like to see the addition of a state-wide doctoral forum that attracts nurses with terminal degrees to foster collaboration and lead healthcare improvement in the Commonwealth.

Allison Killcoyne

The next nurse I would like to profile is Allison Killcoyne, MS, FNP, RN, the Director of School Based Health for the North Shore Community Health Center, recipient of the Massachusetts Coalition of Nurse Practitioner's (MCNP) State Award for Excellence. Killcoyne has spent most of her career in school-based health centers as both a clinician and advocate for expanding access to developmentally appropriate, empirically sound, and culturally sensitive health care. "I try to keep the focus on what is best for the student and my values of high-quality health care where youth are, what they need and when they need it. Healthy youth make better learners." Currently she provides direct care to students at Peabody Veterans High School while coordinating services, including behavioral health, at Salem High and several elementary schools. Aside from clinical skills, she prepares grant applications, adheres to licensing and regulatory procedures, and practices interprofessional collaboration. Recently, Killcoyne implemented a preventive program that trained all staff on emergency response to potential overdosing and prevented a fatality.

Killcoyne identified several key mentors in her career. Donna Coe, MS, FNP, retired director of school based care at Lynn Community Health Center ..."instilled in me a sense of mission over everything else. That we are in school-based health develop youth into thriving adults who give back to their communities. Whenever I sought her council, she encouraged me to come to my own conclusions."

Additionally, Killcyone cited the support of NSCHC leadership. CEO, Maggie Brennan, MPH, and COO Christine Malagrida, MS, FNP who "encourage professional development and create opportunities for leadership development such as the Core Leadership program I am completing this May with the Institute for Non Profit Practice (INP). I would not have had such professional growth if I didn't have a supportive employer like North Shore Community Health."

Juggling is an art and a skill; nursing is an art, a science, and many skills. Mentors are crucial linchpins in developing strong clinicians and effective advocates. Like many nurses, Killcoyne unites her passion for adolescent health care with active leadership in the MA School Health Alliance and the national Alliance for School health where she also completed a leadership fellowship.

Resources:

- MA School Based Health Alliance: https://www.masbha.org/
- School Based Health Alliance : https://www.sbh4all.org/about/
- North Shore Community Health Center: https://www.nschi.org/
- Juggling: (https://www.juggle.org/programs/wjd/)

who is the masthead nurse?

Stella Goostray

In 1948 Stella Goostray (1886-1969) was appointed to the National League for Nursing's new Committee on Historical Source Materials in Nursing. Over the next sixteen years she preached the gospel of preservation of primary sources at conferences, in the classroom and in journal articles. Once Boston University established the History of Nursing Archives in 1966, she donated her papers, publications, correspondence, memorabilia and honors. They span fifty years from her student days at Children's Hospital (1919), directing its School and Nursing Services (1927-1946), participating at the White House Conference on Child Health and Protection (1930), being President of the NLN (1940-1944), leading the National Nursing Council for War Services during World War II (1942-1946) and providing a nursing perspective on Schlesinger Library's Notable American Women project (1964-1969). The Stella Goostray Collection shines a light on nurses and events that became the past of today's nurses.

She was there...

Meghan Manning

Talia

She was there. Man, oh man, was she there. Whether it was through a thoughtful text after a rough shift or a hug at the beginning of the day because she "missed you so much," she was there. She was the type of friend to bluntly tell you how it was, but cry with you over the small details. She came to work each day with a bright smile on her face; always cheering everyone on around her, boosting the morale left and right. She was someone you were lucky to have in your corner. Her patient advocacy was consistent and her laugh was contagious. Her support was tenacious and her compassion palpable. Being a nurse meant everything to her, it was her true calling, and it showed with each shift she tirelessly worked. Learning from her, having her friendship, and working beside her was a true gift that I will value for my entire life. Her name was Talia, and she was the epitome of nursing.

In November of 2016, we lost her. Our friend was suddenly and tragically gone. There's a sudden void that comes with death; an emptiness that feels never-ending and irreparable. But in true Talia fashion, the void was quickly filled with hysterical memories that brought both laughter and tears. She had this light about her, even though she was no longer "here" with us. Her light shown so bright amongst the loved ones she left behind, and with that her legacy bounded strong.

When asked to be a part of her funeral services, I was so unbelievably humbled, but also at a complete loss, thinking of how I could appropriately honor my dear friend. She was someone we looked up to and confided in every single day. What could I possibly say or do that would embody who she was as a person and as a nurse?

I have heard about tributes and honoring the fallen in so many professions across the board. However, I had never heard anything regarding a fallen nurse, the angel with a stethoscope. How do we honor men and women who devote their lives to caring for others? There had to be something. Upon conversation with many of my colleagues I heard the term "Nightingale Tribute." I immediately hopped onto google and vigorously typed "how to honor a fallen nurse," "Nightingale Tribute," "tribute to nurses." To my surprise there was in fact a tribute that had been created back in 2003 for just that, a true honorary eulogy for nurses.

Created over fifteen years ago by the Kansas State Nurses Association, the Nightingale Tribute is to be used to honor and remember nurses that have passed. The tribute begins with a reading and is then followed by a simple, thoughtfully crafted poem. It is encouraged that modifications be made to both the reading and poem to best embody the nurse herself who is being remembered. With tears in my eyes, I read through the reading and poem multiple times. It was almost perfect. After a few "corrections" and modifications, I knew it would be impeccably "Talia-fied."

I quickly consulted my colleagues and asked for their favorite memories of her. We compiled a few pages of memorable moments that exemplified who she was. We decided to add them to the initial reading, and follow it with the poem that we had also made some "adjustments" to. Most of those adjustments involved some of her most favorite things: cheese pizza and awkward hugs. The entire tribute was perfectly modified to "T."

The tribute ends with a white rose. The white roses were dropped into a basket at the foot of her casket by nurses who worked beside her, adorned in the brightest scrubs they could find as another way to pay homage to her luminous soul. It is said that a white rose exemplifies honor to a loved one or friend and recognizes a new beginning or a farewell. It was perfect for the culmination of the tribute.

That November, and the months and years that followed, have been so incredibly difficult. Being able to perform a tribute for Talia beside my colleagues is something that I am so thankful for, and will remember for my entire life. Knowing there is a way to honor fallen nurses has lifted our spirits and being able to remember our friend with the tribute brought brightness to the day that I will forever be grateful for.

Meghan Manning is a staff nurse caring for infants and toddlers at Boston Children's Hospital.

Nurses participate in the Nightingale Tribute for Talia.
Back Row L-R: Rachel O'Connor, Erin Reardon, Tram Tran, Sarah Delano, Alex Cercone, Rebecca Neth, Cat Hetu, Ashley Karsenty, Shauna Memmolo, Leah Derdarian-Kent, Renee Arruda
Front Row L-R: Elena Yegian, Heather Poreda, Meghan Manning, Bridget McDonald, Sarah Mott, Caroline Gildea, Megan Slattery, Kristina Kirk, Sara Hennessy, Crystal Caissie

The Nightingale Tribute

Nursing is a calling, a lifestyle, a way of living. Nurses here today honor our colleague _____ who is no longer with us and their life as a nurse. _____ is not remembered by his/her _____ years as a nurse, but by the difference he/she made during those years by stepping into people's lives, by special moments.

(S)he Was There
When a calming, quiet presence was all that was needed, (s)he was there.
In the excitement and miracle of birth or in the mystery and loss of life, (s)he was there.
When a silent glance could uplift a patient, family member or friend, (s)he was there.
At those times when the unexplainable needed to be explained, (s)he was there.
When the situation demanded a swift foot and sharp mind, (s)he was there.
When a gentle touch, a firm push or an encouraging word was needed, (s)he was there.
In choosing the best one from a family's "Thank You" box of chocolates, (s)he was there.
To witness humanity, its beauty, in good times and bad, without judgment, (s)he was there.
To embrace the woes of the world willingly and offer hope, (s)he was there.
And now, that it is time to be at the Greater One's side, (s)he is there.

