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ANAMASS Awards

Someone said “Every nurse deserves an award.”

We can’t agree more! I am sure you work with or know a nurse whose commitment to care and the profession is exemplary. The American Nurses Association Massachusetts Awards program provides an opportunity to honor a nurse for their remarkable, but sometimes unrecognized contribution. You do not have to be an ANAMASS member to be nominated or to nominate another unless noted below. Awards can be peer or self-nominated unless noted below. ANAMASS is committed to the advancement of nursing and quality care. With the exception of the Loyal Member Service Awards, nominations are open to all Massachusetts nurses. Awards will be presented at Spring Awards Dinner. For details visit: www.anamass.org.

The award nomination process is easy:

• Access the application at www.anamass.org
• Submit the application electronically or by mail by January 12, 2020
• If you have any questions, or need help, call ANAMASS at 617-990-2856

Award Presented to:

Excellence in Practice RN who demonstrates excellence in clinical practice
Excellence in Education RN who demonstrates excellence in nursing education in an academic or clinical setting
Excellence in Research RN with research that had (or has the potential to have) a positive impact on care
Community Service RN whose community service has a positive impact on the citizens of Massachusetts
Mary A. Manning Nurse Mentoring RN mentor with outreach to nurses in practice or the pursuit of advanced education
(Launched by Karen Daley, monetary award of $500)
Loyal Service RN with loyal and dedicated service to the association (ANAMASS membership required)
Voice of Nursing A person or persons who have demonstrated support for the profession of nursing in Massachusetts
Future Leader RNs with leadership potential during nursing school or in their first position. The recipient will receive a one year membership in ANAMASS and attend the awards dinner free of charge.

• Nominees must be graduating in the year nominated or have graduated from a pre-licensure nursing program within two years of the nomination deadline.
• The nomination must be made by an ANAMASS member with an additional letter of support from a second ANAMASS member.
• One letter of support must come from a dean or faculty member of the nominee’s nursing program.
• The nominee must plan to live in Massachusetts after receiving the award AND serve on an ANAMASS committee for one year.

Living Legends

• Recognizes RNs who have made significant contributions to the profession and society
• Candidates must be a current or past member of the ANAMASS or a member of the Massachusetts Nurses Association (MNA) when it served as the state affiliate for the AAN
• Nominated by a colleague.

ANAMASS Awards continued on page 7
president’s message

ANA Massachusetts: Listening to you

Julie Cronin, DNP, RN, OCN

I was recently asked the question “Is ANA Massachusetts in touch with all nurses, not just those in ‘leadership’?” This question made me think long and hard—is ANA Massachusetts hearing from and responding to all our members? And what does “leadership” truly mean? Here are my thoughts:

1. Nurses are at the forefront of healthcare in all its many settings.
2. Nurses lead small, large, interdisciplinary and other health care related teams.
3. Nurses understand the complexity of delivering safe and quality care.

Being a leader does not necessarily equate to someone working in a management role, academic appointment or in the C-suite. There is a major difference in “leading” and managing.” There are managers who are not necessarily leaders. There are leaders who are not managers.

I see leadership every single day in the nurses around me. On a large ambulatory infusion unit, nurses provide “managing.” There are managers who are not necessarily working in a management role, academic appointment or in the C-suite. Nurses lead small, large, interdisciplinary and other health care related teams. Nurses understand the complexity of delivering safe and quality care.

What I love about ANA Massachusetts is that our mission is to represent and advocate for all nurses who lead care in their respective roles each day. From new graduate nurses to experienced nurses. Nurses working in acute and long-term care, to hospice and public health. Nurses working in oncology to labor and delivery, psychiatry, and every specialty in between. Nurses with advanced degrees and those without. Nurses on boards and committees. Nurses leading innovations in care delivery. Nurses confronting bullying and lateral violence. Nurses advocating for our profession at the State House and Capitol Hill. Nurses leading care teams, like mine.

In fact, our very own ANA Mass Board of Directors is comprised of nurses working in a variety of settings, from staff nurses in acute care, mental health, and veterans’ affairs, to those in education, management, and nurse practitioners. I believe regardless of your practice setting or membership status in ANA Massachusetts, you are already a leader. I want to hear your voice and how you lead, so please share your thoughts, ideas and experiences with me. I would love to engage more you with opportunities to others your leadership: Join us at the State House as we offer testimony on legislation that affects you. Join a committee or attend an open board meeting. Email us your questions and thoughts. We want to hear from you, our nursing leaders.

So for our next issue of the Massachusetts Report on Nursing, I would like to answer some questions and hear from our members. Please email me at President@ananass.org. I look forward to hearing from you!

Lowell CHC has exciting opportunities for RN’s and LPN’s looking to make a difference.

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- We pride ourselves on our commitment to community health, patient and family centered care, inclusivity and culturally informed care.
- We support our employees with a friendly, family oriented atmosphere, collaborative culture and work-life balance.

Please visit our website: https://www.lchc.org/jobs-seekers
Or contact us by email at: HR@lchc.org

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Listening to The Scream

Jean C. Solodiuk

A theme that runs through the figure’s expressions of distress as physical pain. The way the figure is tenderly grasping his head with a look of surprise, the cause of the pain may be trigeminal neuralgia, an often abrupt onset of severe; shooting facial pain caused by nerve irritation or damage of the trigeminal nerve. But it could also be a headache, toothache or any other type of pain. Since the art form to both listening more and to better articulating my thoughts and feelings so that others are more inclined to listen. Although I sometimes consider these opposite tasks, both have the same goal of understanding.

Listening to the scream

I am drawn to the open eyes, flared nostrils and long fingers tenderly holding their skeletal head in Edvard Munch’s The Scream. Judging from how often I see this figure on T-shirts, ties, book bags, inflatables and socks, I believe many others are also drawn to this anguished figure standing beneath the blood red sky. As a pain management nurse practitioner, I tend to interpret the figure’s expressions of distress as physical pain. But even an individual patient can have different responses to the same pain stimulus based on how stressed, sleep deprived, anxious, etc. they are feeling at that time.

When seen managed based on pain intensity scores alone, then some patients will be overmedicated and others will be undermedicated.¹ For example, not every patient will respond in the same way after the same surgical procedure. Some report low pain scores, “It only hurts when I breathe,” while taking shallow breaths and splinting. Others report consistently high scores but their pain does not impact their function. Instead of medicating based on pain intensity alone, consider the pain intensity score within the context of your behavioral observations (how does the patient look especially during movement); vital signs; and the patient’s previous responses to analgesics and other pain interventions. These clinician observations can be documented in the medical record to help with subsequent assessment of pain. Additionally, routine pain assessment is necessary to ensure that pain is recognized so that the appropriate intervention can be initiated. This is important for all patients but especially for those that do not express pain clearly as that anguished figure in The Scream such as patients with intellectual disability or those with difficulty communicating verbally.

The evolutionary reason for pain vocalization and expression is to receive assistance from another in the form of comfort, acknowledgement, treatment of the pain source and eventual pain relief. As I look at The Scream, I am inevitably frustrated with the two distant pedestrians who in my imagination, seemingly passed by the figure without recognizing or acknowledging the obvious expressions of considerable suffering! In this painting, the pedestrians may be distracted by conversation, the beautiful sky and waterfront. Sadly, we all have the potential to be distracted and miss someone’s pain and suffering. When I look at the two pedestrians, in Munch’s painting, they are reminders of why we as nurses must listen, hear and attend to the needs of The Scream.

