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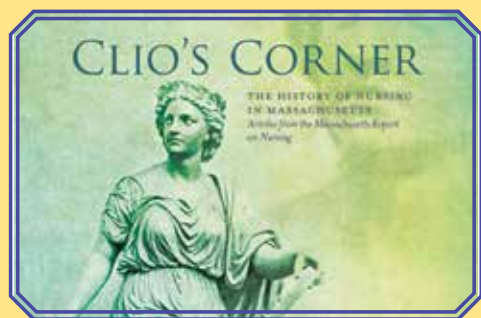
Do you know this nurse?
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Vol. 16 No. 4



December 2018

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It's Not Too Soon to Begin to Think about Nominating a Colleague for an ANA MA Award

You work with or know nurse colleagues whose commitment to nursing and to patient care is exemplary. Yet in the rush of today's world, there is often little time to acknowledge them and their professional contributions. ANA MA Awards provide you the opportunity to honor their remarkable, but often unrecognized, practice.

Most ANA MA Awards are not restricted to ANA MA members. Nominees can be a member of ANA MA or a non-ANA MA member who is nominated by a member of ANA MA. These awards can be peer- or self-nominated.

For more information on and applications for the various scholarships and awards offered by ANA MA please visit the ANA MA web site: www.anamass.org

Mary A. Manning Nurse Mentoring Award

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

Excellence in Nursing Practice Award

The ANA MA *Excellence in Nursing Practice* is presented yearly to a registered nurse who demonstrates excellence in clinical practice. (ANA MA membership not required)

Excellence in Nursing Education Award

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

Excellence in Nursing Research Award

The ANA MA *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. (ANA MA membership not required)

Loyal Service Award

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

Community Service Award

This award is presented annually to a nurse whose community service has a positive impact on the citizens of Massachusetts. (ANA MA membership not required)

Friend of Nursing Award

This award is presented annually to a person or persons who have demonstrated strong support for the profession of nursing in Massachusetts. (ANA MA membership not required)

Future Nurse Leader Award

The Future Nurse Leader Award was established to recognize nurses who have demonstrated leadership potential during nursing school or in their first nursing position. It is designed to encourage recent nursing graduates to become active in ANA Massachusetts and to develop their leadership skills. Nominees for this award must be graduating in the year nominated or have graduated from any pre-licensure nursing program within two years of the nomination deadline.

Nomination must be made by an ANA MA member. An additional letter of support from another ANA MA member is required. At least one letter of support must come from the Dean or a faculty member of the nominee's nursing program.

The nominee selected must plan to live in Massachusetts for one year after receiving the award and serve on one of ANA MA's committees for one year.

The recipient of this award will receive a one year ANA MA membership and will attend the annual ANA MA Awards dinner free of charge.

The nomination process for all awards is easy:

- Access the applications at the ANA MA website: www.anamass.org
- Complete the application and **submit electronically or by mail** by the deadline of January 12, 2019
- If you have any questions or need help, call ANA MA at 617-990-2856

Professional Scholarships

Ruth Lang Fitzgerald Memorial Scholarship

This scholarship was established by the Fitzgerald family in memory of Ruth Lang Fitzgerald, a long time member of ANA MA. The monetary award of up to \$1,000 is given each year to a member of the ANA MA to pursue an area of special interest or a special project that will be

Nominate a Colleague continued on page 3

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PRESIDENT’S MESSAGE

Donna M. Glynn, PhD, RN, ANP

As I reflect on my New Year’s resolutions and the challenges of the coming year, I think about the ballot question that divided nurses in the Commonwealth. With this election behind us, I want to work towards reunifying nurses to improve care, outcomes and professional practice.

Question 1 initiated some difficult and necessary discussions about the future of health care and the nursing workforce. These discussions will continue as debates in the legislature, boardrooms, newspapers and dinner tables. We need to continue these discussions until all perspectives are heard both for the voters of the commonwealth and most importantly, for our patients.

ANA Massachusetts will continue to be the voice of professional nursing practice in the Commonwealth. ANA Massachusetts will continue to advocate for optimal staffing as an essential component of providing safe care to our patients. ANA nationally introduced the Safe Staffing for Nurse and Patient Safety Act of 2018 (S. 2446, H.R. 5052). This bipartisan legislation requires hospitals to establish a committee, comprised of a minimum of 55 percent direct care nurses, to develop nurse staffing plans specific to each patient care unit. In addition,

we will continue to address legislative issues affecting nursing practice, work to ensure that nurses are practicing to the full extent of their education and training, promote an improved nursing educational system for seamless academic progression and allow nurses to become full partners in all healthcare decisions in Massachusetts.

ANA Massachusetts will continue to provide nurses with high quality educational programs and events. We are excited to announce a new location for our annual Spring Conference and Awards Dinner. This year the event will take place on March 29th at the Royal Sonesta Boston. The conference planning committee is developing an exciting curriculum for the conference. During the awards dinner, we will celebrate the accomplishments of nurses. Please take a moment to review the awards criteria included in this newsletter and recommend a deserving colleague.

During the upcoming year, please consider joining and being involved in ANA Massachusetts. I wish everyone a Happy New Year and thank you for your support.



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ANA Massachusetts Fall Conference



Nancy W. Gaden, DNP, RN, NEA-BC
SVP/Chief Nursing Officer, Boston Medical
Center addresses the attendees on the
unintended consequences of the
Staffing Ratio Bill



Joanne Timmons, MPH, Domestic Violence
Program Manager, Boston Medical Center
addresses domestic and sexual violence. Over
100 RNs from across the Commonwealth
in attendance representing staff nurses,
ambulatory care, advanced practice, and
diversity within the profession. Meets DPH
requirements for chapter 260 training for
RN licensure renewal.

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Nominate a Colleague continued from page 1

beneficial to the member and /or the association. The scholarship can be used to attend an educational conference or some other educational activity. It may also be used for participation in a humanitarian aid project. (ANA MA membership required)

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. The \$1,000 scholarship can *only* be applied to tuition and fees.

Application Process for Scholarships

- Access the application for either scholarship at the ANA MA Website: www.anamass.org
- Complete the application and submit electronically or by mail (postmarked by **January 12, 2019 for Fitzgerald Scholarship; March 15, 2019 for Davis Scholarship**)
- If you have any questions or need help, call ANA MA at (617) 990-2856.
- The selected recipients will be notified by January 25, 2019 for Fitzgerald Scholarship and by April 1, 2019 for Davis Scholarship.

Living Legends in Massachusetts Nursing Award

The prestigious Living Legend in Massachusetts Nursing Award recognizes nurses who have made a significant contribution to the profession of nursing on a state (Massachusetts), national or international level.

Living Legends in Massachusetts Nursing Awards are presented each year at the ANA MA Awards dinner ceremony. **Candidates for this award should be a current or past member of the American Nurses Association Massachusetts (ANA MA) or a member of the Massachusetts Nurses Association (MNA) when it served as the state affiliate for the American Nurses Association (ANA) and be nominated by a colleague.**

Nomination Process

- Access the application at the ANA MA website: www.anamass.org
- Complete the application and submit electronically or by mail by the **deadline of January 12, 2019**
- If you have questions, need help? Call ANA MA at 617-990-2856

Jean C. Solodiuk, PhD, CPNP, MSN, RN

“There is a superhero in ALL of us. We just need the courage to put on the cape.” Superman

“I am so glad you use your superpowers for good rather than for evil!” proclaimed a 12 year-old comic book aficionado. A few minutes before, he was writhing from post-surgical pain. He had a cancerous bony tumor removed. His nurse urgently called me to the bedside. As the nurse practitioner in the Pain Center, I gave him a bolus of local anesthetic through his nerve catheter. Within minutes, this 12 year-old with alopecia, and a bloodied knee dressing jested “If you inflicted pain with the same force that you used to take it away, you would be the worst villain ever.”

I admit, as a nurse, I loved his image of nurse as a superhero fighting against pain and suffering. Hey, we DO have a not-too-distant-past of wearing capes (check out the 1961 Vintage Barbie Nurse uniform with cape).

However, it did make me pause when he spoke of my “superpowers” as having the potential to be used for both good and evil. Immediately, I thought of Louise Fletcher’s fictional Nurse Ratched in the movie One Flew Over the Cuckoo’s Nest (based on the novel by the same name by Ken Kesey). Nurse Ratched used her influence and power to destroy lives in the name of maintaining order. Fortunately, nonfiction evil nurses like this are extremely rare.

Each day, nurses deliver immense good to many people. Nurses communicate empathy and concern. Nurses provide comfort from pain and suffering. Nurses coordinate patient care within a complex health system. Nurses identify medical errors and alert providers with concerns. There are many more examples of this!