©2004 Duane Jaeger, RN, MSN Note: Individuals using this poem as part of a memorial service are encouraged and permitted to change the pronoun to make it gender appropriate.

Year of the nurse and midwife 2020

The World Health Organization (WHO) is a global institution that serves the countries of the United Nations including 194 countries throughout the world. The mission of the WHO is to assist each country in achieving the most optimum health possible for the people of the specific country. The WHO has designated the year 2020 as the "year of the nurse and midwife."

- 2020 was chosen to honor the 200th anniversary of Florence Nightingale's birth.
- The WHO is in the process of writing the first State of the World's Nursing report for 2020. This report will describe the nursing workforce in WHO member countries.
- The State of the World's Midwifery 2020 report will be launched around the same time. This will be the 3rd State of the World's Midwifery report; other reports were published in 2011 and 2014.
- These 2 reports (The State of the World's Nursing and The State of the World's Midwifery) are important because in many countries nurses and midwifes constitute 50% of the total number of health care workers.
- There is a global shortage of health care workers, in particular nurses and midwives, with the largest shortages occurring in South East Asia and Africa.
- Nurses play a critical role in health promotion, disease prevention and delivering primary and community care in many countries.

caring corner

A brief introduction to caring science: A model for a caring-healing nursing practice and nursing education

The Caring Corner is a new column in the Massachusetts Report on Nursing featuring brief reports on caring science and examples of caring practice. Some examples of topics that are appropriate for this column are descriptions of practice or caring projects that demonstrate the Caritas Processes or a caring concept, self-care practices and how that relates to caring for others. Examples of some formats that are appropriate for this column are science, essays, stories of personal experiences and art, poetry.

A. Lynne Wagner

Watson's (2005, 2008) Caring Science, first known as the Theory of Human Caring, has evolved since the 1970s into a heart-centered theory/model for guiding and sustaining quality human care. Caring Science is founded in a humanistic philosophy of caring with love (caritas); connectedness; and ethical-moral, values-guided approaches in healing care for self and others. Affirming that caring is the essence of nursing, Caring Science brings nursing practice and education back to its roots of healing transpersonal relationships and environments through the intertwined practices of nursing science and caring science. Caring Science fosters deeper subjective dimensions and meaning to nursing science. It expands knowing self and others, beyond disease and medical treatment, beyond an empirical objective lens. Considering each person's story humanizes and individualizes caring experiences in health and illness, suffering and healing, birthing and dying, despair and joy. Healing, which means "to be or to become whole" (Quinn, 1997) is enhanced by human-to-human, spirit-to-spirit connections that Watson (2008) calls a "Caring Moment." This requires the nurse's/educator's intentional presence and practices that honor each person's wholeness and sustain human dignity and flourishing.

Caring Science concepts are embodied in Watson's (2008) 10 Caritas Processes® (Table 1) which name and guide core caring-healing practices. Naming and giving voice to caring actions allow them to be observed and incorporated into nursing language, conversations, teaching, cultures, and practice. The Processes as listed are not linear nor exclusive of each other. Each Process informs, expands, and strengthens the others and are meant to be practiced personally and professionally. Below is a brief look at concepts incorporated in the Caritas Processes (CP).

1. **Practicing loving-kindness, compassion, and equanimity with self and others** (CP#1), the first and foundational Caritas Process, underlies all the others. This process addresses nurses' need to attend to their own self-care and wellbeing, enabling them to care for others in healing ways. CP#1 raises one's consciousness to ask: "How do I care for myself, renew myself— body, mind, emotions, and spirit—at home and at work? How do I find that equanimity or inner balance that prepares me to meet the daily challenges at work without burnout?" Being reflective on these questions and increasing awareness help build a mindful self-care practice (Sitzman & Watson, 2018). A simple centering of deep breathing with gratitude throughout the day can be a start—perhaps practiced during handwashing. Some hospitals have created Healing Rooms for brief staff retreats at work. CP#1 also entreats nurses to care for colleagues, patients, and students with loving-kindness. A shift, a class, or each entrance to a patient's room can start with a brief centering to compassionately care for each person's basic needs in ways that sustain human dignity (CP#9).

2. **Being authentically present to self and others** (CP#2) transforms a task-oriented practice to setting loving intentions of "being with" and "doing for" each person you meet. It is necessary to prepare yourself through mindful centering, letting go of your story (ego) (CP#3) and "internal chatter" about other distracting events. This allows you to attend to the person before you, addressing them personally, listening to and valuing their story of positive and negative feelings (CP#5). With transpersonal presence, the nurse becomes the healing environment (CP#8) and creates a healing opportunity for a Caring Moment.

3. **Developing and sustaining loving, trusting-caring relationships** (CP#4) flows from the practices of loving-kindness and authentic presence. Trusting relationships foster a shared collaborative transpersonal teaching and learning (CP#7) with no hierarchy or sense of power. This honors each person's wisdom and experiences and the joy of learning from each other, increasing communication and understanding. Thereby, novice and experienced nurses learn from each other; students and patients teach their caregivers.

4. **Problem-solving/"solution-seeking" through creative caring practices elicit the artistry of nurses that is informed by all ways of knowing.** This Process (CP#6) implores the nurse/educator to recognize that understanding human lived-experiences and treatment decisions transcends the limits of empirical (science) knowledge. The human experience is understood more fully by also considering personal knowledge, gained by experiences; moral-ethical and socio-cultural knowledge that affect personal choices; and aesthetic knowledge from literature and the arts that teach us deeply about human suffering, pain, joy, fear, failures, and triumphs (Carper, 1978; Watson, 2008; Zander, 2007). While science addresses disease process and treatment, other ways of knowing affect perspectives, patient decisions, and outcomes. Nurses can often help the medical team listen to and learn about the patient, as well as suggest integrative caring-healing modalities in treatment choices.

5. **Being open to the spiritual, mysterious unknowns in the human experience, allowing for small and large miracles** (CP#10), Watson (2005, 2008) reminds us that we do not always have answers, control, or full understanding of outcomes. This awareness is freeing and an invitation to celebrate the healing process with wonder.

Watson's Caring Science has been adopted as a Practice Model by a growing number of hospitals, especially Magnet hospitals, and Schools of Nursing (www.watsoncaringscience.org) in the belief that Caring Science promotes quality human care. By including caring and love in science, caring-healing professions and disciplines discover they offer much more than a "detached scientific endeavor, but a life giving and life-receiving endeavor for humanity" (Watson, 2005, 2008). Nurses in Massachusetts can join the conversations about Caring Science by being involved in the Massachusetts Regional Caring Science Consortium and twice yearly conferences. Contact Lynne Wagner directly at alynnewagner@outlook.com or visit the website at mrcsc.org.

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Watson's (2008) Ten Caritas Processes.

1. Practicing loving-kindness, compassion and equanimity with self and other.
2. Being authentically present, enabling faith/hope/belief system; honoring subjective inner, life-world of self and other.
3. Being sensitive to self and others by cultivating own spiritual practices; moving beyond ego to transpersonal presence.
4. Developing and sustaining loving, trusting-caring relationships.
5. Allowing for expression of positive and negative feelings; authentically listening to another person's story.
6. Creatively problem-solving/"solution-seeking" through caring process; full use of self and artistry of caring-healing practices, using all ways of knowing.
7. Engaging in transpersonal teaching and learning within context of caring relationships; staying within other's frame of reference.
8. Creating healing environment at all levels.
9. Reverently assisting with basic needs as sacred acts, touching mind-body-spirit of other, sustaining human dignity.
10. Opening to spiritual, mystery, unknowns; allowing for miracles.