Reference


Jean Solodiuk is a nurse practitioner at Boston Children’s Hospital and the editor of the Massachusetts Report on Nursing.
Labor Day always arrives before I’m quite ready, having once again failed to soak up enough soft breezes, snug harbors, sounds of children shooting hoops, riding bikes and pushing curfews. Even on a writer’s schedule I feel the pressure to make checklist. Reluctantly I swap out flip flops for flats. The aroma of hot apple cider donuts wafts over drying cornstalks. School buses crowd the streets; college students occupy sidewalks; and reminders to get the flu shot surface.

As fall comes knocking, June graduates settle into new roles as veteran nurses cope with new student groups. Many embark on endeavors or enroll for further formal learning. Professional nursing development programs are essential to bridging transitions, identifying key growth areas, and strengthening nursing practice.

In this issue, we’d like to introduce Cynthia LaSala, MS, RN, an ANAMASS member, chair of the Conference Planning Committee who has a had a stellar career in acute care nursing and professional development. Ms. LaSala never strayed from caring for patients at the bedside and supporting direct care nurses even as she pursued higher nursing degrees and honed her expertise in ethics and leadership, both on the job and as a volunteer with ANA Mass, our state organization.

Late last spring Ms. LaSala readily agreed to an interview for this edition of Massachusetts Report on Nursing. Within a few minutes of our initial contact she shared her values about nursing practice. I hope you will enjoy these insights into present-day nursing and professional development from a thoughtful, accomplished, and refreshingly candid nursing practice expert.

Cynthia LaSala

Influences on patient care:

- **Technology:** New developments in communications, treatments, and documentation affect personal interaction with patients, families, and colleagues. Nurses experience frustration, sadness, and fatigue as they balance documentation requirements that widen distance from direct patient care.
- **Changing work environments:** Increased patient acuity and staffing changes create urgent demands to provide more complex care by thinly stretched nurses. They need to know that nursing leadership is aware of their needs and will provide support, resources, and avenues for nurturing, allowing room to process feelings, explore ethical issues, and provide appropriate care for patients and themselves.
- **Nursing leadership:** Leaders need to keep close to reach out to the entire team of care givers including licensed and non-licensed care givers. Clinical nurses appreciate knowing that leaders are present and supportive.
- **Teamwork model:** Both team cohesion and evidence-based data are essential when planning practice improvements. Interactions between newcomers and experienced nurses that show respect and regard for one another; being present and helpful when someone is NOT having a good day; and engaging diplomatically rather than dismissively are effective strategies.
- **Professional organizations:** Professional organizations need to expand membership, engage nurses, and offer educational opportunities that address nurses’ needs to feel safe and supported. Interaction between the professional organizations and nursing education is crucial to actively engaging nursing students and new nurses.

Reflective practice and caring ethics are integral to modern nursing practice. Reflective practice is based on the theory that nurses are at ground zero in witnessing, reacting to, and protecting patients and families in order to ameliorate or prevent harm. Caring ethics comprise the awareness, respect, and response to patients’ experiences. Based on these constructs, Ms. LaSala identified three important aspects of being a nurse:

1. Provide the best possible care: Be well-prepared to meet role expectations as clinician and educator of patients, families, colleagues and executive leadership. Learn the requirements to fulfill each nursing role. Remember that patients know when it’s time for a change. Maintain respect and regard for one another. Create an environment of responsibility, trust, and shared values. Take care of yourself as you do others.

Ms. LaSala feels honored and privileged to be a leader and founding member of ANA Mass which has emerged as a voice for nursing in the Commonwealth, solidified its leadership component with opportunities for internships and committee seats to promote and nurture career advancement. Volunteerism and professional practice intertwine to assist in this process. In retirement Ms. LaSala will continue to stay involved, as she says, “It’s part of who I am. It’s filled with wonderment, excitement and challenge.”

On career development she offers these words of advice:

- Know yourself and when it’s time for a change. Maintain respect and regard for one another. Create an environment of responsibility, trust, and shared values. Take care of yourself as you do others.

Recent Globe writer Dan Aucoin interviewed award winning actress Faye Dunaway who was in Boston to portray Katherine Hepburn in the pre-Broadway run of “Tea at Five.” A graduate of Boston University’s theatre program, Dunaway looked back on her early days of stage acting and reflected that she chose live theater because: “I was doing what I needed to do at that moment: Learning my craft. You have to have what you’re doing. You can only do that, I think, by working in the theater. You are forced to make the performance realer and deeper and as alive as it has ever been before. It’s an important — an essential — part of growing as an actress.”

If you substitute “actress” and “theater” for “nurse” and “hospital,” the sentence becomes universally true for our profession. Practice that involves reflection and a caring ethic can reach perfection or come pretty close.

Many thanks, Cynthia LaSala, for service and wisdom.

Gail Gall TDE, RN
June 28, 2019

Pain in children with complex needs

McKenzie K. LaLumiere

Recently, I had the opportunity to work as a student nurse researcher. I worked on a study that involves interviewing parents about their child’s expression of pain in children with complex needs (for example, cerebral palsy, injuries or chronic pain from congenital or developmental disability, or other special healthcare needs). In addition, we asked these same parents about the experiences they had talking to nurses and other care providers about their child’s pain.

Pain in children with complex needs occurs more frequently as compared to typical children, since children with complex needs often have increased risk or sensitivity to painful experiences and undergo many medical procedures. Children with complex needs often cannot clearly express verbally whether they have pain, where or when the pain is occurring, or how bad it hurts. In addition to the communication deficits, these children can also have heightened or reduced pain sensitivity or be under or over-anxious about chronic pain that can complicate diagnosing the cause of the pain. While neurotypical children might display behaviors such as withdrawing from touch or seeking comfort, the typical behaviors of children with complex needs are different for each child with complex needs.

When children with complex needs present to medical offices or emergency rooms with concerns about pain, there are always underlying causes of pain. Because of children’s medical complexity, and limited communication skills, identifying the source of pain can be challenging. Sometimes, however, children with complex have an ear infection or constipation just like typical children. A difference for children with complex needs is that it takes some time to determine the source of the pain, and parents are the ones describing the pain.

As part of the research project, I have been able to listen to and transcribe the parent interviews. Some parents do not feel heard by providers especially when the patient’s pain goes unrecognized in their children. For example, many parents expressed feeling ignorant or not taken seriously by healthcare providers. One parent shared an experience of seeking care for her son, who has reduced pain sensitivity. With the reduced sensitivity to pain, any pain behaviors her son displayed indicated severe discomfort with providers; however, the providers did not seem to believe her description. The providers performed a physical assessment with negative findings and attempted to evaluate his pain reaction to the abdominal surgery or other invasive interventions. Therefore it is very important to develop ways to help community health nurses, in any community, access resources they need. We should continue to identify ways to support stronger, more collaborative partnerships between parents, nurses, and other caregivers. In the future I hope to specialize in pediatrics. I know it will be important to consider how to not only treat the patient, but also their families. It is important to remember that parents are our partners in care.

McKenzie K. LaLumiere is a Student, at the University of Massachusetts, Lowell.

Nursing at Endicott College

Our hybrid degree programs are perfect for working professionals.
MGH nursing history committee receives prestigious Austen award

Our camaraderie is fostered by our shared love of history; by the recognition that nursing’s unique history is under-reported; by the many discoveries that we have shared to this point and by the knowledge that there are many more to be made.

Mary Ellen Doona
Susan Fisher

Everyday thousands of people pass the elegant Paul S. Russell, Jr. Building, named for the hospital’s first chief of surgery and a major force in creating the Museum that Massachusetts General Hospital: Nursing at Two Hundred. Nursing and Patient Care Services Operations, proposed on the number and excellence of the submissions for healing, discovery and care.

The nursing’s unique history is under-reported; by the many discoveries that we have shared to this point and by the knowledge that there are many more to be made.