And yet, I believe that we have the potential for even greater good. During this time of transition from 2018 to 2019, I hope that you will take time to reflect on your nursing “superpowers” and how to enhance them. What questions do you have about your practice? What topics do you need



to read about to strengthen your practice? What questions are unanswered in the literature and require further study? In addition, I hope that you will consider what you can do to improve the gaps in care within the health care system. I will definitely be reflecting on my own practice. Together we can save the world.

Dear Colleagues,

I want to thank Susan LaRocco for her enthusiasm and efforts as the editor of the ANA Massachusetts Newsletter for the past three years. Before I knew her personally, I was inspired by her words in the ANA newsletter. I wish her well as the Dean of the School of Nursing at Mount Saint Mary College in Newburgh NY where, I am sure Susan will continue to inspire nurses.

In this edition, check out **Our Very Own Clio: Mary Ellen Doona Tells Her Story**. This article is Susan’s interview with Mary Ellen Doona. Nursing is so lucky to have both of these nurses.

Best Wishes, Susan.
Jean C. Solodiuk



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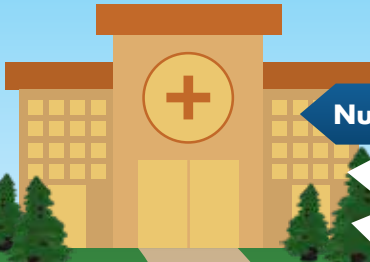
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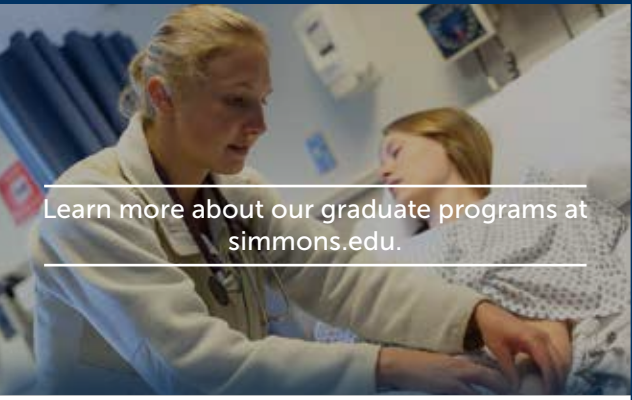
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CLIO'S CORNER



Our Very Own Clio: Mary Ellen Doona Tells Her Story

Susan LaRocco

I was serving on the Education Committee at the History of Nursing Archives as a professional responsibility but it was my questions about the status of psychiatric nursing that prompted my research into nursing's history. I decided to focus on Linda Richards, America's putative first trained nurse who towards the end of her career established nurses' training schools at state hospitals in Worcester, Taunton and Kalamazoo, Michigan. I searched for her story in the Massachusetts Nurses Association (MNA) Collection at the Archives and wrote up my findings "At least as well cared for..." Linda Richards and the Mentally Ill" published by Sigma Theta Tau in the journal *Image*.

My immersion in the MNA Collection yielded an unexpected discovery – Mary E. P. Davis. Her quest to gain laws to protect nurses makes her especially significant for Massachusetts. On the 26th of February 1903 she gathered nurses and their supporters from across the Commonwealth at Faneuil Hall but could not proceed until they were formally associated. Immediately, these nurses established the Massachusetts State Nurses Association (now ANA Massachusetts) and then nominated Davis from the floor as its president. Davis acknowledged their recognition of her leadership but declined the nomination so she could focus on the licensure quest. By 1910 nurses from approved training schools were signing RN after their names.

Massachusetts' nurses should know this Founding Mother, but for many, patient care trumped archival research. Denise Sullivan, the editor of *The Massachusetts Nurse*, provided the solution and published "The Cause is Just," the title of the article a phrase that Davis borrowed from revolutionary America to depict nurses' quest for legal recognition. Some years later when Davis was to be inducted into ANA's Hall of Fame for her part in establishing the *American Journal of Nursing* in 1900, MNA asked me to portray her. I sewed up a period dress, rented a wig and granny glasses and went off the Washington, D.C. convention. As nurses came by the Hall of Fame exhibit, they wanted the new inductees to tell their stories, and then, had their pictures taken with them.

Memories of the excitement of those nurses as they "met" historical figures, shaped MNA's celebration of its eightieth anniversary not too long after. Nurses from MNA's five districts: Therese Mullen (1), Pat Brigham (2), Barbara Low (3), Suzanne Rogers (4), Anne Marie Laporta

Sullivan (5) created costumes and portrayed historical nurses from their districts, namely, Mary E. Hickey, Clara Barton, Sophia Palmer, Rebecca Nurse and Linda Richards. After a moment in the spotlight as I recounted their history, each joined the President's Reception and mingled with the conventioners. Photos and text appeared in the next issue of *The Massachusetts Nurse* for nurses who were unable to attend the convention.

Both Davis and Massachusetts' nurses sparked my venture into history, but truth be told, history is the air we breathe in the Commonwealth. In 1975 that air became more invigorating when ANA kicked off the Nation's Bicentennial at Faneuil Hall. As members became increasingly aware of their history, Richard Tierney, MNA's Executive Director discussed the possibility of a nursing history society. As we met in August 1983 I said, "If MNA does this, then it should be named after Lucy Lincoln Drown, MNA's first historian." That fall MNA's Board of Directors, headed by President Nancy Waldron, created the *Lucy Lincoln Drown Nursing History Society*, and named me as MNA Historian and Chair of its Executive Committee. Best of all, every MNA member was a member of the *Society*.

From 1983-2001 MNA's Denise Sullivan, Sarah Moroney and later nursing's North Star, Shirley Duggan, staffed the *Society's* Executive Committee, nicknaming it the *Lucy's*. Its first members were: Ann Donovan, Alice Friedman, Claire Scigliano, Mary Ann Matzo and Joanne Garvey with historians Susan Reverby and Janet Wilson James serving as consultants. Much too soon Janet Wilson James died but not before helping the *Society* create *Guidelines for Preservation of Nursing School Records* that was especially needed as more and more hospital-based nursing schools were closing.

Over the years there was the usual flux and flow as members dropped out and others joined in, all serving the integrity of MNA's thread to its past. Alice H. Friedman from Western Massachusetts was a member from start to finish. Jeanine Young-Mason served briefly, while Joellen W. Hawkins, Loretta P. Higgins, Ursula Van Ryzin, Patricia Tyra and Debbie Wheeler were long-term members. Barbara Fulton travelled to Seneca Falls, NY as the *Society's* nominee, Mary Eliza Mahoney, was inducted into the Women's Hall of Fame.

During Labor Day weekend of September 1984 the *Society* participated in Chi Eta Phi's ceremonies rededicating Mary Eliza Mahoney's grave-site in Woodlawn Cemetery Everett, MA. The next year the *Society* presented a panel: "Where are the Diamonds?" at MNA's convention to mark the 75th anniversary of nursing registration. For ANA's Boston convention in 1990 the *Society's* prepared *Eyes on the Future: A Compilation of Massachusetts Nursing History* that gathered together in one place articles, reprints of chapters, profiles, testimonials, memorial

moments, programs, archival sources, research methods, activities and reports. Mary Ann Matzo circulated through the convention dressed as a colonial nurse.

With *Three Hundred Years Young* in 1993, the *Society* marked MNA's 90th Anniversary by returning to Faneuil Hall. Graduate nurses and nursing students, forty-seven of them, in historical garb from pre-colonial Native American nurses to nurses of the far off future paraded into the Hall. Then speaking from a script based in primary sources MNA officers reenacted the 1903 meeting. MNA President Peg Barry showed hidden thespian talents in her portrayal of the notorious woman who passed herself off as a trained nurse on an unsuspecting public. She repeated the role in 1996 when the *Society* presented "Voices from One Hundred Years Ago" to mark ANA's Centennial at the Nursing Archives Associates Annual meeting. Joining her were Catherine Tinkham as Linda Richards, Joellen Hawkins as Sophia Palmer, Maureen Tully Lopez as Lavinia L. Dock and Muriel Poulin as Isabel Hampton Robb.