Cadet Nurse Evelyn Drinkwine Cahill: Lynn Hospital and Cushing Army Hospital, Framingham

Dr. Barbara Poremba, EdD, MPH, MS, RNCS, ANP, CNE

Summer, 1945, Senior Cadet Evelyn Drinkwine (L), other Cadet Nurses wearing Army issued fatigues in front of the nurses' barracks at Cushing Army Hospital, Framingham, MA. Cadet Nurses deployed to Army Hospitals spent two weeks at Fort Devens training in military protocol and marching.

Cadets marching in retreat parade at Cushing Army Hospital, 1945.

Evelyn Drinkwine, 1943

Evelyn Drinkwine was only 17 when she left her home in Richmond, Maine to enroll in Lynn Hospital Nursing School in Sept of 1942. It was not until 1943 that she learned about the new U.S. Cadet Nurse Corps that was formed to meet the critical shortage of nurses in World War II. She didn't hesitate to enlist as she liked being "part of the military" effort. She vividly recalled how she traveled by bus, train and subway to the "Commonwealth Avenue Army Recruiting Office" where she completed the necessary forms and passed the required physical exam. She was admitted to the Corps on its founding date, July 1, 1943, in the rank of Junior Cadet Nurse.

Evelyn Drinkwine Cahill

Early in 1945, after completing the government-approved accelerated nursing training at Lynn Hospital, Evelyn was assigned to serve as a Senior Cadet Nurse at Cushing Army Hospital in Framingham, newly "built to receive injured soldiers." But first, she was sent by train for two weeks of "basic training" at Fort Devens, MA. There, Cadet Nurses slept on "cots in open barracks" and were issued army "fatigues." They practiced marching drills and took classes on "military organization, routines and how to properly salute." She laughed as she told me, "Our Sargent gave up on us. He shook his head and said, 'I don't think you gals are marchers'."

Once arriving at Cushing Army Hospital, she and other Cadet Nurses were housed in barracks on the army hospital grounds. "We slept on bunkbeds and had to make them just right. We had roll call, inspection and lights out. If they found some hair on your comb, you got a warning for that."

While there, she was formally referred to as "Cadet Nurse Drinkwine" and properly saluted army officers. And she proudly said, "Our marching skills improved and we participated in retreat parades wearing our Cadet uniforms."

She made it clear that Senior Cadets "ran the hospital." She elaborated, "We gave injections [such as sulfur, penicillin, and morphine], monitored IV's and drew our own bloods. On the psych wards, we only drew bloods and we always had a corpsman with us." She recounted a story of a soldier with malaria who instructed her to always "wake me up before you give me a shot, because I don't know what I would do."

Cadet Nurse Drinkwine cared for many injured soldiers. "Some need plastic surgery for their burns and wounds." She recalled, "They would attach their arms to their body to create a flap of skin to be used for a graft. We did a lot of neuro and brain surgery, some would stay in the OR all night because we had no intensive care units back then."

The Chapel is all that remains of the Cushing Army Hospital.

"We had a lot of amputees, some had to be redone. A lot of traction. We had quads and paraplegics. It was the first time I used a 'striker frame.' One day, I was washing up a paraplegic [patient] who never spoke, all of a sudden, I hear, 'you're a hot spark!' I'll never forget that!" Evelyn exclaimed. That remark makes me wonder what it meant for these "boys" suffering from the physical and emotional injuries of war, to be compassionately cared for by our, attractive and well-groomed "girls" in white?

A glowing memory was when she got Bing Crosby to autograph the underside of her nursing apron. Before signing he stopped and said, "Won't you catch hell for this?"

After the war was over, Evelyn worked at Lynn Hospital delivering all the "baby-boomers" and then dealing a polio epidemic, so great that an entire pediatric unit was converted to an isolated polio ward. For more than 40 years, Evelyn worked in many roles as a registered nurse until she retired when the Lynn Hospital closed in 1983. She, like many other Cadet Nurses, fulfilled their post-cadet orders to continue to serve their country and community, still in high demand for skilled nurses.

Margaret DeFillippo (L) and Evelyn Drinkwine Cahill (R) sporting a winter cadet nurse uniform with berets, overcoat, handbag and gloves. Margaret, who has since passed, was from Revere and Evelyn's best friend and classmate in training. As a Senior Cadet, Margaret served at the Philadelphia Naval Hospital.

Progress on legislation for Honorary Veterans Status: S997/HR2056 The United States Cadet Nurse corps Service Recognition Act

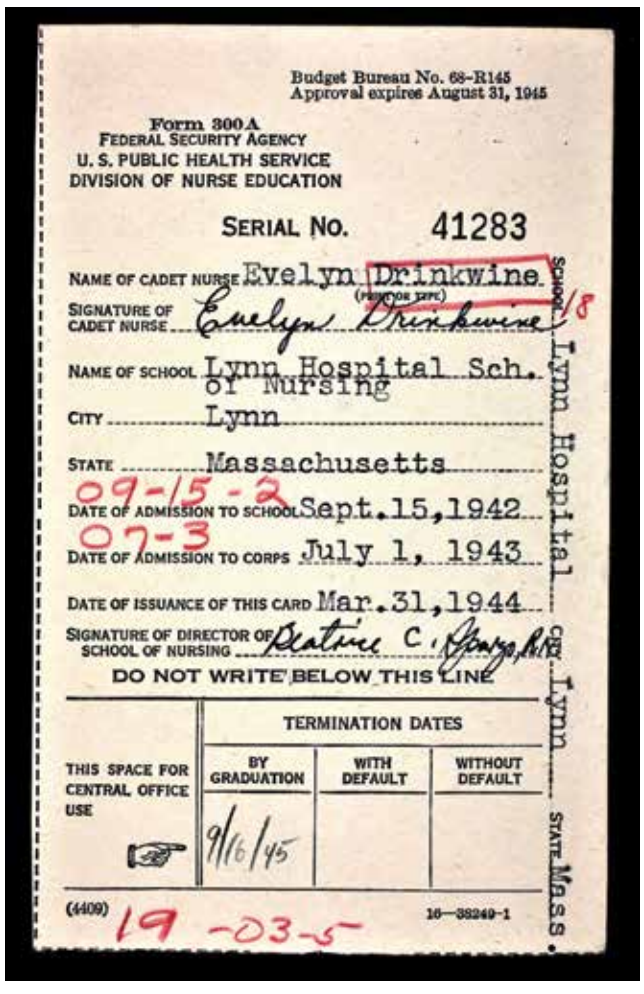
For nearly 20 years, Evelyn is one of many Cadet Nurses who have worked diligently on legislation for veteran status. Year after year, the same bill was introduced and sent off to committee only to expire without taking any action. Both this rejection and lack of recognition has made Cadet Nurses feel devalued. She explained, "All the guys got the GI benefits and we got nothing."

In April of 2019, the new bipartisan bicameral bill was reintroduced in the Senate by Senators Warren (D-MA), Daines (R-MT), Collins (R-ME) and King (I-ME) along with 10 Cosponsors. An identical bill was simultaneously reintroduced in the House by Representatives Bustos (D-IL) and Gianforte (R-MT) and has 11 Cosponsors so far. It was immediately sent to the Senate Armed Services and Veterans Affairs Committees and the House Veterans Affairs Committee.

There is no good reason for this new bill to not pass. The two page bill is simple: no $$, no VA benefits, no Arlington Cemetery; only symbolic honorary veteran recognition with a gravesite plaque and an American flag to mark their service to country in wartime.

In 2017, an identical bill passed "without dissent" for the all-male Merchant Marines. Unlike the USCNC, they were civilians, issued no military uniforms and took no oath to serve their country for "the duration of the war." The only difference is that the USCNC was all-female.