Dr. Paul Russell, the former Chief of Transplant

Now twenty years later Austen was in the prominent place. Seated with fellow committee members at the table, she said to the others: "The mood is high. It's a great success, both in the MGH community and beyond, and has won several awards and many accolades. Our major projects over the past five years have included a tribute to Linda Richards to coincide with the unveiling of her portrait during nurses’ week 2014. Richards, America’s first trained nurse (1872), was superintendent of our school during its formative years of 1874-77. She set a standard of excellence that continues throughout the life of the school.

Our next major initiative brought a focus to the MGH nurses who served during WWI, over 200 of them. For well over a year, we read, researched and documented source materials from our own archives and beyond. During 2017, the committee focused on MGH nurses and their activities for the Patient Care Services newsletter, Caring Headlines, featuring stories and photos of individual nurses and their accounts of their experiences abroad. Our research also helped to provide context for the WWI displays at the hospital throughout that centennial year.

Another major project was the centennial commemoration of the 1917 Halifax explosion, a disaster to which clinicians in Boston, MGH nurses among them, responded. Through a series of serendipitous connections made through the committee, the anniversary was marked with two days of events honoring first responders and culminating in the lighting of the Halifax tree on Boston Common. We discovered a bright star among our own alumni, Beth Thompson, class of 1953, whose parents had survived the blast and whose story she shared at ceremonies both in Boston and Halifax and who has become an active member of our committee.

Ongoing projects include the digitization of some of the important materials residing in the school of nursing archives and the creation of an oral history of MGH nurses. Through various initiatives we continue to uncover and articulate the rich history contained in the lives and careers of nurses who have touched and been touched by MGH.

We are beginning work on preparations to mark the 150th anniversary of the founding of the school in 2023. And there is even talk of a movie.

Finally, I want to say personally it makes me very happy that our Nursing History Committee’s name will be right up there under that of Patty Austen, the person who’s been such a force in all of the hospital’s history efforts for more than twenty years. We thank you.

Fisher accepted the 2019 Patricia R. Austen RN MGH History Award etched on a pane of mariannglass by the基础知识，包括ois the tallest mountain in the world. Ongoing projects include the digitization of some of the important materials residing in the school of nursing archives and the creation of an oral history of MGH nurses. Through various initiatives we continue to uncover and articulate the rich history contained in the lives and careers of nurses who have touched and been touched by MGH.

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who is the masthead nurse?

Mary Macdonald

In 1942 Mary Macdonald (1918-2000), a Worcester MA native, added a diploma from Massachusetts General Hospital School of Nursing to her degree in the sciences from Emmanuel College and in the post WWII II (1941-1945) transformation of nursing education serving on the faculty of Boston College (opened in 1947) and then at UMass Amherst (opened in 1953). She continued her own education during this time earning a graduate degree and pursuing doctoral studies. BC President Michael Walsh SJ and MGH’s John Knowles MD, both sought Macdonald to lead nursing at their institutions. Macdonald chose MGH and after analyzing its nursing services, instituted the profession’s refocus on its primary function: patient care. Direct care is now so obvious an absolute that it is hard to realize a time when it was not. On May 1, 1973 Macdonald led 5000 nurses at Faneuil Hall objecting to Governor Francis Sargent’s plan to abolish the Board of Registration of Nursing (BORN). Seventy years before on February 26, 1878, rallied nurses to create the Board and on that day nurses founded the Board of Registration of Nursing (BORN). Seventy years before on February 26, 1878, rallied nurses to create the Board and on that day nurses founded the Massachusetts State Nurses Association now known as ANA Massachusetts.

Co-Chairs, Health Policy Committee

Arlene Swan-Mahony, RN, DNP, MHA, BSN

Christina Saraf, RN, MSN, CNL & Arlene Swan-Mahony, RN, DNP, MHA, BSN

Co-Chairs, Health Policy Committee

The ANAAMSS Health Policy Committee has been quite busy this spring. As this is the beginning of the new legislative calendar, our committee has the responsibility to identify bills that will affect the healthcare concerns of all in the Commonwealth as well as the nursing profession. So what does this entail? In partnership with our lobbyists from Littky & Fleischer, our committee reviewed over 40 bills that were filed in January and selected twelve key bills for ANAAMSS to focus our efforts.

Each bill requires thorough analysis, with discussion to support or oppose, tracking the movement of the bill and monitoring dates of hearings. Both written and verbal testimony will be prepared for each bill and involvement with our membership and partners in determining strategies for testimony. Testimony has already been presented for three bills, including (1) representation of a registered nurse on the Health Policy Commission and (2) Nurse Licensure Compact and (3) Act written and verbal testimony will be prepared for each bill requiring thorough analysis, with discussion to support or oppose, tracking the movement of the bill and monitoring dates of hearings. Both written and verbal testimony will be prepared for each bill and involvement with our membership and partners in determining strategies for testimony. Testimony has already been presented for three bills, including (1) representation of a registered nurse on the Health Policy Commission and (2) Nurse Licensure Compact and (3) Act establishing a 17-member Commission on nurse licensure compact in Massachusetts.

HB1944/SB103

An Act relative to nurse licensure compact in Massachusetts

This bill increases public access to safe nursing care, provide for the rapid deployment of qualified nurses in response to a state of emergency, address the emerging practice of nursing through telecommunication technology, support spouses of relocating military members, and build effective instantaneous communication on licensure and enforcement issues.

HB3487/SB18213

An Act relative to safe patient handling in certain health care facilities

This bill adds new provisions that regulate the lifting of patients in both acute care and long-term care facilities. In particular, the bill defines a lift team as health care facility employees specially trained to handle patient lifts, transfers and repositioning using lifting equipment when appropriate and precluded from performing other duties, and establishes 35 pounds as the duties, and establishes 35 pounds as the maximum recommended weight lift limit established by the National Institute for Occupational Safety and Health. The bill further requires each health care facility to implement programs to prevent workplace violence in accordance with the DPH standards; requires health care employers to provide health care services for every resident of the Commonwealth.

HB1976/SB1093

An Act establishing Medicare for all in Massachusetts

This bill establishes a new chapter 175L, the Massachusetts Health Care Trust, in the General Laws, which would create a single-payer system for health care in Massachusetts. The bill establishes a Massachusetts Health Care Trust, which will be the single-payer body responsible for the collection and disbursement of funds required to provide health care services for every resident of the Commonwealth.

HB91902/SB1279

An Act regulating flavored tobacco products

This bill prohibits the sale and distribution of flavored tobacco products to any consumer, except in a smoking bar. “Flavored cigarette,” any cigarette, or any component part thereof that contains or imparts a characterizing flavor.

SB589

An Act relative to limits on insurers’ retroactive clawbacks for mental health and substance use disorder services

This bill regulates the use and coverage of step therapy protocols in medical treatment; defines step therapy protocols as a specific sequence in which prescription drugs for a specified medical condition and which are medically appropriate for a particular patient are provided; establishes and regulates the implementation of step therapy program reforms; requires submission of findings and recommendations within nine months; regulates the evaluation of step therapy protocols.

Scholarships

Ruth Lang Fitzgerald Memorial

Established in memory of Ruth Lang Fitzgerald, a longtime ANAAMSS member.

Up to $1,000 awarded for: A humanitarian aid project, a special interest or attendance for a conference.

Arthur L. Davis Publishing Agency

$1,000 given through the generosity of our publishing partner for tuition and fees.

ANAAMSS membership required.

Pursuing a degree in nursing or a child or significant other of member accepted into a nursing program.

Deadline is March 17th.

Scholarship Application Process

• Access the application at [www.anamass.org]

• Submit the application electronically or by mail by January 22, 2020, for Fitzgerald Scholarship and Davis Scholarship.

