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President’s Message

2020 to 2021 to date could be described as:

“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair.”

Charles Dickens, A Tale of Two Cities.

Our stories from 2020 and 2021 are not only of overcoming challenges, tragedies, and perseverance, but also stories of brilliance, innovation, and inspiration. I continue to be inspired by your stories. Be proud of what you accomplished. Thank you for your role in nursing’s shared history; now is the time to heal and to design the future.

On June 8th I attended ANA’s Virtual Federal Hill Day with registered nurses from Massachusetts. We met with legislative aides for Senators Warren and Markey, as well as Representatives Pressley, Lynch, Clark, Moulton, Trahan, Neal and McGovern to provide nurse perspective on current healthcare legislation being considered. We discussed the importance of addressing healthcare workplace violence prevention in a meaningful way, the importance of having PPE manufactured in the U.S., and of expanding access to care through varied telehealth technologies. We also asked them to not only support but also to sponsor these healthcare bills.

June 18th was the Annual ANA Membership Assembly, the annual ANA meeting in which national candidate elections occur and attendees approve future ANA policies and positions. Priorities discussed were:

• Health Care Delivery Systems that Fully Incorporate Nursing Services
• Precision Health and Genomics
• Advanced Practice Registered Nurse Full Practice in Nursing Homes
• Lessons Learned: COVID-19 Pandemic Crisis Standards of Care
• Addressing Racism in Nursing.

As we look to the not-so-distant future on the local level, there are several pieces of state legislation that ANAMASS is sponsoring/supporting:

• H1941/S1345—An Act Establishing a Commission on Quality Patient Outcomes and Professional Nursing Practice
• H 128—An Act Relative to Nurse Licensure Compact in Massachusetts
• H1976/S1093—An Act requiring Health Care Facilities to Develop and Implement Programs to Prevent Workplace Violence

President’s Message continued on page 14
In the dog days of summer

Gail B. Gail, PhD, RN

In the dog days of summer as muslin curls on its own heat
And crickets cry in the black walnut tree
The wind lifts up my life
And sets it some distance from where it was.

Here we are – more than halfway through 2021. There is much good news of accomplishments by ANAMASS leadership and the Health Policy Committee on vital issues. Christine Schrauf updates on our legislative agenda. Representative Kay Khan summarizes successful policy changes in regard to independent practice authority for nurses in that capacity. Attorney General Maura Healey joined Commonwealth Conversations with President Hancock, Director Lafontant, Health Policy Committee member Rob Parker, scholarship winner Nisha Wall, and ED Carmela Townsend.

Caring for the Caregiver is an issue that dominates both advocacy and practice. ANAMASS past president Donna Glynn and colleagues have prepared an excellent summary of the MA Hospital Association’s extensive report and detailed action regarding this issue. Janet Ross’s interview with Cheryl Kriskos and Scarlette Piku, participants in the ANA mentorship program, shines the high beam on nurses’ first-hand experiences with tough times on the job and how mentoring helps.

We’ve included an article from the Salem Evening news describing Barbara Poremba’s extensive volunteer service during the Covid pandemic. Cadet Nurses Betty Damon Beecher and Mary Schofield Malone were recently honored by Governor Baker at the State House. Please take time to learn about new member, Sara Stout, a behavioral health nurse from Hampden County and recent DNP graduate.

There are a variety of ways to share nurses’ chronicles. Wendy Howland’s Fifty Word Story gets right to the point from the patient’s perspective. Inge Corless explored patients’ perspectives of nurses in a qualitative study of the Boston Globe’s annual Salute to Nurses. Alex Butler introduces us to Sarah Son Throuax’s project linking nursing students, patients, and staff together in an innovative project.

The Newsletter Committee is pleased to congratulate committee member Barbara Belanger on completing her research on “Informing Health Care Policy for Plastic Medical Waste Recycling in U.S. Healthcare Facilities” and earning her DNP degree from Northeastern University. In addition, kudos to contributing writers: Alex Butler, Pam Delis, and Nancy Glynn as Arthur L. Davis has requested permission to publish their recent articles in other state nursing newsletters.

We welcome member submissions to the ANAMASS Report on Nursing. Our next deadline is October 1! Submission Guidelines and Contributor’s Agreements are available at newsletter@anamass.org.

One of the pleasures of August is getting outside and relishing these Dog Days. If you can, get outside the city before dawn and look to the sky for the Perseid Meteor Showers. Take a few deep breaths and treat yourself to a free annual event. You’ve earned it!