The bill is fully supported by the Veterans of Foreign Wars and the 61 members of the Nursing Community Coalition. This includes the ANA who has created a direct on-line link to contact Congress. It can be found on Friends of the USCNC WWII Facebook and website listed below. https://p2a.co/FKMXXPI?p2asource=NurseCadet0419



Budget Bureau No. 68-R145
Approval expires August 31, 1945

Form 300A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
DIVISION OF NURSE EDUCATION

SERIAL NO. 41283

NAME OF CADET NURSE (PRINT OR TYPE) Evelyn Drinkwine
SIGNATURE OF CADET NURSE Evelyn Drinkwine
NAME OF SCHOOL Lynn Hospital Sch. of Nursing
CITY Lynn
STATE Massachusetts
DATE OF ADMISSION TO SCHOOL 09-15-2 Sept. 15, 1942
DATE OF ADMISSION TO CORPS 07-3 July 1, 1943
DATE OF ISSUANCE OF THIS CARD Mar. 31, 1944
SIGNATURE OF DIRECTOR OF SCHOOL OF NURSING Beatrice C. Grant, R.N.
DO NOT WRITE BELOW THIS LINE

THIS SPACE FOR CENTRAL OFFICE USE	TERMINATION DATES		
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SCHOOL Lynn Hospital CITY Lynn STATE Mass.

Membership card

Remembering Cushing Army Hospital and the Cadet Nurses who served there

More than 13,800 soldiers were treated and cared for in the 95 buildings erected on the grounds by the U.S. War Department. Only the Chapel remains. All were cared for by the Cadet Nurses. Sadly, the memorial to the hospital has no mention of the Cadet Nurses for their critical role in the successful rehabilitation of the soldiers.

Cushing Memorial Park in Framingham, MA would be an appropriate place to honor and remember our WWII Cadet Nurses. The only statue of a Cadet Nurse in the United States is in Veterans Freedom Park, LaCrosse, Wisconsin. A similar statue would fit in well here. It would be a great start to preserving the lost history of the USCNC. Regretfully, there are too few statues of women. Little girls need sheroes just as much as little boys need heroes. The Cadet Nurses are sheroes for all.

Dr. Poremba is Professor Emeritus, Salem State University. She welcomes hearing from Cadet Nurses and all Women who served in WWII

Email: FriendsofUSCNC@gmail.com
Facebook: Friends of the U.S. Cadet Nurse Corps WWII
Website: https://www.nursingandpublichealth.org/cadet-nurses.html

Nurses caring for nurses

Kristine Ruggiero

Summer was winding down this past August when I started to get ready for "Back to School" for my kids... buying school supplies, school clothes, books, etc.

For some time, I had remembered feeling more and more tired. I had seen my PCP multiple times for this but was reassured I was just a busy person and was told to lose some weight. In the following month, I noticed some blood in the toilet. I made another appointment with my PCP who reassured me that it was a hemorrhoid and gave me some cream. More time passed, and it happened again. This time I made my own appointment–with a Gastroenterologist who also reassured me that it was likely a hemorrhoid.

He could see the worried look on my face, and how anxious I was as I felt that something was wrong inside my body for some time. The doctor reassured me that people my age don't get colorectal cancers. He told me that if it made me "feel better" he would perform a colonoscopy, but felt confident this was nothing to worry about. I agreed to the colonoscopy. When I awoke, the doctor was standing over me and said "I'm sorry, you have cancer. You need to go to see an oncologist right away."

Being diagnosed with cancer comes with many challenges. The strain it places on the family and the ones who care most about the patient are enormous. In this case, the patient was me I knew this was going to be the biggest challenge I've ever faced. I endured two major surgeries, an ostomy, high dose radiation therapy, and chemotherapy for six months with one more surgery still to go.

The toll this diagnosis took on me was mentally and physically exhausting. But the emotional toll was the most challenging. The day before I was diagnosed, I had booked a family cruise for a vacation. I remember leaving the hospital after my diagnosis of cancer and telling my husband, "quick, cancel the cruise." From here on I had a new focus, a huge fight to fight! I was scared, but determined to beat this disease. I have four young children and like most people this happens to, I never imagined this would happen to me. I tried to wrap my head around what did I do to get this?

Through my treatment there were many bumps in the road. But for all that I went through, I felt the caring nature of so many nurses, especially my infusion nurse, Kathleen, who gave me such hope and support throughout this process. More than that, I felt that she had compassion, humanity and kindness when she cared for me. She always treated me like a person, not a person with cancer. She explained to me many of the side effects of the chemotherapy and some of the things that worked for other patients that I could try, and overall, she had such compassion for me.

Like Kathleen, the other nurses who helped me through this were equally amazing. By being kind and present and listening to me as a patient I was treated with a holistic approach in the care I received. I had always hoped that the patients I've cared for felt this way.

For example, at one point there was no bed for me after my surgery, and I was transferred to an orthopedic floor. I must say the Orthopedic nurses at Brigham and Women's Hospital were amazing. I was a post-op surgical patient, not their specialty, but that didn't stop them from taking exceptional care of me. I had a significant surgical incision, needed multiple IV antibiotics, ongoing pain management, physical therapy, and emotional support; all of which they did with exceptional care.

Like my story, more and more young people are being diagnosed with colorectal cancer. Cases are on the rise in adults 20-40 years old in the United States. Unfortunately, it is not known why this is happening. Many young adults who are diagnosed with colorectal cancer present with more advanced disease as their symptoms are often misdiagnosed or dismissed as something less serious such as hemorrhoids or Irritable Bowel Disease (IBD). This was the case for me. I had stage III colorectal cancer at diagnosis. Had I not ignored my primary care doctor, who said this was hemorrhoids, and gone to a gastroenterologist, my disease certainly would have progressed. The colonoscopy which the gastroenterologist performed saved my life.

Through this journey I've learned so much about the patient care experience. I learned how I want to be treated as a patient, how much the care I received affected me physically and emotionally. When I returned to practice, I'm reminded how every patient is unique, and should be treated in a caring manner. Sometimes the smallest things that a nurse did for me made the biggest impact. The nurses who cared for me helped me to realize how strong I am. When I thought I couldn't do "this" anymore, they pushed me and helped me to actualize my full capabilities. They also pushed me to believe in myself more than I did before. I'm grateful for their support throughout this process, and I'm proud to be part of this great profession.

Kristine Ruggiero is a pediatric nurse practitioner at Boston Children's Hospital.

Role as a new faculty

Julianne Walsh

In reflecting on my educational journey and professional nursing career, I feel most passionate about a specific experience that played an essential role in my decision to become a nurse educator working as full-time faculty and to pursue a doctoral degree. In the fall of 2014, while participating in a continuing education (CE) program, several registered nurses seeking to re-enter the workforce were seeking my guidance and feedback with certain fundamental nursing skills. It was at that moment I realized how much I enjoyed both mentoring and empowering adult learners towards success. I could relate to the adult learner, for I myself was an adult learner, and that experience inspired my enthusiasm for seeking additional education. I wanted to play a significant role in helping to transform the future of health care by educating and supporting current and prospective nurses.

So I decided to embark on what I have since learned as my most challenging and rewarding, journey thus far. I believed that after 29 years of nursing experience I could easily transition into this new role as faculty. That concept could not have been further from the truth. Balancing a more than full-time job, family responsibilities while obtaining an advanced degree and attending to the continued academic needs of my students and advisees have been nothing short of challenging, and I have never been happier. This decision is by far the best career move I have made to date. Throughout my career, I have witnessed patients and families that were thankful for my care. However, what was completely unexpected and has been most rewarding in my new career is the level of appreciation and gratitude of my students. To know that I helped make a difference to shape a student's future and guide them towards their "ah ha" moment, is priceless. However, inexperienced novice educators should remain mindful of remembering to avoid feelings of guilt or blaming themselves when a student fails. For me, that was the toughest part of this process, as most educators including myself, prefer to be liked by their students. However, faculty must not fall under the desire to be friends with or take care of a student. What I was not prepared for as an inexperienced lecturer was when a student became angry about not passing an assignment and blamed me for their poor grade. Proceeded by feelings of guilt and insecurities, this led to further questioning of my own ability to teach. Senior faculty are essential in assisting novice faculty to handle these types of situations.