• If you have any questions, or need help, call ANAAMSS at 617-990-2856.

Save the Date

Spring Awards Dinner

Friday, May 8th 2020

at the Royal Sonesta Boston

Health policy committee update

ANAMASS Legislative Agenda 2019-2021

HB2664/SB701

An Act relative to the governance of the Health Policy Commission

This bill governs the makeup of the health policy commission, to add a new twelfth member, the fourth to be appointed by the governor, who is to be a registered nurse licensed to practice in Massachusetts in a patient care setting, appointed for a term of five years. Also adds a new thirteenth member to be appointed by the attorney general, who is to be an individual having an advanced degree in public health who has expertise in implementing strategies to eliminate health care disparities, appointed for a one-year term.

HB1941/SB1345

An Act establishing a commission on quality patient outcomes and professional nursing practice

This bill establishes a 17-member Commission on nurse staffing in hospitals to review and make recommendations regarding best nurse staffing practices designed to improve the patient care environment, quality outcomes, and nurse satisfaction; locates the Commission within, but not subject to the jurisdiction of the Executive Office of Health and Human Services; articulates the qualifications and terms of Commission members; identifies several areas of examination for the Commission relative to nurse staffing levels; requires the Commission to file an annual report with the Legislature by March 1.

HB1867

An Act to support access, value and equity in health care (SAVE Act)

This bill expands the authority of nurse practitioners to dispense, administer or participate in legal proceedings; directs EOHHS to coordinate with EOPSS to develop a system allowing the sharing of records to facilitate patient care, security risk assessments and planning and healthcare operations.

HB1578/SB388

An Act strengthening the penalty for assault or assault and battery on an emergency medical technician ambulance operator or patient services provider

This bill increases the penalty for committing assault or assault and battery on an emergency medical technician, ambulance operator, ambulance attendant or a health care provider; requires health care facilities to allow employees who were assaulted on the job to file charges of assault or obtain victim services, legal services, obtain a protective order or participate in legal proceedings; directs EOHHS to coordinate with EOPSS to develop a system allowing the sharing of records to facilitate patient care, security risk assessments and planning and healthcare operations.

HB1827

An Act to support health care facility improvement programs and to require the development of an in-house crisis management plan for health care entities

This bill adds new provisions that regulate the lifting of patients in both acute care and long-term care facilities.

HB653

An Act to require health care facilities to develop and implement programs to prevent workplace violence

This bill relates to the safety of healthcare employees; directs the department of public health to develop statewide standards for evaluating and addressing known security risks in different healthcare settings; requires health care employers to develop and implement programs to prevent workplace violence in accordance with the DPH standards; requires health care employers to designate a senior manager to oversee the development of such programs and an in-house crisis response team for employee victims; establishes criminal penalties for committing assault or assault and battery on emergency medical technician, ambulance operator, ambulance attendant or a health care provider; requires health care facilities to allow employees who were assaulted on the job to file charges of assault or obtain victim services, legal services, obtain a protective order or participate in legal proceedings; directs EOHHS to coordinate with EOPSS to develop a system allowing the sharing of records to facilitate patient care, security risk assessments and planning and healthcare operations.

SB683

An Act establishing Medicare for all in Massachusetts

This bill establishes a new chapter 175L, the Massachusetts Health Care Trust, in the General Laws, which would create a single-payer system for health care in Massachusetts. The bill establishes a Massachusetts Health Care Trust, which will be the single-payer body responsible for the collection and disbursement of funds required to provide health care services for every resident of the Commonwealth.

HB1797/SB1093

An Act requiring health care facilities to develop and implement programs to prevent workplace violence

This bill relates to the safety of healthcare employees; directs the department of public health to develop statewide standards for evaluating and addressing known security risks in different healthcare settings; requires health care employers to develop and implement programs to prevent workplace violence in accordance with the DPH standards; requires health care employers to designate a senior manager to oversee the development of such programs and an in-house crisis response team for employee victims; establishes criminal penalties for committing assault or assault and battery on emergency medical technician, ambulance operator, ambulance attendant or a health care provider; requires health care facilities to allow employees who were assaulted on the job to file charges of assault or obtain victim services, legal services, obtain a protective order or participate in legal proceedings; directs EOHHS to coordinate with EOPSS to develop a system allowing the sharing of records to facilitate patient care, security risk assessments and planning and healthcare operations.

Health policy committee update continued on page 12

Massachusetts Report on Nursing • 7
Leaping from RN to NP

Rachel Mortell

Nursing is a versatile career, and for me, as a bedside nurse in a Pediatric Intensive Care Unit, the next goal was to become a nurse practitioner (NP). After the excitement of completing school and boards, the adventure continued as I started in my first NP position about one year ago. In my novice assumption, as a bedside nurse with years of experience, I felt as though I achieved smooth transition in what seemed to be the next logical step from my current position. Let me tell you, the struggles were real!

**Struggle 1:** *You do what with this?* (The learning curve)

NP school teaches us the basics of safe practice and provides us with the tools and skills of advanced practice such as assessment and pharmacology. But in an acute care hospital with many specialties, most of the training is done on the job. In my case, I learned something new every day, and continue to do so a year later. The initial feelings of overwhelming unknowing and “feeling my way through the dark” was rather unsettling in a new environment. My colleagues were no longer right next to me while I worked at the bedside. Rather they were scattered throughout the hospital. I see my patients in snapshots, in the ER, clinic, or through the electronic record. My trust is in their nurses. Luckily my fellow NPs and physicians are my beams of light, leading me to the right answers and guiding me through procedures or the electronic light. So far, my transition has been successful!

As members of the healthcare team, nurses and medical assistants spend a great deal of time with patients, and are often involved in the care of patients that are in distress. You are making decisions, building confidence, and providing very clear, concise, and direct communication. Each verbal interaction requires careful attention. I’ve had to accept this and move through each day and trust that I’m getting better. It definitely takes some time and is ongoing.

**Struggle 2:** *We are coming the expert!* (Portraying and building confidence)

The shock hits when you are starting out again in a new role. You are being consulted to help manage patients that are in distress. You are making decisions about patients and their care. You have to learn to say “no” in a sensitive way. All of these scenarios require some form of confidence in the decision you ultimately make, in the way you explain rationales to patients, families, or multidisciplinary teams. What I had to do was relearn my nursing skills day by day or through the electronic record. To build confidence in this new role. It is something that definitely takes some time and is ongoing.

**Struggle 3:** *Tell me that again?* (Communicating effectively)

As an RN, I felt I talked all day long, filling the silences, keeping the flow going. As an NP, there are no longer right next to me while I worked at the bedside. Rather they were scattered throughout the hospital. I see my patients in snapshots, in the ER, clinic, or through the electronic record. My trust is in their nurses. Luckily my fellow NPs and physicians are my beams of light, leading me to the right answers and guiding me through procedures or the electronic light. So far, my transition has been successful!

When you are a nurse practitioner, you are the problem solvers, strategizers, or navigators for patients and families, or multidisciplinary teams. What I had to do was relearn my nursing skills day by day or through the electronic record. To build confidence in this new role. It is something that definitely takes some time and is ongoing.

**Struggle 4:** *“Help!” (Managing expectations)*

Of course, it is comforting to be that proficient or expert legislator. But to become an NP, you must accept you can become a competent and productive new NP if you do the work to improve your skills and knowledge. One of the most important is being able to talk to the nurse at the bedside, but why not throw some challenges at yourself and take the leap into advanced practice nursing? You can become a competent and productive new NP if you do the work to improve your skills and knowledge. One of the most important is being able to talk to the nurse at the bedside, but why not throw some challenges at yourself and take the leap into advanced practice nursing?