There is an opportunity for every RN in the Commonwealth to interact with ANAMASS. Take advantage of our low, $15/month membership rate for new members. There are many benefits available to ANAMASS members and ways to interact with our energetic committees. Please visit www.anamass.org and click on Memberzone/joinacommitee to learn more TODAY!

Awards Gala: Royal Sonesta Hotel in Cambridge, MA on Friday, 10/1/2021
The Foundation is thrilled to be awarding $5,500 in scholarships at the 2021 Awards Gala. Please consider donating to scholarship funds by visiting: info@anamass.org.

Scholarship Opportunities – Apply Today!
New $2500 Scholarship to Advance Diversity in Nursing:
The Foundation for Nursing Advancement in Massachusetts (FNAMA), the philanthropic and scholarly arm of ANAMASS, recently announced the creation of a $2500 Scholarship to Advance Diversity in Nursing which is available to both undergraduate and graduate nursing students. ANA Membership is not required. Use this link to access the FNAMA: Scholarship to Advance Diversity in Nursing. https://www.anamass.org/resource/resmgr/awards/Diversity_Scholarship_app_7.doc

Two additional $1,000 scholarships:
• The Ruth Lang Fitzgerald Scholarship is given to an ANAMASS member to pursue an area of interest or special project that will be beneficial to the member and/or the Association and may be used to attend an educational conference or some other educational activity. It may also be used for participation in a humanitarian aid project.
• The Arthur L. Davis Publishing Agency Scholarship is for an ANAMASS member to pursue a further degree in nursing or for their child or significant other who has been accepted into a nursing education program.

$500 Professional Development scholarship:
• The Sandra M. Reissour Memorial Scholarship for Nurses Practicing in Professional Development was established by the ANA Massachusetts Approver Unit in memory of Sandra Reissour. This scholarship is awarded to a nurse who exemplifies dedication to nursing continuing education. Scholarship recipients are asked to serve on the selection committee for the following year’s awards. This scholarship can be applied towards expenses to attend events like the NCPD Summit or the ANPD Annual Conference or NCPD certification.

Making Your Voice Count
The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity
Fall Conference: ANAMASS is proud to be a part of the discourse and invites you to join us as we further discuss these issues at: The Future is Now, Friday 11/5/2021. For more information, please visit www.anamass.org.

Consensus Study from the National Academy of Medicine is now available for FREE at https://nam.edu/publications/the-future-of-nursing-2020-2030/.

"A nation cannot fully thrive until everyone—no matter who they are, where they live, or how much money they make—can live their healthiest possible life, and helping people live their healthiest life is and has always been the essential role of nurses... By leveraging these attributes, nursing will help to create and contribute comprehensively to equitable public health and health care systems that are designed to work for everyone...Nurses have a critical role to play in achieving the goal of health equity, but they need robust education, supportive work environments, and autonomy.”

An Experience of the ANA’s Mentorship Program: An Interview with Two Exceptional Nurses

By Janet Ross, MS, RN, PMHCNS-BC

The ANA Mentorship Program has been learning about the ANA Mentorship Program to strengthen members’ engagement, while building career skills and resiliency. Cheryl Krisko, MSN/ MBA, RN, NCC, CMC, CCC, CCSTM, CIRS- A/D, Chief Program Officer at Elder Services of the North Shore responded quickly to my outreach. She has been meeting with her team, Scarlette Pikul, MSN/ MBA, RN, a Senior QI Practice Ops Consultant at Pediatricians’ Organization at Children’s in Northampton. We met virtually on May 13th.

Q: What interested you in the program?

Cheryl: Probably through the ANA email around the time COVID began. I was thinking about how hard it would be for people who had been in the field for a long time to readjust their work environment to a remote platform. I thought it was a good time to reach out to some newer nurses to discuss their challenges and see if I could help.

Also, something I heard in one of my courses: “Nurses eat their young” was disturbing. Although my original graduation was quite a while ago, it seemed to me that “nurses eat their young” was disturbing. Although my original mentorship project was in nurse coaching and mentoring. I strongly believe in building positive relationships and want to change nursing culture because I’ve been a victim of the negative aspects and it sucks! Not having someone there to help you through is really daunting and lonely. The INCA program is great and builds awareness of a coaching and mentoring community. I’m an adjunct professor at Fitch College and when students reach out to me, I coach them on this.

Q: What else grew from your interaction?