As mandated, the *Society* associated with other historically minded societies such as the Guild of St Barnabas, America's oldest nursing organization and attended its one-hundredth year ceremonies at Trinity Church in Copley Square on June 11, 1986. The *Society* became a member of the Dimock Heritage Committee at Linda Richards and Mary Eliza Mahoney's Alma Mater, the New England Hospital for Women and Children. On July 17, 1991 the *Society* attended ceremonies there as Senator Edward M. Kennedy presided over the conferral of National Landmark status. June 20, 1992 marked the dedication of the Mary Eliza Mahoney Wing of Youth and Family Services building at Dimock Community Health Center. The *Society* attended that and the Center's celebration of "125 years of Caring 1863-1988. I spoke on Linda Richards receiving nursing's first diploma from Susan Dimock MD during "Monumental Women: Heroes in Health and Harmony" marking the restoration of the monument over her grave in Forest Hills Cemetery. Then on May 23, 1995 the *Society* attended First Lady Hillary Rodham Clinton's address at the ground-breaking ceremony of the Linda Richards building extension at Dimock Community Health Center.

In 1987 the *Society* joined with MNA's District One to create an elegant array of District One's history. The poster series, "Best of the West," elicited a spirited discussion at MNA's meeting in Springfield that Mary Ann Matzo reported led to making nursing history the focus of its 1989 Nurses Day Celebration. The *Society* wrote "Nursing in Massachusetts during the Roaring Twenties" (authors: Mary Ellen Doona, Joellen W. Hawkins, Ursula Van Ryzin, Alice H. Friedman and Loretta P. Higgins) that the *Historical Journal of Massachusetts* published in 1995; Mary Ellen Doona, Joellen W. Hawkins, Loretta Higgins and Ursula van Ryzin presented a poster: "Massachusetts Nursing: Formation, Reformation and Transformation" at the 1993 National League for Nursing's Centennial in Boston. On June 18, 1996 the *Society* presented: "Ethics, Nursing and a Century of Revolution: Contributions to Personal Health Care" at ANA's centennial convention in Washington, DC with Patricia Tyra as Alice Robinson; Joellen Hawkins as a Red Cross Nurse; Loretta Higgins as Lavinia L. Dock; Alice Friedman as Lillian Wald and Mary Ellen Doona as Eurycleia from Homer's *Odyssey*.

All this was possible because seasoned nurses, recent graduates and nursing students made nursing history a vital part of MNA activities. The *Society* also recognized nurses who had preserved nursing's record and fostered nurses' research into their history with its *Lucy Lincoln Drown Nursing History Award*. Among the honorees were: Mary Ellen Doona, Josephine A. Dolan, Alice Howell Friedman, Joellen Hawkins, Ruth Farrissey, and Debbie Wheeler.

A variety of authors wrote for the Nursing Revisited page that appeared in each issue of *The*



Mary Ellen Doona

Who is the Nurse in the Masthead?

Alice Friedman



Nursing history's devoted servant, Alice Marie (Howell) Friedman (February 17, 1922-January 14, 2014) grew up in a military family. A childhood moving from base to base prepared Friedman for meeting new people and assessing situations that she would hone as a public health nurse, first at Henry Street Settlement House in New York and then

in Boston with the Visiting Nurses Association. With a diploma from Massachusetts General Hospital School of Nursing and degrees from Teachers College (1947) and Boston University (1967) Friedman was in demand. Even as she taught public health nursing at Boston College and University of Massachusetts at Amherst, Friedman was a member of the Nursing Archives Associates and its president in 1985. She served MNA's *Lucy Lincoln Drown Nursing History Society* from its inception to its end.

Massachusetts Nurse but that and other activities came to an end when MNA disaffiliated from ANA. Without missing a beat, nurses wishing to remain with ANA created the Massachusetts Association of Registered Nurses on March 12, 2001, incorporating it eleven days later. Thus they kept intact the thread to their origins in Faneuil Hall that distinguished them and their association whether named MSNA (1903), MNA (1959), MARN (2001), or American Nurses Association Massachusetts (ANA MA, 2014).

On July 24, 2003 the Massachusetts Association of Registered Nurses Collection opened at the History of Nursing Archives to preserve precious documents. By 2004 MARN had decided not to create a nursing history society. That year as the United States marked a year in Iraq, the first Clio's Corner appeared with "Nurses in Service to Soldiers" in the June issue of the *Massachusetts Report on Nursing* at the request of Editor Myra Cacace. Named for the muse of history who keeps her eyes on the present with a pen in one hand ready to record significant deeds in the Book of Fame she holds in the other, Clio privileges their remembrance as the inspiration for the future. Even as Clio evokes nursing's roots in Antiquity, she also epitomizes the urgent now of nursing practice with nurses keeping their eyes on their patients, watching for the significant moment to move them toward the future while remembering outcomes that will inspire their next nursing judgment.

Myra Cacace's wish to collect Clio columns became a reality in 2016 with Susan LaRocco's editing the articles from 2004-2016 into *Clio's Corner: The History of Nursing in Massachusetts: Articles from the Massachusetts Report on Nursing* (ANA Massachusetts, 2016). Proud of their past, nurses have been generous in their praise of Clio. Honoring Ida Jean Orlando as a Living Legend for the history she made emphasizing the nurse-patient relationship completed in 2006 what was in process in 2001 as MNA split from ANA. In awarding nursing archivist, Diane Shugrue Gallagher, with its Friend of Nursing Award in 2015, ANA Massachusetts honored not only her long tenure at the History of Nursing Archives but also all other archivists who are protecting nursing's fragile documents in archives throughout Massachusetts and beyond. The most fragile of all these archives is the one held in each nurse's mind. Accordingly, in 2015 ANA MA honored Ann Donovan, Lt. Cmdr. (Retired) at her 99th birthday. One of the *Lucy's*, Donovan freely shared the history she had made and that which she had seen over her long nursing career. With her death the next year that archive, as that of so many other nurses before her, was closed forever.

In 1966 Mary Ann Garrigan had staunched the hemorrhage of nursing's memories when she created the History of Nursing Archive at Boston University. Garrigan knew well that the history that nurses are making at every moment must be saved. As Clio's Corner reminds them, their predecessors also had such moments. Their present became Clio's readers' past, just as our present will become the past of future nurses.

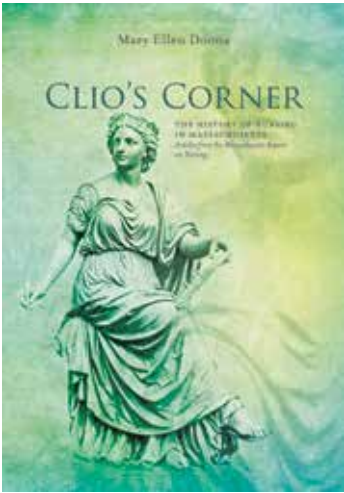
If Davis from long ago provided the spark that lit up Massachusetts nursing history, every day Massachusetts nurses provide the motivation for each Clio's Corner. I end as I began, concerned about the status of psychiatric nursing.

Past Editor's Note: I am honored to know Mary Ellen Doona. Her dedication to sharing her research into the nursing history of Massachusetts has enriched us all. We celebrate her countless hours in the Nursing Archives as she probed the original sources that informed her writing. Without fail, every three months, her wonderful articles appeared in my inbox. She never missed a deadline and never runs out of topics. I am in awe of her ability to make history come alive. It is with gratitude that I celebrate our own Clio: Mary Ellen Doona.

Clio's Corner: In Book Form

Clio's Corner has been a popular feature in the *Massachusetts Report on Nursing*, the official publication of the American Nurses Association Massachusetts for more than 10 years. Dr Mary Ellen Doona makes nursing history come alive as she introduces us to the people and events that shaped nursing in Massachusetts. Through her writings we learn about the early nursing organizations, the schools that have educated nurses in Massachusetts and the heroic efforts to care for patients in the aftermath of the infamous Cocoanut Grove fire and much more.

This compilation of almost 50 columns provides the reader with a new appreciation of the influence nurses have had on the health care system. Her reader-friendly style of writing makes you feel as if you have met these famous nurses or witnessed the events described. This compilation of Clio's Corner provides us with easy access to her articles. We sincerely hope that there will be many more Clio's Corner articles in the future issues of the *Massachusetts Report on Nursing*.





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Looking to Become Nurse Faculty:
Consider the Nurse Faculty Loan Program

Cheryl Williams



Introduction
There is a critical and growing nursing faculty shortage in the both in the United States (US) and the Commonwealth of Massachusetts (MA). Although the problem is multifactorial, the Nursing Faculty Loan Program (NFLP) may help. The NFLP provides federal repayment for nursing faculty. To better understand nurse’s knowledge about NFLP, Salem State University (SSU) collaborated with the ANA MA to add 8 questions to the ANA MA annual membership poll. This article details the nursing faculty shortage and the results of the NFLP poll.