I believe there are two fundamental components that are essential while transitioning to the role of faculty: an advanced degree, and mentorship. What I have learned over this past year is that pursuit of a doctoral degree is the underlying component to this discipline. As a novice faculty member, I was fortunate to have many professors and colleagues that believed in me and advocated for a degree that I had believed was unachievable. This level of support is critical for new faculty as there are several significant responsibilities. Most importantly, it is the faculty member who is responsible to educate the future nurse to deliver competent safe patient care. Had I not taken the steps to educate myself first, then I feel I would not have been adequately prepared for this role. Since beginning a doctoral program I have learned to value the level of this education by understanding the philosophy behind my knowledge. I now understand the relevance of a terminal degree, and my values and goals regarding this discipline have changed. A terminal degree truly changes your thought process and perspectives, and for a discipline that is unable to agree upon the level of entry into this profession, I am thankful that a terminal degree is the expected credential as faculty.

The value of mentorship has been well defined in nursing literature with its concept traced back to the founder of modern nursing, Florence Nightingale. My decision to pursue a career as an educator strengthened my appreciation towards academia and fortified my resolve that nurses of all ages need a supportive experienced mentor with any transition. What I have come to understand is that mentoring is essential in supporting the efforts of new faculty who may be overwhelmed with their new role in academia. Urlich (2011) argues that exemplary mentorship promotes nurse retention, decreases faculty turnover, improves job performance and satisfaction, organizational commitment, and may assist in building a nurses' confidence level to reduce anxiety. Furthermore, mentorship supports lifelong learning, networking, professional development, and the educational opportunities that promote a multidisciplinary approach to care.

The process of transitioning into this new role requires the mentorship of senior faculty. I was fortunate to have had the mentorship of my previous professors who encouraged me to apply to my current place of employment and to a PhD program. Furthermore, I received support with scholarship through presentations at conferences and scholarly work, and nominations to committees within my institution. What my senior faculty members have taught me is the critical importance of scholarly thinking, increased confidence, collegiality, and the educational strategies that are required as a novice faculty to succeed; thereby further developing my knowledge of this discipline, to promote the future success of students.

To be honest, this transition has been an interesting process with many unexpected highs and lows along the way. To be successful in this field requires a significant amount of hard work. What this career path in higher education has taught me is to utilize my knowledge and leadership skills so that I may continue to work in the academic setting to foster the growth of the next generation of nurses. My professors from my MSN program have been crucial influences and mentors in my decision to pursue a PhD. Their ability to help me understand what makes a proficient nurse in academia has played an integral part in my career and I believe that strict discipline is essential in building a solid foundation.

As a clinician of almost thirty years, I look forward to this new trajectory and contributing in the advancement and empowerment of future and current nurses. I will continue my lifelong educational process to lead by example, because, "a true leader creates another leader, not a follower" (cited source unknown).

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Julianne Walsh is an assistant professor at Curry College with expertise in nursing education and simulation.

A special thank you to all who have helped me in my journey as an educator.

Empowerment through shared governance

Anya Bostian Peters, PhD, RN, CNE

The success of an organization depends largely on the culture that permeates its environment and influences the employees. An organization that sustains, encourages, and inculcates professional growth empowers both its' employees and the organization itself. According to Kanter's Theory on Structural Empowerment, six conditions are required for empowerment to occur (Kanter, 1993). These conditions include the opportunity for advancement; access to information; access to support; access to resources; formal power; and informal power. These conditions create an environment of trust, commitment, increased job satisfaction, and decreased job burnout.

Healthcare is delivered in a dynamic space where the turnover of employees can be costly to an organization. In addition, constantly training new staff creates an imbalance of meaningful growth. In order for empowerment to exist within an organization, these conditions must be supported by leadership. Conditions promoting personal empowerment are essential for all employees but especially necessary for employees transitioning from student to registered nurse. As we face an influx of millennials in the workforce and the challenges of retaining their talent in an ever-changing work environment, Kanter's theory on Structural Empowerment can guide us through these challenging times.

Shared governance allows nurses to voice their concerns and advocate for change. Empowered nurses advocate for change at the bedside and beyond. The impetus lies upon members of the shared governance committee members to be the voice of our fellow nurse's concerns, frustrations, and challenges. Through discussion and compromise, these concerns, frustrations and challenges pave the way for solutions addressing organizational issues. It is critical to participate in shared governance to empower ourselves and the organization and health care in general.

The personal empowerment journey begins with an exploration of purpose and passion for the "what" and the "why" of nursing. This personifies the art and passion of nursing. I urge all of you to take that passion forward and find purpose in what you do daily as that will define you and your nursing legacy.

Kanter, R. M. (1993). *Men and women of the corporation*. New York, NY: Basic Books, Inc.

Anya Peters is an assistant professor at the University of Massachusetts, Lowell with research interests in incivility in the workplace, student success, and stress.

Health policy committee updates

Arlene Swan-Mahony, RN, DNP, MHA, BSN & Christine Saraf, RN, MSN, CNL
Co-Chairs-Health Policy Committee

Greetings from the Health Policy Committee! We filed two bills this year (below) and are busy reviewing all of the legislation that has been introduced to develop a comprehensive legislative agenda.

AN ACT RELATIVE TO THE CREATION OF A COMMISSION ON QUALITY PATIENT OUTCOMES AND PROFESSIONAL NURSING PRACTICE

ANA Mass is proposing the creation of a commission that will review and make recommendations regarding best nurse staffing practices designed to improve the patient care environment, quality outcomes, and nurse satisfaction. The commission will include representatives from organizations including ANA Mass, Organization of Nurse Leaders, Massachusetts Nursing Association and others who are committed to the provision of high quality, safe care for all individuals in our Commonwealth. On the heels of the outcome of Ballot Question One, this is the opportune time to have our nurses engage in thoughtful inquiry, dialogue and recommendations on best nurse staffing practices with outcomes that all can be proud of.

AN ACT RELATIVE TO THE GOVERNANCE OF THE HEALTH POLICY COMMISSION

ANA Massachusetts filed this bill in 2017 & 2018. On average, over 8,000 bills are filed each legislative session. With the due diligence required in the legislative process, it can be expected to take many years to pass a bill into law. We are committed to this process and will work diligently to advocate for this important legislation in the upcoming session. We are refiling in 2019 as nursing expertise is critical in guiding key decisions in this rapidly changing health care environment.

The Health Policy Commission is charged with making important decisions about the course of health care delivery in Massachusetts and has been dealing with critical issues that affect the practice of nursing, like mandatory overtime legislation, ICU staffing acuity and mental health/substance misuse management. Because there is not a nurse on the Health Policy Commission, representatives of the Commission have had to reach out to ANA Massachusetts for clarification and advice on many issues requiring our expertise. We believe that a nurse on the Health Policy Commission will assure that the voice of the nursing profession is included when important decisions about the delivery of health care are made.

In addition, the Health Policy Committee will be planning a Health Policy Forum for the fall of 2019, monitoring the status of other legislative priorities in the Commonwealth and providing testimony on key issues. Our meetings are held monthly on the 1st Tuesday. If you are interested in participating, please contact us.