Scarlette: Right from the start I felt very comfortable being open and honest with Cheryl. I feel like she’s an old friend I’ve known for forever! We didn’t just talk about my career but also about how my personal life is affecting school, work, and everything. She coached me through balancing all of it. I didn’t expect that at all! Cheryl: When I took on being a mentor, I didn’t have any idea what the person would look like. I was expecting a newer nurse and was really surprised by Scarlette’s experience. When she shared her experiences and said she was questioning staying in the field, I thought well here’s another one who’s experienced the whole “nurses eat their young” piece. I hoped to help her streamline her workflow. I think it’s great to try out this line of work but not always easy. I was excited to see how well she progressed towards her goals.

As Scarlette shared, I felt she was like that old friend, and I was chomping in to ask: “How’s it going now?” We developed a good productive relationship. Scarlette really looked at her achievements and how to move forward with her goals objectively. If her first path didn’t work out, she would try the next.

Q: Have you decided to stay in nursing, Scarlette?

Cheryl: I’m going to stay in my current position, although I struggle without the direct patient contact in this consulting role. It takes a long time to achieve the long goals. It’s been an adjustment... I’m very “big picture.” Coaching helped me see that and keeps me motivated to stay in the profession.

Q: Scarlette, have you had other mentors in the past before this relationship?

I’ve had informal mentors. As a bedside nurse I worked with several nurses a couple of generations ahead of me who taught me informal mentors and had my best interests at heart. There were also a few I felt were out to get me, but there were more nurses who were helpful. With my master’s degree, I transitioned to nurse manager at a small community hospital with a very big culture. I stuck it out but with a sore thumb because I thought differently and had different priorities. That situation was definitely “nurses eating their young” – not just one mentor’s opinions, but even among the same generation. It was a real shock and a brutal environment. I thought “Why did I do this?”

I took some time off then I landed this job, alliance of Children’s Hospital and work with practice administrators, physicians, nurses, medical home care coordinators, and outpatient staff. I haven’t had a mentor since my early days except through the INCA program. Cheryl is my first formal mentor. It is hard to have a strong and unbiased mentor at work and good to talk someone who doesn’t know all the details of where you are.

Q: Cheryl, have you mentored others?

I have mentored nurses in my organization who have returned to school and am now implementing a pilot program. I agree that external mentors are different. The focus becomes knowing the external mentor: what they present and bring to the mentorship.

Q: How could ANAHA help support this program?

Scarlette: A conference where you bring in different speakers would be really great. My INCA program some great teambuilding exercises that helped us to reflect and coach each other. For me, this relationship promotes healing. It’s not only about giving advice but also about listening to the other person’s journey. I think there were some points in our relationship, Cheryl where my resiliency was being tested. For me, the key takeaway for nurses today is how do you handle that moral distress, how do you stay resilient? Coaching is such a great avenue to address that. I could even find some of those suggestions and exercises that really resonated with me. They helped me heal and I would be willing to share those.

Q: Would you do this again?

Cheryl: Yes.

Scarlette: I was thinking that ANA could host a celebratory dinner to afford the opportunity for Mentors and Mentees to meet in person.

Janet: Thank you again for responding. I really enjoyed talking with Cheryl and Scarlette and hope their openness about mentoring helps others to consider participating. If interested in being interviewed for the Massachusetts Report on Nursing, please contact me at Janet.ross@verizon.net.

Photos courtesy of Drs Pikul and Krisko.

ANA’s Mentorship Program: Is It For You?

By Janet Ross, MS, RN, PMHCNS-BC

The ANA Mentorship Program matches prospective mentors with less experienced nurses who enroll each fall. The program is highly regarded by both mentors and mentees. This unique online networking and career development opportunity is free and only open to ANA members.

Last year’s ANA Mentorship Program was a huge success, and we want you to be the first to know about this year’s program. Program enrollment is open August 2nd – September 12th, and the program starts on September 27th.

“An incredible outlet for mentors/mentees and a valuable way to connect to the infinite paths that nursing offers” - Jennifer Klock, ANA Member and Mentorship Program participant

The ANA Mentorship Program facilitates one-to-one mentoring relationships that connect mentors with nurses who have more professional experience. This unique online networking and career development opportunity is free and only open to ANA members.