Nursing Faculty Shortage
There is a large and enduring national and state nursing faculty shortage. Nationally, Buerhaus, Staiger, and Auerbach (2009) reported that of the approximate 32,000 nurse educators in 2008, 50% of them expected to retire in 2015 and 27,000 by 2023. Regionally, MA is experiencing a nursing faculty shortage which may be larger than other states. MA has the highest population of older nurses than younger nurses (Buerhaus, Skinner, Auerbach, & Staiger, 2017). Furthermore, according to American Association of Colleges of Nursing (AACN) 2018 reports, nursing schools in the US turned away 64,067 qualified applicants from baccalaureate and graduate nursing programs in 2016 due to an insufficient faculty. According to a 2017 MA Action Coalition (MAAC) report, the remaining nurse faculty is over-worked, under-compensated, stressed, and leaving nursing education for more lucrative compensation packages in the private sector (Bittner & Bechtel, 2017). If this trend continues, the lack of qualified nurse faculty in MA may detrimentally affect health care outcomes.

Nurse Faculty Loan Program
MAAC, MARILN, and ANA MA are developing incentives to increase the numbers of qualified nursing faculty. One incentive is the NFLP funded by Health Resources and Services Administration (HRSA). NFLP is predominantly awarded to doctoral nursing candidates; however some funding is allocated for MSN nursing education. Nurse faculty who accept the loan repayment terms may have up to 85% of their educational loans paid if they teach nursing full-time for four years after graduation.

Survey Results
The ANA MA, MAAC, and MARILN, teamed up with Salem State University (SSU) graduate nursing student and faculty to determine how many ANA MA members were familiar with the NFLP and would consider graduate school as a result of the NFLP. The 2018 ANA MA membership survey was answered by 196 members (10% response rate). The membership was older, with 72% of the respondents being 50-80 years old; 26% were 49 years or less. The ANA MA nurses were educated with 30% holding a doctoral degree, 46% MSN, 29% BSN, 4% ADN and Diploma. Most worked for more than 30 years (66%) in hospital-associated practice (69%) and were certified (60%). Only 13% worked in academics. Thirty-five percent considered going back to school for a MSN in nursing education. The below results describe the responses to survey questions related to NFLP. Ninety nurses (5% of the ANA MA membership) completed the survey. The last 2 questions were only completed by nurses who reported interest in returning to school to become nurse faculty.

- 77% of those surveyed reported that they were not aware of the NFLP program.
- 59% reported that they thought NFLP was a motivating factor to return to school
- 53% would seek a full-time nursing faculty position after graduation

Being cognizant that many senior nurse clinicians earn a higher salary than an MSN nurse faculty, the survey questions offered realistic nurse faculty salaries in comparison.

- 51% reported they would accept the Bureau of Labor Statistics average salary for a MSN nursing faculty member - \$69,000/9 months.
- 60% reported they would accept the American Academy or University Professors, MSN-prepared faculty surveys by rank for a 9 month contract: Instructor: \$50,000-53,000; Lecturer: \$53,000-57,000; Assistant Professor: \$63,000-65,000

Implications
Of the survey respondents, 59% (n=90) reported interest in going back to school with assistance from the NFLP, however, 77% had never heard of the program before taking the survey. Experience and life-long learning (educated beyond entry level) are two key attributes of a nurse educator. In order to improve the nurse faculty shortages, we need to let nurses know about NFLP.

- If you are a nurse interested in the NFLP, ask state schools if they are part of the NFLP program.
- If your local state school is not participating in NFLP, ask them to apply for a sponsorship in the NFLP program.
- Nursing faculty should work with state university and college administrators to consider adding this loan repayment program to their financial-aid packages.

We do not know what the impact of NFLP would be if more nurses knew about NFLP. We do know that something must be done soon to increase nursing faculty in nursing schools.

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Every Nurse Should Have Suicide Prevention Training

Lydia N. Solodiuk

Suicide is within the top four causes of death for ages 10-54 (Center for Disease Control, 2016). A death by suicide is complicated, tragic AND often preventable. For this reason, clinicians including nurses should be educated in suicide prevention. Unfortunately, there isn't a standardized system for nurses to receive this vital training. To help address this educational need, Samaritans (a Boston non-profit dedicated to suicide prevention) has responded to healthcare institutions and nursing programs requesting their free suicide prevention workshops.

When asked what nurses should know about suicide prevention, Samaritans' Executive Director Steve Mongeau emphatically responded simply "That suicide is preventable; ask the question." To further illustrate, Mr. Mongeau imagined a nurse-patient scenario where a patient with self-inflicted wounds is at the moment of inpatient discharge. The hypothetical patient voiced their worry that going home means being unsafe and unsupported. The nurse's response to the ambiguity was to compassionately look them in the eyes, and ask the question "Are you suicidal?" directly. When the answer was yes, the nurse took time to be compassionate and validate the answer, by saying "Thank you for sharing," before proceeding to a suicide risk assessment. In that moment, you could see Mr. Mongeau's clear vision of clinicians whose compassion is supported with knowledge.

The Samaritans suicide prevention workshops are coordinated and delivered by the dynamic Community Education and Outreach team, comprised of Lauren Gablinske (Director) and Rose Cheyette (Manager), who understand the need within the community. Ms. Gablinske notes, "The healthcare field is at the point of bridging the gap between mental health and physical health, but suicide prevention is still falling through that gap. Clinicians don't know what to do. They are fixers and can't be fixers in that situation. They want to know how they can ask in a compassionate way 'Are you suicidal?' That's where we can help." One nursing student who attended a workshop at Boston College mentioned the value of "being more confident in asking directly about suicidal ideation." And asking directly is essential. Suicide prevention organizations are often asked whether discussing suicidal feelings endangers the person by inadvertently suggesting suicide. To the contrary, the National Institute of Mental Health recommends a direct question as the first of "5 Action Steps" in their suicide prevention worksheet (See sidebar).

Unfortunately, little is known about suicide rates of nurses. Davidson et al. noted a lack of current quantitative data on both depression and suicide prevalence in the nursing profession. Their search "produced no public data identifying a national nurse suicide rate" and a literature review of mostly anecdotal reflections and "five dated descriptive studies." Interestingly, data on national suicide rates are collected for other public service professions: physicians, teachers, police officers,



firefighters and military personnel. This dearth of nurse-specific data makes it challenging to develop evidence-based best practices to support the nurses. As an example of positive change to address this void, the authors described the HEAR project at University of California, San Diego Health. This suicide screening tool was extended to include nurses after being used with physicians and pharmacists for years. Of the nurses who took the screening, 18% accepted various forms of mental health referrals.

In addition to screening patients directly, it is important to consider systems issues when implementing screening practices within a health care institution. Ms. Cheyette reported that when clinicians identify a patient at risk for suicide, "Clinicians may not even know who to hand off [the patient] to, or may not have a phone number or specialist to refer the patient." At one particular workshop, attendees were unclear about the referral protocol at their institution and the specialist in question happened to be in attending the same workshop. The specialist explained and clarified her role within the institution to her colleagues, starting a valuable conversation that will likely make a difference in their patient's lives and more broadly demonstrating the impact of timely and accurate suicide prevention resources .

While addressing suicide in our society is a complicated public health concern, nurses are in a position to make a difference especially when suicide prevention has institutional priority and support.

For more information about free suicide prevention workshops in the greater Boston area, contact Rose Cheyette at rcheyette@samaritanshope.org.

Feeling hopeless? Samaritans is here to listen. Call or text 877-870-4673 (HOPE)

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5 Action Steps for Helping Someone in Emotional Pain

- 1. Ask:** "Are you thinking about killing yourself?" It's not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.
- 2. Keep them safe:** Reducing a suicidal person's access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.
- 3. Be there:** Listen carefully and learn what the individual is thinking and feeling. Findings suggest acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.
- 4. Help them connect:** Save the National Suicide Prevention Lifeline's number in your phone so it's there when you need it: 1-800-273-TALK (8255). You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.
- 5. Stay Connected:** Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

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Partnerships between Clinical Nurses and Nurse Researchers

Brenna L. Quinn, PhD, RN, Michelle Rybicki, RN, NCSN, Cathy Riccio, MSN, RN

“Never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself.” ~Florence Nightingale.

Nurse researchers benefit from partnerships with clinical nurses to identify research that is pertinent to current clinical issues. Similarly, clinical nurses are able to solve problems and contribute to evidence generation through relationships with nurse researchers. Recently, we (school nurse: Michelle Rybicki; district nurse leader: Cathy Riccio; and school nurse researcher: Brenna Quinn) formed a research-practice partnership to address pain in schoolchildren with intellectual disability (ID).