ANA Mass Awards

Michael Duffy continued from page 1

After an already accomplished career, Brother Michael returned to the Elms College in 2011 from a six-year missionary assignment in Jamaica where he was an adult nurse practitioner and manager of a rural health clinic. Brother Michael now returns to Jamaica each winter with undergraduate nursing students who fulfill their population health/community nursing experience there – an experience often described by students as "transformative" to their professional identity and future nursing practice. In addition, as the Associate Dean of the School of Nursing at Elms College, Brother Michael is responsible for the undergraduate programs, service learning programs, and international studies.

Brother Michael's philosophy of nursing and health care are guided by faith principles such as "...feeding the hungry, visiting the sick, clothing the unclothed and to ransom the captive...." He displays the special qualities of a Franciscan, educator, and nurse practitioner. He is a selfless individual who truly embodies the values of social justice, equality, and fairness.

Herminia Shermont continued from page 1

Herminia's dedication, vision and commitment to the professional development of nurses and advance practice nurses is evident through the innovative mentoring programs she has developed over the last 18 years. As a transformational intellectual leader, she has created a work culture of exemplary practice as a mentor, role model, advisor and leader by fostering a positive learning culture. Herminia and her leadership team developed and implemented a Partnership Unit-Preceptorship (PUP) program for newly hired nurses. She created and developed a career mapping program for nurses who demonstrated hesitancy in establishing and pursuing career advancement goals. A transitional mentoring and educational program pilot was developed to address knowledge-based gaps in practice, as well as enhance clinical confidence, critical thinking, reflective practice, and personal and professional development for less experienced nurses beyond orientation. Each of these programs has been published. She leads by example and inspires her staff to do their best. She takes pride in her work, but even greater satisfaction in seeing others succeed. One nurse commented that "Herminia makes me want to be a better nurse and leader."

ANA Mass Awards continued from page 1

Excellence in Nursing Education Award *is presented annually to a nurse who demonstrates excellence in education.*

Jane Flanagan, Dottie Jones

Jane Flanagan, PhD, ANP-BC is a seasoned educator and a tenured Associate Professor of Nursing at Boston College, William F. Connell School of Nursing. Currently, she is the Director of the Adult Health/Gerontology Program, teaching graduate students in both the masters and doctoral programs. Jane is a clinical expert and certified Advanced Nurse Practitioner in Adult/Gerontology, able to link complex conceptual knowledge with "real life" clinical examples to enrich student learning. She is a creative educator who complements innovative teaching strategies with dynamic learning experiences that challenge and motivate students at all levels.

Whether in the classroom or practice setting, Jane's teaching is grounded in knowledge. As an educator and clinician, Jane is a role model for students as well as seasoned scholars. Current Director of Advanced Practice Providers at the Massachusetts General Hospital (MGH) and former student of Jane's states, "Professor Flanagan is a fine exemplar of scholar and most important teacher. For me, graduate school was rigorous, as it should be, but Prof. Flanagan was there to help me grow and develop as a professional nurse. Through her teachings, I was prepared to practice and to articulate my profession as an advanced practice nurse" (Darlene Sawicki).

Jane is a widely published author, presenting her work internationally. She is the current Editor of the International Journal of Nursing Knowledge, a Nurse Scientist in the Munn Center for Nursing Research at the MGH, immediate Past President of the Society of Rogerian Scholars, and a Fellow in the American Academy of Nursing (FAAN). Jane shares knowledge from multiple professional experiences with students and offers insight into the ways nurses can use their knowledge and expertise to participate in actions that will advance their personal and professional growth and advance the visibility of the discipline.

Excellence in Nursing Research Award *is presented yearly to a nurse who has demonstrated excellence in nursing research that has had (or has the potential to have) a positive impact on patient care.*

Mazen El Ghaziri

Mazen El Ghaziri came to the US from Lebanon in 2010 after completing his undergraduate and master's degree at the American University of Beirut, Lebanon. He received his PhD in nursing in 2013 at the University of Maryland and then completed a two year research fellowship at the University of Connecticut Health Center, Division of Occupational and Environment Medicine. In 2015, he joined the faculty of the Solomont School of Nursing at UMass Lowell where he is currently an assistant professor.

Dr. El Ghazir's area of research interest is occupational health and wellness, with a focus on workplace violence in the correctional and healthcare workforce. He has focused on workplace health and safety, with an emphasis on gender and health disparities among different segments of the workforce. The themes of these studies are the occupational health risks of men in correctional nursing and gender differences among nurses in occupational exposures and health outcomes.

Friend of Nursing Award *is presented annually to those who have demonstrated strong support for the profession of nursing in Massachusetts*

Suzanne Bump

Suzanne M. Bump serves as the 25th Auditor for the Commonwealth of Massachusetts. She is the first woman to serve in this role in the Commonwealth's history. As Auditor, Suzanne strives to make our state government more efficient, effective, accountable and transparent while meeting the mission to serve the public.

Suzanne is a strong supporter of nursing. Suzanne recently recognized that the Massachusetts Health Policy Commission (HPC) was lacking nursing representation. The Commission, established in 2012, is an independent state agency charged with monitoring health care in Massachusetts and providing data-driven policy recommendations regarding health care delivery. The commission has the potential to make policy changes that effect patient outcomes. The HPC's mission is to advance a more transparent, accountable, and innovative health care system through independent policy leadership and innovative investment programs.

Auditor Bump appointed Barbara Blakeney, a nurse, to the Commission. Barbara was sworn in on February 13, 2019 and State Auditor Bump commented that "Barbara's breadth of health care experience—as a nurse, advocate, and educator—make her a valuable addition to the Health Policy Commission," said Bump. "Her expertise in the development and utilization of innovative treatments and care will provide her with important insights into the challenges facing our health care system and driving cost growth. I look forward to working with her in this new position."

Professional Scholarships

Arthur L. Davis Publishing Agency Scholarship *is for an ANA MA Member to pursue a further degree in nursing or for a child or significant other of an ANA MA member who has been accepted into a nursing education program.*

Rebecca McCann, Jessica McCann

Rebecca McCann is a high honors student in the 2nd year of nursing school at the University of New Hampshire. She was nominated by her mother, a nurse for the past 29 years.

Ruth Lang Fitzgerald Memorial Scholarship *was established in 2005 in memory of Ruth Lang.*

Anne Marie Craman, MSN, RN, PMHCNS-BC uses Photo Voice to help veterans. Photo Voice is an art form that combines both photography and narrative. This dynamic process has been used to explore issues that affect individuals and the communities. Through Photo Voice, people work together to respectfully address obstacles that stand in the way of positive change and opportunity.

Anne Marie works with veterans with serious mental health issues, staff at the Veterans Administration in Bedford, and the community to reach their goal of exhibiting the Veterans' art. The hope is that by exhibiting this art, it will raise public awareness of the experiences of these veterans. Specifically, this work explores how stigma was a major barrier for many veterans to reaching their goals and dreams; receiving respect & dignity; being loved and loving others. Ann Marie will be using the scholarship to continue her work to develop exhibits of the veterans' art.

President's Award *Given by Donna Glynn*

Lisa Presutti, Donna Glynn

Every successful organization has a person who "steers the ship." A person who every day and every moment sees a challenge and develops a plan with a smile and a positive attitude. This year ANA MASS faced so many challenges. And we had that person to steer our ship. Lisa Presutti, our office manager, handled every challenge this year with grace and professionalism. Lisa is a stellar representative of our organizational mission and vision. From the ballot question, to the storage shed, lawn signs, member questions, mailers, bumper stickers, schedules, meetings and press events….Lisa Presutti maintained my sanity [Donna Glynn] with the constant mantra of "We got this!"