The McAuley Nazareth Home for Boys is a licensed and accredited residential special education school and group home serving youth ages 6-18 who have experienced emotional trauma and neglect. Contact Kim Paris, M.Ed., C.A.G.S., Executive Director for job information: (800) 892-4866 | www.mcauleynazareth.org

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“An incredible outlet for mentors/mentees and a valuable way to connect to the infinite paths that nursing offers” - Jennifer Klock, ANA Member and Mentorship Program participant

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Independent Practice for APRNs Becomes a Reality in Massachusetts

Kay Khan, State Representative, 11th Middlesex District

Independent practice for certified nurse practitioners (CNPs), psychiatric nurse mental health clinical specialists (PNMHCs), and nurse anesthetists (CRNAs) is finally a reality in Massachusetts! I would like to extend a special thank you to Speaker Ron Mariano for his role on the Conference Committee in advancing this legislation.

At its June 9 board meeting, The Mass Board of Registration in Nursing (BORN) issued emergency regulations, effective immediately, governing Chapter 260 of Registration in Nursing (BORN) issued emergency meeting, The Mass Board advancing this legislation. Ron Mariano for his role on special thank you to Speaker Massachusetts!

The new law and BORN regulations:

- Authorizes CNPs, CRNAs, PNMHCs, to write prescriptions without being supervised by a physician after two years of supervised practice by a Qualified Health Professional. Nurse midwives, a fourth category of APRN, already can prescribe without supervision. A fifth category of APRN – Clinical Nurse Specialists (CNSs) - are not authorized by state law to write prescriptions.

- A Qualified Health Professional may be a physician in the APRN’s area of practice or a CNP, CRNA, or PNMHCs, who has had two years of supervised practice and one year of independent practice (without supervision) or who has had three years of independent practice.

- The APRN will be required to submit an attestation to the BORN that they have had two years of supervised practice by a Qualified Health Professional to be authorized for independent practice.

Because these are emergency regulations that go into effect immediately, the BORN will still need to solicit input on the regulations through a formal public hearing which will take place on July 16, 2021, at 1:00 P.M. and comment period, before the final regulations can be promulgated - most likely several months from now.


Lifting the barriers to practice for these APRNs was hard-fought and a long time coming. As the chief sponsor of the legislation, along with my colleague Representative Paul Donato, for multiple legislative sessions. It has been an honor to work with nursing groups, such as ANA Massachusetts, the Mass. Association of Psychiatric Advance Practice Nurses (MAAPPN), the Mass. Coalition of Nurse Practitioners (MCNP), and the Mass. Organization of Nurse Leaders (ONL), to get these bills passed, especially in the face of years of opposition by the Mass. Medical Society.

Finally, Massachusetts has joined over half of the states – and all the other New England states – that already recognize independent practice for APRNs and their role in improving access, quality, and cost-effective health care! Additionally, and importantly, Chapter 260 of the Acts of 2020 requires a nurse as a member of the HPC permanently.

Photo courtesy of Rep. Khan

Representative Khan earned her bachelor’s degree from Boston University School of Nursing. Her first job as a nurse was at Boston Children’s Hospital, then became an instructor for her alma mater’s Boston undergraduates. Rep. Khan earned a master’s degree in Psychiatric Mental Health Nursing, with honors, also from Boston University School of Nursing. Her first job as a nurse was at Boston Children’s Hospital, then became an instructor for her alma mater’s Boston undergraduates. Rep. Khan earned a master’s degree in Psychiatric Mental Health Nursing, with honors, also from Boston University, and worked in a private group practice in Newton for close to 20 years. Source: https://www.kaykhan.org/about

Representative Khan may be reached at: Kay.khan@maphouse.gov or 617-513-0493

Photo courtesy USPHS

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Photo courtesy ANA/ANAMASS members get 20% off.

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Meeting with Attorney General Maura Healey

On May 6th, 2021, also known as National Nurses’ Day, Attorney General Maura Healey joined an ANAMASS online panel to explore how her office addresses issues crucial to nursing. President Lynne Hancock led the panel and was joined by Director Nirva Lafontant, AID Scholarship winner Nisha Wall, Health Policy Committee member Rob Parker, and Executive Director Carmela Townsend. Key topics included nurse staffing in long term care facilities, health inequities, workplace violence, full prescription authority under Medicaid fraud cases.

AG Healey began by revealing that nursing roots run deep in her family through both her mother and grandmother.

"I have grown up with such an appreciation for what nurses do and the way that they do it, and I just want to thank you for all that you do...We are grateful to you in my office for the work that you do to save lives, particularly during these most difficult times."

Rob Parker on Long term care staffing:

How will your office be ensuring that the care given to our most vulnerable populations is not just about a number, but about the quality of care and that ALL of the factors that contribute to good staffing are taken into consideration?

Nirva Lafontant on Health Care Inequities:

Your office released a report and call to action on addressing racial justice and equity in health that includes diversifying the healthcare workforce, eliminating structural racism, and addressing the opioid epidemic.