Michelle, Cathy, and Brenna met during a continuing education session hosted by the Northeastern University School Health Academy. Brenna was providing a training to school nurse attendees on pain assessment in children with ID. During the talk, Cathy and Michelle thought one of the pain assessment tools discussed could be helpful for a classroom of students with ID in which teachers expressed difficulty knowing when pain might be occurring in the students.

The pain assessment tool Cathy and Michelle thought would be great to try in their classrooms for students with ID had only been tested for use in the hospital setting. We worked together to formulate a study to determine if using the tool in the school setting would help teachers identify pain, nurses assess pain, and parents have confidence in school staff members’ ability to comprehensively care for their children. We have collected a series of questionnaires and provided education to the school nurses and staff members, and are now in the process of analyzing the survey data to determine if there were any changes in pain knowledge, ease of assessment, and confidence in addressing pain.

The partnership and project allowed the researcher to solve a real problem that full-time clinicians were experiencing, instead of studying something that seemed like it needed to be studied. As the translation of evidence to direct care usually takes years, the researcher was excited to see a project come to life and better the experiences schoolchildren with ID have in a short time. Often, researchers are not able to see the impact that studies have on populations of patients and professionals, but through this partnership she was able to hear about changes in the school district stemming from this project.

Clinical partners are often concerned that researchers only want to implement projects that do not seem relevant to the problems they face in daily practice. For other nurse academics hoping to conduct studies with practicing nurses, the researcher advises allowing the clinical partners to direct the research question. The researcher can support the project by suggesting an appropriate study design, data management plan, and overseeing dissemination efforts.

For the clinical partners, working with a researcher has afforded them access to current research, new practices, and study planning. These tools have allowed them to teach staff and parents about different pain assessment tools that are available in order to more effectively identify pain for children who are non-verbal or otherwise unable to reliably self-report pain in a way teachers may easily notice. Working with a researcher has enhanced the nursing practices of the clinical partners. Further, the partnership has brought evidence-based practices to the teachers and students within the school district.

Already, our partnership and work on this “practical beginning” has germinated improvements in care for schoolchildren with ID.



Brenna Quinn



Michelle Rybicki



Cathy Riccio

Building Relationships with Academic Partners in the Hospital Setting

Susan Belton, MSN, RN, CNL, Clare Condon, BSN, RN

As we reflect on our own experiences as nursing students, we remember nurses who made a positive impact on the patient experience and ultimately helped to form our own clinical practice. Last fall, we began an initiative at our organization to enhance the clinical experience for nursing students through improved communication, standardization of documentation, and collecting student surveys at the end of each clinical rotation. Our purpose is to pursue strategies to assure that future nurses develop the Quality and Safety Education for Nurses (QSEN) competencies in all areas including patient-centered care, teamwork, evidence-based practice, quality improvement, safety, and informatics (QSEN Competencies).

To improve communication we established contact information for each School of Nursing and encouraged direct real-time interaction if there should be any concerns throughout the semester. Patient Care directors and educators then met with each clinical group to discuss our organizations’ mission, vision, and values. This helped the nursing students to understand that our organization strives to promote health through five values which are Compassion, Accountability, Respect, Excellence, and Stewardship (CARES) (Steward Health Care System). Effective communication is an essential part of the nursing process as it allows nurses to understand patient needs, promotes the delivery of safe patient care and supports patients to share their experiences and to trust in the healthcare team. Through this interaction the nursing students and their Schools of Nursing, our nursing staff and our Nursing Leadership developed an open line of communication which established team collaboration that promoted success.

Prior to this established plan, there were questions and concerns regarding the responsibility and requirement of documentation. Both staff and students were unaware of the expectations of Electronic Medical Record documentation, which raised a concern for organized practice. The Nursing Leadership team which includes Patient Care Directors, Nurse Educators, and nursing staff specifically outlined the student electronic medical record documentation expectations so that it is uniform across all units and all levels of students. In addition to streamlining the documentation process, we created a uniform assignment sheet to be utilized daily. This allows nursing students and staff to visualize a clear expectation for patient centered care. Having standardized documentation minimize errors and encourages nursing students to use appropriate technologies to support patient-centered care.

Lastly, our organization continuously pursues ways to improve the experiences of nursing students. We continue to solicit feedback from students regarding their personal interactions within our institution. The nursing students are requested to complete an exit survey which reviews several aspects of their clinical experiences. From this data, Nursing Leadership is able to gather information about the strengths, and sometimes weaknesses of the organization. The most frequent response from the student survey is the admiration they have for the nursing staff. It is a pleasure to share this positive feedback with the clinical nurses who have been mentors to these nursing students during their rotation.

Through improved communication, standardization of documentation, and collection of student surveys we have established a stronger relationship between Schools of Nursing, their nursing students, and our clinical staff. As we continue to strengthen our relationships, we see former nursing students applying for positions within our organization which validates the importance of a positive clinical experience as a nursing student. Feeling valued and welcomed as a member of a team is crucial to the development of the nurses of the future.

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Clare Condon, Jandira Brandao, Twana Niles, Kathy Baker, Robert Preston, Karen Ahearn, Susan Belton, Cal Donnelly-Colt.



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Book Review: Colored, Of Course

Author Shirley F. B. Carter



Sisters: Audrey and Shirley Brown

Gail B. Gall, PhD, RN

Born on the verge of the Depression, Shirley Carter vividly recalls the tumultuous years of the twentieth century through the eyes of a black girl who inherits the strengths of her parents and grandparents and who grows into a woman who determinedly steers her own course. In her memoir, *Colored of Course*, Dr. Carter writes that although “race and its ugly aspects” were part of her life, she was equally influenced by her New England upbringing in a strong and tightly knit family. Dr. Carter published the memoir so “Children should not live their lives without having a reflection of themselves and their own people in meaningful records.”

Shirley F. Barrow Carter and her sister Audrey E. Barrow Brown were among the first black students to attend Worcester Classical High School and the first black nursing students at Worcester City Hospital. Carter shares stories that would be familiar to most nursing students: making friends in the dormitories, experiencing the explosive anger of a surgeon, and the relief when a patient in danger undergoes a successful delivery because of Carter’s intervention and advocacy. However, in addition, the Carter sisters’ experienced blatant racism from the faculty, nursing administration and classmates.

Trusting in her own abilities, identifying and beating back racism, and continuing her education to the doctoral level were the frameworks of Dr. Carter’s meaningful career in psychiatric nursing and higher education. “Hard work, night shifts, routines, and prayer kept the wolf from my door” is a refrain that is common to many nurses.

After reading this frank memoir, I believe that Dr. Carter fully accomplished her primary goal of sharing her experiences for future generations. *Colored, of Course* makes a compelling argument for expanding workforce diversity, a perennial challenge to the profession. While policies often address institutional barriers, minority students continue to face interpersonal obstacles in both academic and clinical settings. Reflecting on my own experiences, I know that despite good intentions, I’ve often been patently oblivious to a persistent racist environment within nursing and all aspects of health care. It’s relatively easy to feel regret, more challenging to expand one’s awareness, even harder to change behaviors. There is a wide audience for nursing memoirs, especially those that elucidate our shortcomings as well as accomplishments.

Colored, Of Course, Shirley F. B. Carter Copyright 2006 Publisher: Goose River Press, 3400 Friendship Road, Waldoboro, ME, 04572 Paperback ISBN: 978-1-59713-027-3 (236 pages). Available through Goose River Press (<https://www.gooseriverpress.com/>).