**Conclusion**

As you may imagine, the RN to NP role transition can be rather stressful. However the wealth of new knowledge and experience makes the transition valuable and exciting. In alignment with Patricia Benner’s Stages of Clinical Competence, transitioning into a new NP substantially results in a period of what she describes as “and “struggle.” As both RNs and NPs, we often have to be the problem solvers, strategizers, or navigators through challenging situations. In the NP role, there is the need for adequate support, and trust. As a student nurse, trust in your patients and peers. Asking for help and offering assistance is crucial in supporting one another. It is an ever-long and ongoing process for both all NP, and in this new role it is something I am eagerly adapting to.
Understanding Addiction

Kate Genovese

My name is Kate Genovese. I have been a registered nurse for over thirty years in many different areas; mainly hospitals then the Visiting Nurse Association (VNA) to case management and school nursing to name a few. I was brought up in a large catholic family west of Boston. As a little girl I was use to seeing alcohol being served, so it seemed normal to me when I got older people drink. Some are alcoholics. Others drink only socially. When I took care of patients as a student, none of this seemed foreign to me and if a patient told me he had five cases of beer a week, I didn't judge, but wondered why he needed so much alcohol and if it was killing his liver? As the years went on, I realized a lot of illnesses were arising from people's lifestyles such as cirrhosis of the liver, Hepatitis C, and pancreatistis.

At that time, most health care providers were uneducated about substance abuse. It wasn’t looked at as a disease but a choice. I would get frustrated with patients when they promised me they would go to an Alcoholics Anonymous (AA) meeting but a month later they were back, vomiting up blood from too much drinking. They couldn’t seem to stop. I would hear comments from nurses such as “he did it to himself, I don’t feel sorry for him.” I would hear that statement much more often than not.

The patient comes to our facility where he would self-medicate before games, and at intervals during them. His mother eventually began to notice that her own narcotics, which had been prescribed for her own post-operative pain, began to disappear, despite having hidden them. Over time, Percocet became too expensive, so Geno moved on to cheaper heroin.

Like his older sister and brother, Geno was raised by parents who were attentive, loving and very much involved in their children’s lives. They participated in sports, church and volunteer activities, and were taught to put their best effort forth, in whatever endeavors they chose to undertake. Like any good parents, Mr. and Mrs. Genovese made sacrifices, and invested time and hard earned money, in order to provide for their children and to give them the best opportunities for success.

They spoke to their children about the very real danger of trying and using drugs, knowing from personal experience in their younger years before children, where that involvement could potentially lead. The author reveals a great deal of personal history, as she allows the reader into her life and that of her immediate and extended family. In doing so, she shares the ups and downs of caring for and loving an addicted child.

Early signs that something was amiss occurred during freshman year of high school, when Geno’s football coach and mother independently noticed that he was acting differently. He wasn’t as attentive on the playing field, was less communicative with his parents, and at times, appeared sad. When asked about this, his response was that he would work things out on his own.

Mrs. Genovese discussed the means by which her son had access to, as well as the ability to purchase drugs, which began as experimentation with alcohol and marijuana in grade school. Geno had friends who he then spent time together. Despite having money from various odd summer jobs, Geno still asked his parents for money. During college, he would take money from his joint account with his mother, who because she trusted him, didn’t even bother to check an eye on it. Mrs. Genovese frequently asked surgeons to appropriately refer to addiction as an illness. Her story is one of humility, compassion, courage and above all else, love.

Kate Genovese is a nurse and the author of HAT TRICKS FROM HEAVEN, the story of her son, Christopher John Genovese, known as “GENO.”

Book Review: Hat Tricks from Heaven

Gail Deterling

Hat Tricks from Heaven, The Story of an Athlete in His Own Prison of Addiction, is a story told with straightforward honesty, simple clarity and raw human emotion. Author, Kate Genovese, speaks from the heart as a mother, and with the authority of a nurse, as she unvels her life story and that of her son, Geno.

Christopher John Genovese, who preferred to be called Geno, was raised in a family of six, three brothers and three sisters. Geno was a basketball star athlete, a private high school and college graduate, surrounded in life by friends and family, who became the victim of an accidental overdose at the age of thirty. This story is very timely, given the toll that the opioid epidemic has had on so many young people and those who love them, particularly in our home State of Massachusetts.

Geno suffered several injuries to his shoulders and knees, which led to multiple surgeries over many years. He had been prescribed many medications, and eventually started taking Percocet®, which would be legitimately prescribed for post-operative pain, but Geno continued to play football and hockey through the chronic pain and got to the point where he would self-mediccate before games, and at intervals during them. His mother eventually began to notice that her own narcotics, which had been prescribed for her own post-operative pain, began to disappear, despite having hidden them. Over time, Percocet became too expensive, so Geno moved on to cheaper heroin.

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Gail Deterling is a nurse at Boston Children’s Hospital that cares for children with chronic pain conditions.
Exploring self care

Pam Cormier, MSN, RN, AHN-BC

Nursing as a profession can be tremendously rewarding and fulfilling, but nurses also know the job can take a toll on our own health and wellness. Nurses provide amazing care for others yet often struggle to do the same for themselves. There is growing research which shows burnout and compassion fatigue are an all too common phenomena among nurses, yet to many nurses, the concept of putting yourself first and practicing self-care feels selfish and almost wrong. The American Nurses Association Code of Ethics states that nurses “owe the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.”

A little over a year ago, I had the opportunity to immerse myself in Watson’s Theory of Human Caring. This theory, often recognized by the 10 Caritas Processes, which facilitates healing, honors wholeness and contributes to the health of the whole person (Watson 2008), is the framework I have built my nursing practice around. As a Caritas Coach and a certified advanced practice nurse in the Institute of Healthcare Improvement, I am passionate about nursing care which both promotes health and wellness and enables people to reach their fullest potential. In my work as a professional development manager, my “patients” are typically nurses. I see my role as promoting and providing care for the people who care for patients.

The first Caritas process is “Cultivating the practice of love: Toward another person. Self-care is integral to a nurse’s job.” The Institute for Healthcare Improvement developed the Quadruple Aim to promote a healthy work environment for providers with a goal to reduce stress, burnout and turnover (Bodenheimer & Sinsky, 2014). Self-care is a central strategy with multiple approaches. Meditation and technology (app for self-care) approaches are one example. The specific process can be adapted to one’s lifestyle. I promise you will enjoy the journey.

Four strategies that contribute to your well-being, enjoyment and happiness. However, I caution you to be thoughtful and reasonable about the plans you make. No one can sustain numerous lifestyle changes all at once. Do one thing at a time.

1. Complete a self-care assessment (see page 11) by considering the following:
   • What are activities you engage in that contribute to your well-being, enjoyment and health?
   • How do you care for your emotional life?
   • Do you pay attention to your spiritual needs?
   • Are you exercising, eating well, going on vacation, or otherwise doing things that move the wellness needle in a positive direction?
   • Take a few minutes and rate your self-care using an assessment tool. (There are many self-care assessment tools easily found on the internet you can use to assist you with this.)

2. Diagnose a self-care deficit: Honestly and transparently examine the items in the self-care tool where you scored poorly. This will help you target your self-care plan to areas where you may need some work.

3. Plan a course of action: Think about what could bring a neglected aspect of your life into balance. No matter where you choose to start, there are actions you can implement to improve your overall health and happiness. However, I caution you to be thoughtful and reasonable about the plans you make. No one can sustain numerous lifestyle changes all at once.

4. Implement the plan: Choose one or two things on your list that make you feel hopeful and enjoyable to you. Develop a plan to increase that activity (or even start doing it at all). Be specific but reasonable with your self-care goals. For example, if your self-care goal is to have more time in nature, you could set an achievable and measurable goal, such as: “I will hike in one of my favorite nearby hiking spots twice weekly over the next three months.” The specificity of the plan is crucial; make it specific, measurable, achievable, action-oriented, and time-sensitive.