Awards Dinner Table Sponsors

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- **Nursing and Patient Care Services & Yvonne L. Munn Center for Nursing Research, Massachusetts General Hospital**
- **Regis College**
- **Simmons College**
- **University of Massachusetts, Boston**
- **Regis College, Board of Trustees**

Better milkshakes

Katherine South

"Okay, so it sounds like my treatments will be basically the same, but really, what's the food like over there?" It was mid-morning, after the rush of rounds and 0800 medication pass and my patient and I had a moment to chat. I sat perched on the edge of her bed, watching her take a handful of enzymes as she used the muscles in her chest to take a breath, willing her body to make the most of the oxygen coming from her nasal cannula. Now we could get to the important discussion: Did the pediatric or the adult hospital have better milkshakes?

In my career as a bedside nurse, I have had the honor of working with cystic fibrosis patients first in an adult hospital and now in the pediatric setting. In working with young adults with a chronic and life limiting illness, I have seen incredible resilience. I have also seen that the process of transitioning from pediatric to adult care is a necessary but often an anxiety provoking endeavor for young adult patients. Throughout my patient care encounters, one question comes to my mind again and again: How can we as nurses better prepare and support our patients to transition their care? In reflecting on this question, three main themes came to mind: Conversation, collaboration and community.

Often, the first step in transition planning is simply demystifying the subject through open and honest conversation. With the strong therapeutic relationships that often occur when caring for long term patients, nurses are in an excellent position to have these conversations. Sometimes this may even mean being our vulnerable selves and sharing that we don't have all the answers but that we are willing to learn with them. Through these conversations with our patients, we can gain a deeper understanding of their concerns and hopes. Ultimately, meaningful conversations allow us to better advocate for our patients and provide education and clarity about the transition process. This can ultimately reduce anxiety when it comes time to make the final move from pediatric to adult care.

However, despite open communication between patients and caregivers, transition planning may still seem overwhelming - for both the patient and the medical team! I have found that the most successful transitions utilize a team-based approach that bridges the gap between the pediatric and adult facility. A multidisciplinary primary team that focuses on the unique needs of young adults *and* can see patients at both facilities is very useful at easing the transition. Even if a team like this is not possible, simply gathering the expertise of your colleagues and discussing challenges together can help to develop creative solutions. I have seen many successful transitions that utilized a team of dedicated nurse practitioners, social workers, dieticians and physicians all of whom collaborate closely with the bedside nurses.

Just as a dedicated medical team helps to ease transition, it is also essential for our patients to build their own personal support team as well. Many young adults with chronic conditions have literally grown up in their particular pediatric hospital. In these circumstances, the routines and people of this hospital serve as a comforting constant in the uncertainty of serious illness. The thought of leaving this comfort zone can be distressing, particularly if this transition of treatment coincides with an escalation of care (such as lung transplant). By encouraging our patients to establish a support system outside of the hospital, they are able to have a constant source of support and encouragement even as medical providers and hospital settings change.

Overall, nurses can play a positive role in helping young adult patients transition from pediatric to adult care. If we as nurses are willing to practice having heartfelt conversations and are open to collaborating with our colleagues, we can provide comfort and advocate for our patients. As a nurse, few things are more rewarding that being able to play even a small part in making a challenging situation easier for my patient.

Katherine South is a pediatric nurse that cares for adolescents and young adults.

2019 Conference: Responding to rising challenges in nursing and healthcare

Cynthia Ann LaSala, MS, RN, Chair, Conference Planning Committee

ANA Massachusetts hosted its' 2019 Annual Spring Conference, Awards Dinner, and business meeting on Friday, March 29th at the Royal Sonesta Boston. This lovely setting along the banks of the Charles River and the activities of the day helped to create a memorable experience for all who attended. The day began with the Annual Conference. The purpose of this program was to provide attendees with information regarding the opioid crisis, assessment and management of concussion, nurse resiliency, weight stigma, and violence against nurses.

Susan Krupnick, MSN, PMHCNS-BC, ANP-BC, C-PREP, Psychiatric Clinical Nurse Specialist and Adult Nurse Practitioner, Addiction and Pain Consultation and Education, opened the day with a comprehensive, evidence-based presentation entitled, *The State of the State: An Update on the Opioid Crisis*. Content included a review of the global, national, statewide, community impact and extensive nature associated with the crisis, pathophysiology of opioid use disorder, neurophysiology of addictive illness as well as prevention strategies, interventions regarding treatment, and community-focused innovations to help address opioid crisis-related health issues. Ms. Krupnick spoke to what is described as a deadly combination of heroin, fentanyl, and carfentanil, an animal tranquilizer that can be 10,000 times more potent than morphine and the risks of exposure to these substances for first responders, the general public as well as working canines and pets. A discussion of neonatal abstinence syndrome (NAS) secondary to opioid use during pregnancy revealed that a baby suffering from opioid withdrawal is born every 25 minutes. Issues unique to addiction treatment such as non-standardized quality measures, monitoring of treatment outcomes among only a minority number of states, and inadequate availability of rescue medication were presented. Ms. Krupnick traced the legislative initiatives in the Commonwealth of Massachusetts which began during Governor Patrick's administration with the declaration of an opioid addiction epidemic in our state on March 27th, 2014 and an appropriation of $20 million dollars in state funding to increase treatment and recovery services. Under Governor Baker's administration, an Opioid Task Force was appointed and landmark legislation was filed on October 15th, 2015 which incorporated recommendations from the Task Force and MA Department of Public Health report. A three-day limitation on first-time prescriptions of opioids with scheduled follow up has also been implemented. The use of supervised injection facilities in the United States as well as Europe, Australia, and Canada was also presented as well as some local community-based programs, prescribing guidelines issued by the CDC and MA Medical Society, and a variety of educational resources.

The keynote presentation was immediately followed by a panel comprised of Ms. Krupnick, Allie Hunter McDade, Executive Director of the Police Assisted Addiction and Recovery Initiative (PAARI), and Jill Terrein, PhD, ANP-BC, Director of Adult-Gerontology, Family and Psych Mental Health NP Programs at the University of Massachusetts Medical School, Graduate School of Nursing. Ms. Krupnick examined the pathophysiological implications for mother and fetus related to opioid use during gestation, elements that comprise a comprehensive, maternal/fetal assessment, medical issues in the newborn and long-term effects of gestational opioid use, and treatment options. Ms. Hunter provided attendees with a comprehensive description of PAARI in several cities across the country. The program in our state that is based in Gloucester is gaining national recognition for its positive outcomes regarding improving access to treatment for individuals with opioid use disorder. Dr. Terrein described the development and implementation of an inter-professional curriculum model (Opioid Safe-prescribing Training Initiative) that was developed by her and others to educate third year medical students, graduating medical and nursing students, and residents about caring for individuals with opioid use disorder that incorporates simulation, self-study, interactive learning, and online resources. This program has been recognized by Dr. Monica Bharel, Commissioner for the MA Department of Public Health as a "national model" for opioid safe prescriber training.

The morning session concluded with a presentation entitled, *Truth about Concussion*, that was given by Rebecca Stevens, MSN, RN, CPNP and Dr. Alex Taylor, Director of Neuropsychology from Boston Children's Hospital. Key components in the pathophysiology, assessment, diagnosis, and treatment of concussion as well as current research findings and evidence-based practices were presented.

Following a delicious lunch and opportunities for networking, the afternoon session opened with a choice of two concurrent sessions. Lisa DuBreuil, LICSW, Massachusetts General Hospital (MGH) Department of Psychiatry's Center for Diversity, presented the session entitled, *Weight Stigma – Helping with the Healing*. Ms. DuBreuil discussed the physiological and emotional effects of weight stigma, societal misconceptions regarding individuals who are obese, and the Health at Every Size (HAES) principles that emphasize acceptance and respect for individual sizes and shapes, improved access to healthcare for individual needs, respect versus stigma, life-enhancing movement, and eating for wellbeing. Michelle Carley Jacobo, PhD, Assistant Professor of Psychology at Harvard Medical School, Director of the MGH Dialectical Behavioral Therapy Program, and inpatient Chief Psychologist presented *Mindfulness: Strategies to Improve Our Resilience* in which she emphasized the importance of self-care and work/life balance as essential to nurses' personal wellbeing and fulfillment and practical tips for incorporating mindfulness into our daily practice to promote resilience. The day concluded with our first interactive poster session! Eleven posters were presented by their authors on a variety of topics related to innovations in practice, education, and research. The environment was electric and exuberant! We hope that this encourages more nurses to submit abstracts so we continue this tradition at future conferences.