A Few Important Points About Diversity in Nursing

Gail B. Gall, PhD, RN

The demographics of nurses being an overwhelmingly white and female majority is ever so slowly changing. A few important points:

- The percent of men in nursing in the United States (US) is rising slowly. There are 9.1% male RNs (1.1% from 2015-2017; 2.5% from 2013-2015) Smiley, 2017.
- The average age of US RNs is 50 years old (Smiley 2017).
- Black/African Americans and Hispanic/Latinos are underrepresented in US nursing.
 - 5% RNs identify as Hispanic/Latino as compared to 17.8% of people in US census) (Smiley 2017).
 - 6% RNs identify as Black/African American as compared to 13% of people in the US census (Smiley).
- Nurse demographics will shift to mirror US population trends as older white nurses retire (McMenamin, 2015) and diversity in baccalaureate and master’s level nursing increases (AACN, 2017).
- Nursing is largely based on human interaction, starting with enrollment in education, through practice, mentoring, teaching, and leadership. Consequently, learning from first-hand accounts of the barriers faced by nurses from diverse backgrounds as well as their determination and successes is a vital to improving diversity in nursing.
- A few recommended first-hand accounts are:
 - *Colored, Of Course*, Shirley F. B. Carter Copyright 2006 Publisher: Goose River Press, 3400 Friendship Road, Waldoboro, ME, 04572 Paperback ISBN: 978-1-59713-027-3 (236 pages).
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6th Massachusetts Regional Caring Science Consortium Conference

The Healing Power of Caring Communication and Relationships with Self and Others in Nursing Practice and Educational Settings

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Inviting nurses to attend the 6th Massachusetts Regional Caring Science Consortium (MRCSC) half-day conference on Thursday, April 4, 2019 at Regis College, Weston, MA from 7:30 am to 12 noon. The theme of the conference will focus on *The Healing Power of*

SAVE THESE DATES

Caring Communication and Relationships with Self and Others in Nursing Practice and Educational Settings. The MRCSC is a forum for nurses to share and explore caring nursing practices that foster and sustain personal and professional well-being, healing relationships, healthy environments and best outcomes in patient care. The conference features a keynote speaker (TBA) 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 discuss practical caring practice projects they have launched at their workplaces, including topics that address moral distress, difficult end-of-life conversations, and creating healing staff and patient environments in ambulatory, primary, and outpatient care settings. There will be time for interactive questions and discussion and some take-home handouts. Come and join the presentations and conversation on April 4, 2019 to renew your caring practices and heart of nursing.

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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.

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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.

A Nurse Leader Improves Safety at Houses of Worship

Elizabeth M. Dick, RN, BS

Many people consider houses of worship to be safe sanctuaries. In the past, the front doors were never locked. Clergy often lived close by and were readily available. Now we know that innocent people have been hurt and even murdered by active shooters within houses of worship. When my church decided to develop a plan to make the First Baptist Church of Tewksbury safer, as church moderator, I was one of the leaders. Although we have had several safety initiatives, this effort was to improve safety in the event of an active shooter. Together with the pastor, the Reverend Simeon Damas, and a team that include the police and church members, we worked through the process of improving church safety.

The church moderator of a Baptist Church chairs the Church's Executive Board. The Executive Board is made up of Church officers and Committee representatives. Meetings are held to conduct Church business. Recently, we have been discussing safety issues. As a registered nurse, I had experience improving safety. I worked for many years in an acute care hospital. In this role, I was part of the Hospital Safety Committee and helped to implement change to improve patient, visitor and staff safety. For example, protocols and codes were implemented to communicate emergencies and a Security Department was put in place in one of the hospitals that I worked at.

The first step to improve church safety was to consider how we utilized the church building. The Town of Tewksbury was settled in 1677 and now has a population of nearly 30,000. Although the church building is used throughout the week, we gather our largest numbers on a weekly basis each Sunday morning. The building is 176 years old. We have an education building that is separate from the main church. The education building houses a Pre-School/Day Care Monday-Friday 6 a.m. to 5:30 p.m. The parking area is surrounded by a large open space. After this assessment of building utilization, I met with the Church Pastor and together we worked on improvements as described in the table below.

Throughout these improvement efforts, I was reminded of the importance of the team members with different skills to assist us through this complex problem. The skills I learned as a nurse served me well in this role. In addition, the community is fortunate to be able to work as a team with the Police Department and the community of churches. Safety is our goal.



Elizabeth Dick and Reverend Simeon Damas

Table: Specific Efforts towards improving Church Safety

Event	Specific Details
Meeting with Church Moderator and Pastor	- Discussion of the current trends of violence within churches. - Concern that we did not have a plan to safeguard the congregation and staff if we had an intruder or true emergency. - Plan to meet with the Police Department and representatives from all Tewksbury churches.
Meeting with Police and representatives from Tewksbury Churches	- In attendance: Chief of Police, a detective, and representatives from Congregational Church, Lowell Assembly of God, United Methodist Church, St. Williams Catholic Church and First Baptist Church. - The Tewksbury Chief of Police described schools' preparedness with the police involvement and ongoing drills. - The police assured the church representatives that they were available to visit separately with each church, to assess vulnerabilities, then follow-up with a report to improve security. - All churches were committed to work together towards the goal of safety.
Meetings with Police at First Baptist Church	- Recommendations to improve the grounds included changes to outside lighting, alarm system, video cameras, doors. - Education was provided for pertinent members of the congregation.
Ongoing Efforts	- Discussions regarding safety continue to ensure ongoing safety. - Ongoing education of the congregation. - The Police Department round frequently with patrol cars.

Empowering Veteran Reintegration Back to Civilian Life: A Nurse's Perspective

Anna G. Etchin, PhD, RN

As a Registered Nurse with nearly ten years' experience, I have the honor of working with veterans. I care for a range of veterans from those who have recently left the military to those taking their last breath.

Some may ask how I found my way to such fulfilling work. At the start of my career, I was given a student nurse intern position with the Department of Veterans Affairs (VA). During this internship, I heard so many inspiring stories from the veterans. After this experience, I knew my nursing career would focus on working with veterans.

My first professional nursing position was on a long-term care unit at the VA. I recall one veteran who had an especially difficult end of life experience. As he was dying, he kept thinking about the war. He was conflicted, feeling as though he hadn't done all he could for his troop. Therapeutic efforts to re-orient and calm him were unsuccessful. So I made a decision to talk with him as if I was part of his troop. I assured him the mission was a success, that he led us to victory, and that he did everything he had to. He listened carefully to me and then, for the first time in a long time, he was calm. His family noticed his relief. Without any further words, he snapped back into reality, and asked if he had any medication due. His family was in awe. Even though it had been decades since his service, he needed closure. Of course, this didn't give him complete closure and did not serve as a cure to his experiences. But, for that night, he was calm and present. That's when I realized military to civilian reintegration is a vital component of life for veterans, even years after their military exit.

I decided to pursue a PhD in Nursing, focusing on veteran reintegration and return to civilian life. Reintegration is influenced by the accumulation of past experiences, coupled with current context and future goals. Reintegration is a time for veterans to process events. For some it is a time to edit and re-write their personal and societal roles. The time frame and the process vary among veterans.

As a post-doctorate nurse fellow with the VA, I work with an inter-professional team on a large longitudinal cohort study investigating deployment-related trauma and the problems faced by post-911 veterans. Our participants are eager to contribute and gain a comprehensive understanding of their own health. Although participants have all served in post-911 conflicts, their actual and perceived experiences vary widely. We see veterans successfully returning to their civilian roles within their family, community, and vocation. We also see veterans struggling and/or learning to adapt from their deployment experiences.

To nurses and other healthcare providers caring for veterans: every person comes with their own set of experiences, skills, and beliefs. Consider these aspects of the veteran when assessing their current health. Acknowledge the veteran's abilities and needs concurrently. Military to civilian reintegration is complex and often challenging yet, rewarding to those who get to be part of improving the veteran's life. Nurses are well positioned to support and empower veterans during their reintegration.



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Carmela A. Townsend

Appointed Interim Executive Director

The American Nurses Association of Massachusetts is pleased to announce the appointment of Carmela A. Townsend, DNP, MS/MBA, RN as Interim Executive Director. She succeeds Diane O'Toole, who had served in that role since 2010.

Dr. Townsend (Cammie) has over twenty five years of experience as a registered nurse, educator, and association executive. She received her BSN from the University of Connecticut, and was the first graduate from Northeastern University's joint Master of Science in Nursing/Master of Business Administration Program. Her Doctor of Nursing Practice degree focused on Nursing Education, and her research "It Was a Light Coming Through: African American Nurses' Perceptions of a Collaborative Nursing Leadership Program" was presented this summer at the Sigma Theta Tau International Nursing Research Congress in Melbourne, Australia. Most recently she served as Director of Nursing at Massachusetts Bay Community College; prior to that she was Assistant Dean and Associate Professor at Regis College and the Massachusetts College of Pharmacy and Health Sciences. Cammie is a founding member of ANA Massachusetts and served as the first Director of Association Management; she has been involved with its ANCC Accredited Approver Unit since 2003.

Townsend says "I am thrilled to step in to this role and support our members and my colleagues in operationalizing the mission and vision of this vital and thriving professional organization. I am so proud of all that ANA Massachusetts has accomplished and look forward to the next few months as we tackle some challenging issues and move nursing's agenda for patient safety and quality care forward, both in the Commonwealth and nationally."



Simulation in Nursing Education and Hospital Care

Nanci Haze, MSN, RN, CPNP

Patients should have clinicians that are qualified and proficient in assessment, diagnostic and communication skills. But how do educators and hospital administrators ensure this? It starts with quality education incorporating many teaching modalities to ensure students develop such traits with confidence and ease. Effectively utilized, simulation experiences teach technical skills, compassion, critical thinking, safety and many more essential skills in a safe environment.