5. Evaluate your progress: Finally, when you’ve initiated your interventions, evaluate your progress and how you’re doing overall. If your goals were too lofty, adjust your plan. Perhaps two hikes a week was too much right now, so you cut back to one and feel absolutely thrilled if you sometimes manage to do more. The key is to make the changes you need to adjust your plans. Evaluating effectiveness and making changes to your plan is what you do when working with patients, this is no different. Watson states “When nurses are practicing self-care, they have more compassion, are less judgmental of themselves and are, therefore, less likely to judge others.”

The practice of loving kindness and equanimity toward self and others is the first process and cornerstone of Watson’s Human Caring theory. Taking time to explore new activities or renew old habits is a great way to nourish yourself and ensure you will have plenty of compassion to care for your patients who need your unique gifts and talents.

References:
1) https://www.anacalif.memberslists.net/assets/Events/RNday/2016%20code%20of%20ethics%20for%20nurses%2010%2009%20refson.pdf

Pam Cormier is a Professional Development Manager for Primary Care Nursing at Brigham and Women’s Hospital.

Decreasing nurse’s stress and burnout

Barbara Belanger

The impact of stress and burnout on nurses is enormous: • 98% nurses reported their work is mentally and physically demanding • 85% nurses reported their work makes them fatigued • 63% nurses noted that their work causes burnout • 44% nurses reported being worried that their fatigue will impact patient care • 41% nurses considered changing hospitals due to burnout (Dekeyrel, 2017).

Causes of stress and burnout in the nursing work environment include: • Incivility • Exclusion as part of the team • Group dynamics and hierarchical stratification and bullying behavior • Lack of work-life balance • Inadequate recognition of acuity in patient care assignment leading to fatigue • Self-sacrificing nature • Poor self-esteem secondary to fear of rejection and disapproval by leadership (AACN, 2018; Blum, 2014; Bowles, 2019; Sadler, 2018).

The Institute for Healthcare Improvement developed the Quadruple Aim to promote a healthy work environment and work-life balance for providers with a goal to reduce stress, burnout and turnover (Bodenheimer & Sinsky, 2014). Self-care is a central strategy with multiple approaches. Meditation and technology (app for self-care) approaches with intergenerational clinical nurses (Blum, 2014). Success to reducing stress and create a healthy nursing work environment may be sustainable using Kaizen to implement effective self-care initiatives at the point of care (Brown, 2013). Several organizations advocate for the endorsement of resources/tools that promote the health and professionalism of nurses in all practice areas:

• American Nursing Association (ANA) initiative for Healthy Nurse, Healthy Nation Grand Challenge initiative (2018).
• “The Quadruple Aim aligns with the American Nurses Credentialing Center’s Magnet standards in the components of leadership, structural empowerment, professional practice, and innovation described 35 years ago” (Bowles, et al., 2019).

• Since 2001, the American Association of Critical-Care Nurses (AACN) has advocated for an evidence-based healthy nurse work environment that promotes excellence in nursing practice and positive patient outcomes (2005).

• Association of periOperative Registered Nurses (AORN) recognizes the presence of burnout and harm from not coping (2018).

Change will not be easy. It requires an inclusive team effort.

References:
The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days. When you are finished, look for patterns in your responses. Are you more active in some areas of self-care? Do you tend to ignore others? Are there items on the list that hadn’t even occurred to you? Listen to your internal responses and dialogue about self-care, and take note of anything you would like to prioritize moving forward. Using the scale below, rate the following areas in terms of frequency:

<table>
<thead>
<tr>
<th>Physical Self-Care</th>
<th>5 Frequently</th>
<th>4 Occasionally</th>
<th>3 Rarely</th>
<th>2 Never</th>
<th>1 Never occurred to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat regularly (e.g. breakfast, lunch and dinner)</td>
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<tr>
<td>Eat healthfully</td>
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<tr>
<td>Get regular medical care for prevention</td>
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<tr>
<td>Get medical care when needed</td>
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<tr>
<td>Do physical activity that is fun for you</td>
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<tr>
<td>Take time off when you are sick</td>
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<tr>
<td>Get massages or other body work</td>
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<tr>
<td>Take time to be sexual</td>
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<tr>
<td>Get enough sleep</td>
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<tr>
<td>Take vacations</td>
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<tr>
<td>Wear clothes you like</td>
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<tr>
<td>Take day trips or mini-vacations</td>
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<tr>
<td>Get away from stressful technology e.g pagers, telephones, email</td>
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<thead>
<tr>
<th>Psychological Self-Care</th>
<th>5 4 3 2 1</th>
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<tbody>
<tr>
<td>Make time for self-reflection</td>
<td></td>
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<tr>
<td>Have your own personal psychotherapist or counselor</td>
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<tr>
<td>Write in a journal</td>
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<tr>
<td>Do something at which you are a beginner</td>
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<tr>
<td>Take a step to decrease stress in your life</td>
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<tr>
<td>Read literature that is unrelated to school</td>
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<tr>
<td>Let others know different aspects of you</td>
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<tr>
<td>Notice inner experiences—thoughts, dreams, judgments, imagery, feelings</td>
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<tr>
<td>Engage your intelligence in a new area, e.g. museum, performance</td>
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<tr>
<td>Practice receiving from others</td>
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<tr>
<td>Be curious</td>
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<tr>
<td>Say &quot;no&quot; to extra responsibilities sometimes</td>
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<tr>
<td>Spend time outdoors</td>
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<tr>
<th>Emotional Self-Care</th>
<th>5 4 3 2 1</th>
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<tbody>
<tr>
<td>Spend time with others whose company you enjoy</td>
<td></td>
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<tr>
<td>Stay in contact with important people in your life</td>
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<tr>
<td>Treat yourself kindly e.g. supportive inner dialogue or self-talk</td>
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<tr>
<td>Feel proud of yourself</td>
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<tr>
<td>Re-read favorite books, see your favorite movies again</td>
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<tr>
<td>Identify comforting activities, objects, people, relationships, places and seek them out</td>
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<tr>
<td>Allow yourself to cry</td>
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<td>Find things that make you laugh</td>
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<td>Express your outrage in a constructive way</td>
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<tr>
<td>Play</td>
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<tr>
<th>Spiritual Self-Care</th>
<th>5 4 3 2 1</th>
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<tbody>
<tr>
<td>Make time for prayer, medication and/ or reflection</td>
<td></td>
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<tr>
<td>Spend time with nature</td>
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<tr>
<td>Participate in a spiritual gathering, community or group</td>
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<td>Be open to inspiration</td>
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<tr>
<td>Cherish your optimism and hope</td>
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<tr>
<td>Be aware of intangible (nonmaterial) aspects of life</td>
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<tr>
<td>Try at times not to be in charge or the expert</td>
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<tr>
<td>Be open to mystery and not knowing</td>
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<tr>
<td>Identify what is meaningful to you and notice its place in your life</td>
<td></td>
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<tr>
<td>Have experiences of awe</td>
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Adapted by BiWell Health Promotion from: Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

Based on this assessment, develop a self-care plan

List self-care habits you are using to manage stress and stay healthy
- i.e. I get at least 8 hours of sleep at night
- 
- 

List self-care habits you would like to use but are not currently practicing:
- i.e. Practice yoga regularly
- 
- 

Identify the obstacles keeping you from practicing these habits:
- i.e. I don’t practice yoga regularly because I don’t have time
- 
- 

What solutions can you come up with to address the obstacles you listed:
- i.e. Replace watching TV with Yoga
- 
- 

Reread the self-care habits you wrote down for item 2. Select one of the habits you would like to begin practicing and complete the sentences.