I would like to extend my personal thanks to the ongoing commitment and outstanding efforts of Conference Planning Committee members, Mary Hanley, Joan Clifford, Maura Fitzgerald, Julie Cronin, Terry Przybylowicz, Tammy Gravel, Lee-Ann L'Heureux, and Marcia Margarita Duclos and the unwavering support of Executive Director, Cammie Townsend and Office Administrator, Lisa Presutti. We also wish to thank attendees who completed and submitted program evaluations. Your feedback is so important in our efforts to strive in continuing to offer educational programs that promote your professional development and enhance your practice. Work has already begun toward planning for the 2020 Annual Conference so stay tuned!

2019 ANAMASS Board of Directors pictured L-R: Executive Director, C. Townsend, J. Monagle, C. Saraf, K. Duckworth, L. Hancock, D. Glynn, M. Cacace, J. Gil (ANA National BOD), J. Kernan, J. Ross, J. Cronin, A. Dymond, T. Kelley.

A morning with the next generation of nurses

Janet Ross

On Saturday, March 23rd, a light dusting of snow covered the trees, fields, and roads in central Massachusetts. Four members of the Membership Engagement Committee gathered at Worcester State University for the Massachusetts Student Nurses Association's Annual Career Forum.

An enthusiastic group of officers and organizers greeted us at the door. As the student nurse attendees filed into the auditorium, most of them stopped at our table and dropped off their resumes for review and editing. As Kate Duckworth, Debbie Gavin, and I reviewed the resumes, our Executive Director, Cammie Townsend staffed the exhibitor table which displayed our organization's new logo and a number of ANA Massachusetts pamphlets, pens, and clothing. She encouraged the student nurses to consider joining our organization after they become RNs to benefit from their professional nursing organization and maintain their involvement in guiding the direction of our profession.

We reviewed and critiqued the students' resumes to provide helpful suggestions regarding what to include (most commonly the anticipated date of sitting for their NCLEX exams, and a personal email address rather than their college email address if they are close to graduation). We also made suggestions regarding details to omit. Examples of suggested omissions include a "laundry list" of skills performed in the clinical setting, daily living activities they've helped patients with, and high school details, unless they have taken special healthcare-related courses, or can speak a language fluently. We encourage students to limit their resumes to one or two pages.

While the resume review was done, the program for the day proceeded, with a panel of recently-graduated nurses discussing prepared questions. The students listened attentively to their experiences taking the NCLEX, interviewing for and then starting a new job, and handling the stress of performing a nursing procedure for the first time. The novice nurses advised about the importance of admitting what you do not know and for seeking the supervision of an experienced nurse when tackling something new. As they pointed out, it is all about ensuring the safety of patients.

A representative from an agency that helps graduate nurses prepare for the NCLEX exams presented the importance of approaching these exams with the safe care of patients in mind. She was engaging and entertaining.

It was wonderful to see the next generation of nurses be so prepared and enthusiastic about their future careers. We saw them recognize the importance of participating in this important event sponsored by their student organization, the harbinger of our professional organization.

Janet Ross, MS, RN, PMHCNS is the Assistant Commissioner for Clinical and Professional Services/ Director of Licensing for the Massachusetts Department of Mental Health.

bulletin board

Friday, June 7th, 2019

Last chance to register for the Spring Symposium, Friday, June 7th, Curry College

The ANA Annual Symposium is a time for nurse planners, primary nurse planners and professional development nurses to explore topics in continuing education. We will learn, network, have fun and recharge. The focus this year is creatively designing programs to meet the ANCC criteria.

- Bring your challenges, questions and creative ideas to discuss with nurse colleagues, peer reviewers and the ANA Mass.
- We will discuss best practices, content integrity, and formative evaluation techniques.

Tuesday, October 1st, 2019

Hot Topics: Water Cooler Solutions
Save the Date? Tuesday, October 1, 2019 - Health Policy Legislative Forum, Massachusetts State House

SAVE THE DATE! The Health Policy Forum will be held on Tuesday 10/1/2019 at the State House. In addition, the Health Policy Committee will be monitoring the status of other legislative priorities in the Commonwealth and providing testimony on key issues. Our meetings are held monthly on the 1st Monday, alternating video conference calls and face to face. If you are interested in participating, please contact us at info@anamass.org

Wednesday, October 16th, 2019

President's Lecture Series on Health, Regis College

Don't miss our next panel, *Health Care by Zip Code: Health Disparity or Equity?*

- Mark the date on your calendar now, October 16, 2019 at 6:15 pm.

Registration will open September 6, 2019. Details available in the September issue.

Tuesday, November 5th, 2019

7th Massachusetts Regional Caring Science Consortium Conference, November 5, 2019, 7:30 am-12 noon

Inviting nurses to attend the 7th Massachusetts Regional Caring Science Consortium (MRCSC) **Tuesday, November 5, 2019, UMass Worcester Graduate School of Nursing, 7:30 am - 12 noon.**

- The MRCSC is a forum for nurses to reclaim the heart of nursing by sharing and exploring caring practices that foster and sustain personal and professional well-being, healing relationships with colleagues and patients, healthy work environments, and best outcomes in patient care.
- The conference features a keynote speaker and presentations by a panel of nurse Caritas Coaches®, graduates of the Watson Caring Science Institute's Caritas Coach Education Program® (CCEP), which prepares nurses and other health care providers to coach, teach and implement caring-healing philosophy and practices. These coaches will present caring-practice projects, based on Caring Science concepts, that they launched in their acute care and outpatient care settings with healing outcomes.
- There will be time for interactive questions and discussion and some take-home handouts.
- Join the presentations and conversation on November 5, 2019 to renew your caring practices and heart of nursing. Continental breakfast, parking, and contact hours will be provided.
- Conference details will be posted on the MRCSC website (mrcsc.org) as they are finalized. Registration is required by October 4, 2019. You can register on the MRCSC website at mrcsc.org or by contacting Lynne Wagner directly for information and registration at alynnewagner@outlook.com.
- There is no fee for the conference, but registration is required.

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Advocacy

- Protecting Your Safety and Health
- ANA's HealthyNurse™ program
- Strengthening nursing's voice at the State and National Levels
- National and State-Level Lobby Days
- Lobbying on issues important to nursing and health care and advocating for all nurses
- Representing nursing where it matters/ representation in the MA State House
- Speaking for U.S nurses as the only U.S.A member of the International Council of Nurses
- Protecting and safeguarding your Nursing Practice Act Advocating at the state level
- ANA-PAC demonstrates to policymakers that nurses are actively involved in the issues that impact our profession and patients
- ANA Mass Action Team
- ANA's Nurses Strategic Action Team (N-STAT)

Personal Benefits

- Professional Liability Insurance offered by Mercer
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We hope you enjoyed this edition of the Massachusetts Report on Nursing, sent to every RN in the Commonwealth.

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The **ANA Massachusetts Action Team – MAT** cordially invites you to join this exciting team, when you join you will be lending your voice to those matters affecting all nurses in Massachusetts.

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ANA Massachusetts Mission

ANA Massachusetts is committed to the advancement of the profession of nursing and of quality patient care across the Commonwealth.

Vision

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

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