The International Nursing Association for Clinical Simulation and Learning (INACSL), publishes standards for best practice in simulation education. The latest version was updated in 2016 and ongoing resources are available on <https://www.inacsl.org>. Guidance can be found on creating, implementing and debriefing which are essential elements to well-developed simulations. Proper faculty training is necessary to ensure proper use of this teaching pedagogy. Emphasis should be placed on debriefing, which occurs after scenarios are completed, as this is the time for self-reflection and active learning. Depending on the licensing state, up to 50 percent of student's clinical time can be replaced with simulation experiences. However, states are at various stages of acceptance and implementing simulation into their curriculum (INACSL).

In various healthcare settings, human and system errors continue to be contributing factors in high morbidity and mortality rates. Multidisciplinary teams can simulate clinical declines using high fidelity manikins so clinicians have the ability to assess and "treat" said complications together prior to an actual occurrence. Over the past 18 years, many healthcare systems have increased quality and safety education for nursing professionals. QSEN (Quality and Safety Education in Nursing) was formed in 2005 to address these issues. Today, many of the competencies outlined in this initiative can be demonstrated using simulation modalities. Healthcare simulation is a valuable tool to improve patient safety as clinician's skills are practiced and perfected in a patient-safe environment (Naik, Brien, Can 2013).

There are many ways to simulate. Health care providers have taken CPR training for years using manikins to demonstrate proper cardiopulmonary resuscitation skills; this is a form of skill based simulation. High fidelity human simulators are sophisticated and look, feel and sound life like. Audible breath and heart sounds, palpable pulses, infusing intravenous lines, and speakers for speech on full sized manikins, create believable

clinical situations. For example, there are manikins that birth and infant manikins that cry with adjustable fontanelles. With skillfully designed objectives, scenarios and settings, participants feel like they are caring for an actual human patient. The scenario possibilities and learning objectives are endless. Critical thinking can be assessed in this environment unlike most real clinical situations.

Many things in health care can have poor outcomes if clinicians do not pick up on the early clinical warning signs. In hospital care, simulators can be used to practice clinical situations that have a potential of poor outcomes if not assessed and treated quickly. For those high stakes and low volume situations, simulation is extremely beneficial.

Simulation used to stimulate, educate and teach is an exciting way to learn. And equally important, a great way to insure competencies in licensed clinicians to ensure patient safety.

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Nursing students from the William F. Connell School of Nursing at Boston College simulating a pediatric clinical scenario

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Bridging the Gap of Healthcare Disparities

Linda Harkess, MSN, RN

For years, the nursing profession has researched and educated regarding the importance of cultural sensitivity in reducing healthcare disparities. While it is true that nurse educators have made significant headway in raising cultural awareness, healthcare disparities still exist.

Disparities affect both the groups experiencing the disparities and the general quality of care, which often results in unnecessary expenditures (Orgera & Artiga, 2018). The Urban Institute reported that the Medicare program would save 15.6 billion per year if healthcare disparities were eliminated. The Center for Disease Control and Prevention, in their 2013 Health Disparities and Inequalities Report advocated for greater understanding of the most vulnerable disparities groups. The Institute of Medicine (IOM) reported that health care disparities occur at several levels, one of which is at the healthcare provider level.

Culturally sensitive care is individualized care that incorporates patient needs and preferences into practice with a goal of safe and effective patient-centered care. Some patients have specific needs that may require a minor change in practice. Ignoring these needs may result in noncompliance, patient dissatisfaction and the potential for frequent re-hospitalization, all of which combine to result in a larger disparity gap. In my experience, the best way to improve cultural sensitivity is to work with patients with different backgrounds and experiences and to listen. Listening to others has provided me the opportunity to examine my own culture and style of nursing. Identifying my gaps in knowledge has improved my nursing practice. I am committed to bridging the gap; Are you?



Sigma Theta Tau Internal Nurse Researcher Hall of Fame: Laura L. Hayman

Laura L. Hayman, PhD, RN, FAAN, FAHA, Professor, Department of Nursing, College of Nursing and Health Sciences at the University of Massachusetts Boston and Adjunct Professor of Medicine, Division of Preventive and Behavioral Medicine, University of Massachusetts Medical School was inducted in Sigma Theta Tau Internal Nurse Researcher Hall of Fame on July 21, 2018 In Melbourne, Australia. Hayman's clinical, community-based and translational research and scholarship focuses on prevention of obesity and cardiometabolic conditions across the life course with emphasis on children, adolescents and families from diverse, vulnerable populations. She has contributed her expertise in cardiovascular and child health nursing and behavioral sciences in development and dissemination of scientific statements, practice guidelines, and policy statements for cardiovascular health promotion and risk reduction in children and adolescents. Professor Hayman has mentored numerous nurse scientists and scholars from other disciplines who are advancing the science and practice of cardiovascular health promotion and risk reduction nationally and globally. She has held leadership roles in the Society of Behavioral Medicine, the American Heart Association and the Preventive Cardiovascular Nurses Association. She is a member of Theta Alpha and Xi Chapters. She has been an ANA member for over 30 years.



Frequently Asked Questions about ANA Massachusetts Approver Unit

Judy L. Sheehan MSN, RN-BC, Nurse Peer Review Leader

I heard there were new planning templates available from the ANA Massachusetts Provider Unit. Are these available for approved provider units to use as well as individual activity planners?

Yes, new templates have been adopted to make evaluating conflict of interest easier and more efficient. A grid is now available where each person in a position to influence content may be listed with related information. Only those with conflict of interest will need to have Conflict of Interest forms submitted. In addition, biographical information has been abbreviated. Approved Provider units will be able to access these templates for use by their provider units at ANAMass-au.org. Activity applicants will find them on line within the application or on the above mentioned website. Activity applicants will be happy to hear the on line continuing education application has been reduced in size in an effort to increase ease of application.

We are having a poster session at our conference; do we have to assess conflict of interest for each poster presenter?

It is the responsibility of the nurse planner to determine the presence or absence of conflict of interest for anyone who can influence content; this would include the poster authors. This can be done by requiring a signed conflict of interest form, an attestation statement, a phone conversation or web search to name a few. No matter which way you assess potential conflict the nurse planner must determine whether conflict of interest exists or not. If conflict of interest does exist, it would be necessary to resolve prior to the poster session. In addition, you would provide a disclosure to the participants prior to the session and this disclosure would address presence or absence of conflict of interest, requirement to be awarded contact hours and the full approval statement. If commercial support is provided for the session this would also need to be disclosed as would joint providership.

The information in the last issue of the newsletter included material from the Massachusetts Board of Nursing (BON) which is different from the ANCC criteria. Is this a problem?

The ANCC criteria have evolved in response to national standards, the Institute of Medicine report on medical education and ongoing quality initiatives. The standards have moved contact hours to 60 minutes and now require an intended overall learning outcome be provided. In many cases this outcome statement is a compilation of the objectives we used to so carefully articulate. Currently you are more likely to find the outcomes as part of the content outline or a sub section within the outcome statement. Please note: it is the responsibility of the licensed nurse to maintain proof of contact hours, please maintain the certificates in a place which is accessible in case you are selected for an audit.

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Celebrating the 75th Anniversary of the United States Cadet Nurse Corps: Elizabeth “Betty” Damon Beecher

Barbara Poremba

Elizabeth “Betty” Damon had just completed her “probationary period” as a student nurse at Massachusetts Memorial Hospital when she transferred to enlist in the United States Cadet Nurse Corps (USCNC) in July 1943. “Everyone wanted to do their share” she recounted, “and I saw this as an opportunity to help with my nursing education and to be a part of the war effort.”

Betty’s time in the Cadet Nurse Corps was very stressful due to the intensity and long hours of the training program. Cadet Nurses were also responsible for providing 85% of the nursing care in hospitals during a time when there were many contagious diseases. Betty recalled taking care of patients during a polio outbreak years before a vaccine was developed. She, herself, was hospitalized with scarlet fever.

Betty shared examples of a more “primitive” time in nursing and medicine. “We had to mix and prepare medications such as morphine in a metal spoon over a small burner. We reused everything. We sharpened and re-sterilized needles, set up patients in tents with large tanks of oxygen, monitored IV’s without drip chambers by pinching the tubing to adjust the rate of flow. We set up dressing carts and autoclaved everything on the wards. We did not use gloves, instead we used instruments to maintain a sterile field. There was no such thing as Central Supply then.”