"I'd love to find ways for our office to together advocate and partner with all of you on addressing the real racial disparities that we see in health care right now."

Member Nisha Wall on Workplace Violence:

Please share your thoughts on the issue about preventing violence in the health care workplace. Do you believe that legislation would be successful, and if not, what other approaches do you think might be successful?

AG Healey described the real fear of threats, harassment, or assault on nurses as heartbreaking, and, as a prosecutor, supports efforts to reduce workplace violence against nurses.

"It's the nurses who are on the front line, who are going in, at the bedside, doing the work... My team and I will stand ready to work with you on this."

Nirva Lafontant on opioid epidemic:

What can we expect to see in terms of next steps in fighting the opioid epidemic both from public health and legal perspectives?

AG Healey responded that the pandemic has pushed people over the edge with stress, isolation, and mental health strains. Her office advocates for increased behavioral health and substance abuse resources while acknowledging the futility of short-term interventions. Victims have ongoing needs for stable housing, food security, and other supports, expanded middle school education, increased funding for treatment and recovery in communities of color, chasing down errant, obsolete prescriptions, and destigmatizing those affected.

"I'm just going to continue to hammer on that point. I'm also going to go after those who created this mess."

Nisha Wall on PPE:

How can we ensure that facilities are following FDA recommendations and transitioning away from crises conservation strategies?

Healey reported on how the AG's office went after price gouging by filing emergency regulations and acting against bogus products, created a hotline for people to report concerns about workplace safety, receiving and following upwards of 4000 calls, supported safety standards, resource procurement, and found free hotel rooms for nurses to quarantine between shifts.

"We never again want to have to rely on heroism and incredible resilience, we should have planning right and what we need in place...I can only imagine how scary it was to go each day and not know if this little mask that you've been wearing, for you know, three weeks or however long was going to do the job and just don't ever want to see any of you in that situation again."

Lynne Hancock raised a question from the audience on Medicaid fraud cases:

Is there a clinical voice included in the case being investigated and, if so, is clinical expertise solicited, and, if so, how is it done?

"The Medical Fraud Division has full time nurse investigators and also civilian investigators. For particularly challenging clinical issues, clinical experts may consult or testify. There are also pharmacists on staff. You really do need that clinical expertise."

In closure, Attorney General Healy stressed the value of nurses’ field experiences:

Nurses “come with a particular patina to credibility. You have a connection with the humanity, you should use the power of your position to talk to policymakers, lawmakers and others about what needs to happen. That to me is the most important thing that you can do. I say run for office too—whether it is school committee, select-person or state legislature, or anything.”

Health Policy Committee chair Christine Schrauf, Committee member Laura Duff, and former State Representative Mary Grant contributed questions.
Barbara Poremba frequently contributes to the Massachusetts Report on Nursing. She is highly regarded for her dedication to nurses who participated in the Cadet Nurse Corps training and service programs more than 70 years ago. For this issue, we would like to share her good news about a recent ceremony at the MA State House as well as her continued volunteer work in administering COVID-19 vaccines that was covered by Paul Leighton in the Salem Evening News.

Commemorating the US Cadet Nurse Corps finally became a reality for two Cadet Nurses.

On July 6, a small informal ceremony was organized by Governor Baker at the plaque site in the Massachusetts State House to honor Cadet Nurses Betty Damon Beecher of S. Weymouth and Mary Schofield Maione of S. Hamilton. Dr. Barbara Poremba and Leland Hussey of the Friends of Cadet Nurses who created and installed the bronze plaque on the wall in Nurses Hall also attended. Federal legislation is still active, S1200/HR2568 The U.S. Cadet Nurse Corps Service Recognition Act. The bill had a hearing in the Senate Veterans Affairs Committee and is pending. Please use the ANA link to contact your legislators to pass this bill. https://p2a.co/rcwxzru

More information is available at: Cadet Nurses https://www.nursingandpublichealth.org/cadet-nurses.html. Dr. Barbara Poremba, Director of Friends of the U.S. Cadet Nurse Corps WWII can be contacted at FriendsofUSCNC@gmail.com.

Administrating vaccines as a volunteer with the MA Medical Reserve Corps

With incredible energy and devotion to nursing and public health, Barbara has been an ardent volunteer. According to a story in the Salem Evening News, Barbara has distributed more than 2000 “jabs” in local and regional clinics on the North Shore and mass vaccination sites in Boston. Most recently she’s been part of the city of Salem’s home vaccination team, completed dozens of home visits, and begun traveling to local schools to administer shots to students. She’s also trained nursing students in how to give the vaccine. Thank you Barbara!