Today, I commit to...

I want to do this because...

I will accomplish this by...

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Massachusetts Action Coalition receives funding for innovative work to help nursing build a healthier America

Pat Crombie

The Massachusetts Action Coalition (MAAC) is among 12 organizations in the United States that will receive up to $25,000 each for work addressing nursing’s role in building a Culture of Health and promoting health equity, the Future of Nursing: Campaign for Action, an initiative of AARP Foundation, AARP, and the Robert Wood Johnson Foundation (RWJF), announced. The Innovation Fund winners were selected based on submissions of replicable strategies that help nurses build a Culture of Health and promote health equity and well-being, while highlighting the importance of collaboration with diverse stakeholders.

The competition was limited to the Campaign’s state-affiliated “Action Coalitions,” or organizations designated by Action Coalitions. Applicants were required to raise matching funds to be considered. The MAAC received those matching funds from the National Network of Libraries of Medicine New England Region as a Community Engagement Award.

In addition to the award in Massachusetts, the Campaign announced that Action Coalitions or their designees in Florida, Indiana, Maryland, Missouri, Montana, Nebraska, Pennsylvania, Rhode Island, Virginia, Washington, and West Virginia also received awards. Of note, Massachusetts Action Coalition and other states also received this award last year. The goal for this two-year award is to assist in the creation of replicable strategies that sustain Action Coalition work while highlighting the importance of collaboration with diverse stakeholders.

“Those of us dedicated to improving the health of our communities understand the importance of collaboration to achieve our goals of leading a healthier America,” said Patricia Benner, an associate professor of nursing at the University of California, San Francisco, and lead author of the book “Being a Nurse.”

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“My first semester nursing students are devoted to being patient advocates and that makes me very happy. When our patients are not in a position to speak for themselves and/or we are aware of a change in status or an untoward response to a medication or some procedure, it behooves us to initiate an immediate response within our scope of practice and to alert the appropriate colleague even when that means the dreaded 3:00 AM call. Our doing so, may mean the difference between life and death and/or additional impairment of one sort or another.

Patient advocacy and teach-back is not new. Patricia Benner’s (1984) book From Novice to Expert is replete with exemplars of nurses pursuing the appropriate professional colleague and/or intervention when a patient’s welfare and indeed life is in peril. Nurses also advocate for their patients for less dire issues and that is as it should be or should it?

Many nurses now use an approach termed teach-back to be assured that the patient understands the information that has been provided to them. This is a major reversal and revision to the stance of a professional conveying information, and asking the patient whether what was conveyed was understood. And who among us, whether a medical professional or not, wants to appear ignorant to the professional conveying the information. Consequently, due to all of many of us beingly shake our heads in the affirmative.

With Teach-Back the onus is on the professional. Have we conveyed the information in such a way that it is comprehended by the listener? The proof is when the patient is asked to repeat in their own words what they have heard the nurse say, and we invite this response by saying we want to be sure that we provided the information in an effective way. The point is the onus is on the professional, conveying the information, that the patient understand. What you may have surmised by now, is that I’m going to link advocacy with teach-back. While the incorporation of such modalities as teach-back have been used to assess the understanding of a patient as to discharge orders or other information, it could be used in other ways as well.

In those non-critical situations where patients simply shake their heads as to understanding a message conveyed by a colleague, a message we often explain to our patients has gone off to some other activity, what if we introduced the patient to teach-back?

We could help our patients learn some phrases to the effect of asking the colleague to repeat the message in non-medical terms after which the patient could use teach-back and say “let me be sure I understood what you are saying” and then proceed to convey the information they heard. That skill would help the patient in not only that situation but in others as well. And the nurse would not be doing the work of a colleague but using the time for other activities including listening to the patient’s response to the information conveyed.

Teach-back is another form of advocacy for the patient. And in the many roles we play with patients, may have the most durable effect. So, should we advocate for patients? Of course! However, if our patients learn to advocate for themselves, their long-term well-being may be enhanced. And who knows, they may ask us to repeat what we heard them say!

Reference


Health policy committee update continued from page 7 protocols, and requires use clinical data to determine their effectiveness; requires insurance companies which the restriction of use a particular drug included in step therapy to establish a clear and readily accessible and easy to use process to request exceptions; requires insurance companies and MassHealth to grant the exception in the listed circumstances, including the required drug is known to be contraindicated with other drugs in the protocol or when the patient has tried and failed on the required drug.

5.997/HR 2056 United States Cadet Nurse Corps Service Recognition Act of 2019

Amends GI Bill to recognize that service in the US Cadet Nurse Service Corps between 7/1/1943 and 12/31/1948 constituted active military service and those who served receive honorary veteran status including only burial benefits (headstone) and medals or other commendations.

S.2378 An Act relative to the United States Cadet Nurse Corps Day

Amends Chapter 6 of the general laws to add a new section “The governor shall annually issue a proclamation setting the apart the fifteenth of June as the United States Cadet Nurse Corps Day.”
Frequently asked questions about disclosures

Judy Sheehan

Questions: What needs to be disclosed to the participants prior to the start of a program? What are acceptable ways of disclosing this information?

Answer: Disclosures to participants must include:
- The requirements necessary to obtain contact hours
- The presence or absence of conflict of interest
- The official approval statement
- If conflicts of interest are present, the resolution of those conflicts must be disclosed to the participants.
- If commercial support has been provided, it is necessary to state this and identify the party providing the support
- If it is a joint-provided program, it must be clear who the provider is and who is the joint provider.
- The expiration date must be disclosed if it is an enduring or blended activity.

Question: How do you determine if a conflict of interest exists?

Answer: A conflict of interest exists when:
- A person in a position to control the content of the program has a financial relationship with a commercial entity AND
- The commercial entity’s products are related to the content of the educational activity.
- The following decision tree was developed by ANA Ohio and may be a useful guide for determining if conflict of interest exists.

Question: Whose responsibility is it to determine if a conflict of interest exists?

Answer:
- It is the nurse planner’s responsibility to determine if a conflict of interest exists for both the planners and the faculty.
- In addition, someone other than the nurse planner must evaluate and determine if the nurse planner has any conflict of interest.

J. Sheehan is a Nurse Peer Review Leader for ANAMASS.

CNE hot topics and water cooler solutions

Judy L. Sheehan

The ANAMASS Accredited Approver Unit holds a fall and a spring symposium each year. The 2019 spring conference “Hot Topics and Water Cooler Solutions” was held at Curry College in early June and generated many great ideas and discussions. The program included a review of the ANCC criteria, conversations about applying the criteria and allowed opportunities for participants to problem solve, share expertise and build an ever stronger nursing continuing education community. Participants engaged in both large and small group discussion where cases were discussed, best practices acknowledged and many possible solutions to common problems identified. Dialogue around topics such as gap analysis, program design and methods of evaluation challenged the group and many “water cooler solutions” were analyzed. The small group discussion was facilitated by committee members; Jeanne Gibbs, Peggy Breit, Pamela Corey, Stephanie Wakim, Carmela Townsend, Arlene Stoller, Jean Mellot, allowing direct connections and conversations to occur between nurse planners and peer reviewers.

Some of the best practices brought forward included:
1. When conducting a gap analysis ask the potential target audience to answer the following question: “What problems are you having in your practice/care team that needs to be addressed and how will you know it has been solved?” These questions form the framework for your gap analysis, evaluation and program planning.
2. Maintain content integrity by reviewing the speaker slides prior to the program if bias is a concern.
3. Ensure the program is based on best available evidence by ensuring a variety of references from the speakers include items from peer reviewed sources that are no older than five to seven years. It is also advantageous to utilize expert speakers and Quality Improvement experts when program planning.
4. Engage participants using updated techniques such as escape rooms, video conferencing, clickers and games.
5. Evaluation can be accomplished in many ways; survey monkey, clickers, pre/posttests, electronic gaming, simulations, direct observation of discussion, combined CME and CNE evaluation forms, formative evaluation as well as summative evaluation.