“I was so thankful that I had such a good foundation and training at Mass Memorial Hospital. You had to do a procedure three times before you were passed off,” she said. “We learned a lot about new techniques in burn care and skin grafts. I saw penicillin used for the first time at Mass Memorial. I felt well prepared.”

Senior Cadet Service

It was early in September of 1945. The war had just ended as the Junior Cadet Nurses were finishing final exams at Mass Memorial Hospital on Harrison Ave in Boston. Betty was too busy

studying to be celebrating the wars end. After 2 ½ years of accelerated training and service, Betty passed and was now essentially a “graduate nurse”. However, she would have to wait another 6 months before she could take state board exams. She had to fulfill her oath of service in the rank of Senior Cadet Nurse and awaited her assignment in either the Army, Navy, Veteran Affairs, the US Public Health Service, the Office of Indian Affairs or other “essential nursing.”

Betty received her orders by hand delivery in the form of a telegram, the fastest way to send a message before email and texting. She was assigned to the Staten Island Marine Hospital in New York City. Shortly after, she received her deployment papers which included vouchers and tickets for transportation from Boston to Staten Island Hospital, NYC.

It was quite a journey for a young woman from a small town to be traveling on her own for the first time. Betty recalled, “I left early in the morning. I was all by myself and dressed in my full Cadet Nurse uniform.” She described in detail the course of her journey. “First I walked to the bus stop that took me to the subway that brought me to South Station. I boarded the train there for NYC. I had a ticket for first class in the Pullman section.”

“When I arrived in Grand Central Station, I was so excited and fearful. I had never been out of Massachusetts before. I had to ask how to find a taxi. I had a voucher to take a taxi to the ferry. The ferry went right by the Statue of Liberty.” Betty’s face beamed as she spoke, “I looked at it and I was so proud. It was very emotional. I wondered what was ahead of me.”

When the ferry docked, she took yet another taxi to the hospital. It was dusk and the other new Senior Cadet Nurses had all already arrived. She was met by a “Senior Officer” who brought her straight to the nurses’ quarters. After living in an old tenement building in a poor section of Boston while at Mass Memorial, Betty thought she had arrived at a “5-star hotel...I had my own room with a sink!”

Early the next day, she reported to the Chief Nurse’s Office where she met about ten new Senior Cadet Nurses from all over the country. “When I saw the hospital” she said, “I was overwhelmed with the size. How would I ever find my way around?” The hospital was shaped like a U. The center was mostly administration and two wings, A and B. There were 40-60 patients on each ward and about 20 private rooms.



Betty Damon Beecher as a young Cadet Nurse 1943



Betty Beecher proudly wears her nurse's cape from Mass Memorial Hospital and shows off her photos and memorabilia

The new Cadet Nurses spent two days in orientation and on the third day, they were assigned to their wards. All of the patients were servicemen from the Navy, Coast Guard and Merchant Marines. Some had returned on ships and had various levels of injuries, some more traumatized than others. They were anxious to go home to their families.

Betty recalled that some were seriously injured. “I cared for quadriplegics and paraplegics. Our job was to get them stable enough to go to a special hospital in the Bronx for long-term care. Many came with bedsores. There was little we could do in those days. We gave good nursing care. We had to debride the wounds and change the dressing four to six times a day.”

It was the first time Betty had ever seen a Stryker Frame, which she emphasized “really helped in healing”. She described it as being like putting a patient between two ironing boards with holes cut out, one for the face and another for a bedpan. Positions were changed by strapping the boards together and then turning the patient from a supine to a prone position to relieve pressure. “It was quite a coordinated effort,” she explained. “We had medics that we supervised who helped with this.”

Betty recalled that penicillin was still very new and was used to help not only with wound infection but in treating complications of immobility such as respiratory and urinary tract infections. Prior to penicillin, she noted that the average life-expectancy for patients with paraplegia was only three to six months.

During this time in the military hospital, Betty also took care of patients with head injuries and amputations, many of whom required reconstructive surgery for proper prosthesis fitting. There were also many burn injuries that required frequent debridement and dressing changes to prevent infection. “It was hard,” Betty recalled, “We gave them good nursing care that included emotional care, where we would sit down and talk to them about their feelings and families. We got to know them as people.”

While in the rank of Senior Cadet Nurse at Staten Island Marine Hospital, Betty worked 12 hour shifts, 6 days a week and a half-day every other Sunday. She received \$30 per month which was used to buy stockings, shoes and personal hygiene items. They were not allowed time to go home for visits and were basically limited to the hospital grounds.

Betty recalled taking great pride in the “Grand Rounds” of Saturday morning inspections.



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“Everyone lined up with not a hair out of place” she remembered. “The pomp and circumstance conveyed pride as the medical team marched through the hospital in full uniform.”

Preserving the Legacy of the United States Cadet Nurse Corps WWII

For over twenty years, Betty and other Cadet Nurses have been working to preserve the legacy of the members of USCNC who answered their country’s call for service in wartime during the worst nursing shortage in history. She has received many awards and proclamations for her service and has spoken on many occasions about the contributions of these women to nursing practice, education and education.

Unknown to many, the USCNC is the pioneer of modern nursing. “We upgraded nursing to a profession,” Betty proudly stated. Hospitals had to upgrade their facilities, curriculum and educational practices to meet the standards to qualify as a government sponsored program.

Since 1996, Betty and other Cadet Nurses have been advocating for veteran status. HR 1168 The Cadet Nurse Corps Equity Act is currently locked in committee in the House of Representatives. The USCNC is the only uniformed service to be denied veteran status which was rightfully earned through service to our country during and after World War II.

However, there is precedent for granting veteran status retroactively. The Women Airforce Service Pilots (WASP) was a civilian women pilot’s organization, whose members were United States federal civil service employees. The WASP and its members had no military standing. They neither took an oath nor had military uniforms like the USCNC. In 1977, for their World War II service, the members were granted full veteran status. More recently in 2015, the Merchant Marines, civilian cargo shipping workers, were granted veteran status for their efforts in World War II.

Friends of the United States Cadet Nurse Corps WWII

Recently the *Friends of the United States Cadet Nurse Corps WWII* was formed to further the efforts to award veteran status to the women who served in the USCNC. The *purpose of the Friends of the United States Cadet Nurse Corps WWII* is to advocate for federal legislation to award veteran status for these forgotten women of the Greatest Generation who were recruited, enlisted, and served our country in the uniformed USCNC for the duration and after WWII. They enlisted for a 3-year term and took an oath to remain in service for the “duration of the war”, not knowing when it would end. Their first 2 1/2 years were spent in accelerated hospital training programs. However, in their last 6 months in the rank of Senior Cadet Nurse, they were deployed for active duty service in military, government or essential nursing service under the United States Public Health Service which had been militarized for the war.

Currently *Friends of the USCNC* are seeking a new bipartisan Bill in the House and Senate that can pass with urgency given that the Cadet Nurses are now well into their nineties. The purpose of the new bill will be to honor and recognize the USCNC as WWII veterans. There is no financial or Veterans Administration benefits, only recognition as veterans so that their graves can be appropriately marked with an American flag and plaque for their service to our country in WWII.

Betty pleaded, “If we are not granted veteran status then the history of the USCNC will not be documented and the 124,000 young women who contributed to the success of WWII will be forgotten. I meet other nurses of all ages and they have never heard of the USCNC. Even our own profession has not recognized us. That is sad. My hope is that my voice does reach Washington and that they will finally give us our rightful place in history.”

Betty quoted Surgeon General Thomas Parren, “We cannot measure what the loss to the country would have been if civilian nursing service had collapsed any more than we could measure the cost of failure on the Normandy beaches.”

We cannot dismiss that these women were essential to the war effort. To overlook their existence as well as the contributions to the success of WWII,

presents an inaccurate understanding of human history. It is members of the nursing profession who must best be the champions for these nurses to assure that they will take their rightful place in history as veterans of WWII like the many others who have received this honor.

How can you help?

In the next months the *Friends of the United States Cadet Nurse Corps WWII* will continue to advocate for these members of our profession and welcome efforts to participate in this process.

- 1. Please help in locating surviving members of the USCNC WWII. All are well into their 90’s and are not on the internet. They live in every state and we need help in find them. If you know of any woman who was in nursing training in 1943-1948, they may have enlisted in this wartime program. Kindly contact FriendsofUSCNC@gmail.com with their birth name and we look up their government issued membership card.
- 2. Please support legislative actions to finally grant veteran status. Stay tuned for NEW bipartisan bill coming soon.
- 3. Follow us for updates on Facebook: *Friends of the United States Cadet Nurse Corps WWI*.



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