At the request of the participants, the format of the symposia will be maintained for the fall program to be held in November and repeated (with different areas for dialogue) next spring. In addition to the symposia the Accredited Approver Unit has been asked to provide webinars, enduring and blended programming going forward. The requests have become part of the planning committee’s current gap analysis.
We are sad that she did not live to see this bill pass but we are grateful to the local chapter of the VFW for what he said will never be forgotten.

On-Call opportunities available. Travel is required for all positions.

277x87 Their contributions to the war effort were highly regarded as they were responsible for 80% of all nursing care in military and civilian hospitals on the home front. Their contributions to the war effort were highly regarded as they were responsible for 80% of all nursing care in military and civilian hospitals on the home front.

On the steps of the State House on May 13, 1945, Dr. Poremba is Professor Emeritus, Salem State University and Director of Friends of the United States Cadet Nurse Corps, reflects on the work of the USCNC and the important contributions the Cadet Nurses made to the war effort.

I joined the U.S. Cadet Nurse Corps in 1943. We signed to "serve for the duration of the conflict and for the reconstruction period." We were not assigned to overseas duty but our last six months in nursing training we could be assigned to a [military] service hospital - Army, Navy or Marine.

If it does not pass this year on the NDAA, it would go forward with urgency.

Cadet Nurse Mary Lorraine Baldwin Kench, Lynn Hospital SON

We are unknown to today’s generation. What better way to preserve our legacy! A plaque in Nurses Hall would be most welcome and appreciated. Our story needs to be told.

We were excited about joining the war effort. As I look back I remember that we were excited about going to war. We didn’t have any idea what it meant and few things would only last a few days and the U.S. would be victorious.

As time went on some of the male students were given an opportunity to enlist in the military - I was not able to enlist because I was not old enough. I was 16 years old and had to wait until I was 17. I joined the Cadet Nurses on July 7, 1943.

As I look back I remember that we were excited about joining the war effort. As I look back I remember that we were excited about joining the war effort.

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Tuesday, October 1, 2019
Health Policy Legislative Forum- MASSACHUSETTS STATE HOUSE (Great Hall)
Medicare for All: An Alternative Health Financing Program With Implications for All

October 9, 2019
7th Massachusetts Regional Caring Science Consortium Conference, October 9, 2019, 7:30 am - 12 noon
Inviting nurses to attend the 7th Massachusetts Regional Caring Science Consortium (MRCSC) Wednesday, October 9, 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 October 9, 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.

Thursday, October 10, 2019
Health Policy Legislative Forum- MASSACHUSETTS STATE HOUSE (Great Hall)
Medicare for All: An Alternative Health Financing Program With Implications for All

October 16, 2019
Regis College Educational Offerings, Co-Sponsored with Harvard Pilgrim Health Care, October 16, 2019, 6:15 – 8:30 pm, Health Care by Zip Code: So What?
Contact Hours: 2
Location: Regis College, Casey Theater, Fine Arts Center, 235 Wellesley Street, Weston, MA 02493
Fee: None
Registration: Call 781-768-8808; Email: presidents.lectureseries@regiscollege.edu; Online Registration: http://www.regiscollege.edu/HealthilyZip
Description: Yes, your Zip Code does matter! One’s life is affected not only by genetic lifestyle, and risk-taking behaviors, but by social and environmental factors as well. In fact, these factors account for nearly 70 percent of health outcomes, and actually contribute to the inequities in health that some populations experience. Come learn about the factors in the innovative ways in which health professionals are partnering with their communities in actively decreasing their impact.
Location: Regis College, Casey Theater, Fine Arts Center, 235 Wellesley Street, Weston, MA 02493

Friday, November 8, 2019
Hot Topics: Water Cooler Solutions
Mercy Medical Center/Springfield, MA
ANA/MASS ACCREDITED APPROVER
ANNUAL SYMPOSIUM - WESTERN WORKSHOPS
November 13, 2019
6:15 – 8:30 pm, Vaping, Vanity and Victims
Contact Hours: 2
Location: Regis College, Casey Theater, Fine Arts Center, 235 Wellesley Street, Weston, MA 02493
Fee: None
Registration: Call 781-768-8808; Email: presidents.lectureseries@regiscollege.edu; Online Registration: http://regiscollege.edu/Vaping
Description: Are you vaping for pleasure? Is it about vanity, or are you using it as an alternative to smoking? Is vaping ever a responsible choice? Whatever your answer, you need to know the facts. You might be surprised to learn who is vapor, what they vapor, and if in fact, we have an epidemic on our hands. Attend this panel and hear experts on the topic give you the evidence-based information you need.

March 11, 2020
Save these dates for Regis College 2020 Spring Panels!
March 11, 2020 – The Fate of Health Care Reform
April 22, 2020 – Gamez, Inc. and Other Behavioral Addictions
These activities have been submitted to ANA Massachusetts for nursing contact hours. The American Nurses Association Massachusetts is an accredited approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Call for Abstracts
• Submit your 300 word abstract as a PDF file by October 10, 2019. You will receive notification of your acceptance by October 31, 2019.
• Your abstract will be posted to 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.

Monday, March 16, 2020
Health Policy Legislative Forum- MASSACHUSETTS STATE HOUSE (Great Hall)
Medicare for All: An Alternative Health Financing Program With Implications for All

Friday, April 24, 2020
ANA/MASS Spring Conference, The Good, the Bad, and the Ugly: Nurses in Massachusetts in the Public Eye
The Conference Center at Waltham Woods
Call for Posters and Exhibitor/Sponsorship Opportunities information at www.ANAMass.org

Friday, May 1, 2020
Conference- Boston University, Florence Nightingale’s Influence on the Evolution of Nursing
In celebration of the bicentennial of Florence Nightingale’s birth, the Nursing Archives Associates of the Howard Gotlieb Archival Research Center at Boston University is accepting abstracts for presentations focused on Florence Nightingale’s influence on the evolution of nursing, both historical and contemporary. Please submit two copies of your abstract electronically to Nicole Williams at nwil0697@gmail.com by December 1, 2019. One copy should not contain any identifying information and the other copy should include your name, credentials, contact information. Limit the abstract to 250 words. Each presenter will have 45 minutes (including question and answer period).
Abstracts are due by December 1, 2019; notification by January 15, 2020.

Friday, May 8th 2020
Save the Date for the Spring Awards Dinner: Friday, May 8th 2020 at the Royal Sonesta Boston

JOIN ANA MASSACHUSETTS AND ANA TODAY!
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 caring for yourself during 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
Auto Insurance offered by Nationwide
Long Term Care insurance offered by Anchor
Term Life Insurance offered by Hartford Life and Accident Insurance Company
Financial Planning Offered by Edelman Financial Services
Savory Living Eating – discounted program offerings
Emmanuel College – Tuition reduction scholarship
Walden University Tuition Discounts
Tuition Savings at Chamberlain College of Nursing
Scholarships for you and your family members
Free Research Recruitment Notices placed in ANA Massachusetts Website and sent to the ANA Massachusetts Email Distribution
New Rates • Enhanced Benefits • Shared Governance
Free Healthcare Option for you and your family
Professional Growth and Development opportunities

For detailed information please visit jobs.bmc.org
or email nursingcareers@bmc.org

Expand your opportunities
To learn more, go to hartford.edu/msnonline

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