Barbara Poremba administers a COVID-19 vaccine to Owen Fyfe, a 12-year-old sixth grader at Collins Middle School. He was so excited to get the vaccine, she said, that he did a “happy dance” afterward.

Barbara Poremba administers a COVID-19 vaccine to a 106-year-old resident during a recent home visit. Afterward, Poremba says, the woman told her that everyone can visit her now.

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In accordance with the 2019 Reauthorization of the Higher Education Act, URI hereby discloses only that the curriculum for this program meets the educational requirements for licensure as an Advanced Practice Registered Nurse in the State of Rhode Island. The applicable licensing board in Rhode Island may impose additional requirements on candidates prior to granting a license, and we encourage you to investigate those requirements. URI has not determined whether the curriculum for this program meets the educational requirements for licensure in any other states or territories and we encourage you to investigate the requirements in your state or territory prior to accepting an offer of admission at URI.
The All of Us Research Program invites nurses to help speed up medical research

Meg Rabinowitz Bor, Marketing and Communications Manager, All of Us Research Program at Mass General Brigham

We’re all different. But when we visit the doctor, our treatments are often the same. Hopefully one day, health care will be tailored for each person. This is called precision medicine. And research can help us get there. Precision medicine is health care that is based on each person and is made up of three factors: environment, lifestyle and biology. The All of Us Research Program wants to learn how differences between us like where we live, what we eat, and our genes and family health history might lead to different types of treatments in the future.

All of Us (AoU) is a large research program from the National Institutes of Health and is working to recruit one million people across the country to help build one of the world’s largest and most diverse databases for health research in a longitudinal cohort program. AoU is a key element of the NIH Precision Medicine Initiative to prevent disease and develop individualized treatments that account for differences in lifestyle, environment and biology through collaborations between researchers, health care providers and patients.

The program opened enrollment nationwide in May 2018. To date, more than 390,000 people have joined AoU, including over 286,000 participants who have completed demographic, health and lifestyle surveys; agreed to share electronic health records; had physical measurements taken; and provided blood and urine samples for genotyping, whole genome sequencing and other analyses. A core value of the program is to enroll a cohort that reflects the rich diversity of the United States. Of these participants, 80% represent communities that are historically underrepresented in research such as sexual and gender minorities, people with low income or limited education, and other groups; and 50% from racial and ethnic minority groups. Participants hail from all 50 states.

AoU has also begun to return DNA results to participants who have donated biosamples. This reflects one of the program’s priorities to give back information to participants. Initially, participants can choose to receive information about their genetic ancestry and traits, with health-related results available at a later date. The program is committed to ensuring that participants have access to their own information, and many participants have expressed a strong desire to understand what their DNA can tell them.

Now more than ever, people are aware that certain diseases affect different populations disproportionately. AoU is unique in that diversity is one of the core values of the program. To develop individualized plans for disease prevention and treatment, researchers need more data about the differences that make each of us unique. Having a diverse group of participants can lead to important breakthroughs. These discoveries may help make health care work better for everyone in the future.

AoU knows that nurses are the face of patient-centered care. The goal of AoU is to speed up medical breakthroughs so that in the future, treatments can be tailored to the individual patient. Nurses are the perfect partners to help AoU achieve that goal. AoU hopes that nurses will join AoU, but also help spread the word to patients, friends, family, and other health care professionals.

How nurses can help:

- Join. Enroll in the program and share your unique health information.
- Spread the word. Encourage patients, other health care professionals, and your friends and family to join, too.
- Educate. Many people are afraid of the medical community. We need help getting people to understand that better research means better care, especially if they are from communities that have not participated in medical research studies in the past.

To learn more and enroll, please visit the All of Us New England local site at joinallofusne.org. If you would like to help spread the word about AoU to your patients, friends and family, please contact our Communications and Community Engagement Manager, Cheryl McCloud for helpful tools, referral materials and opportunities to present at your next team huddle: Cheryl.McCloud@bmc.org. Cheryl is a leader of the All of Us New England Engagement and Communications team, representing the program at Boston Medical Center. Cheryl is responsible for engaging with and educating diverse communities about the importance of participating in medical research, as well as engaging with providers like you to help spread the word about the All of Us Research Program to your patients.

All of Us New England is an enrollment partner of the All of Us Research Program. Mass General Brigham and its founding hospitals, Massachusetts General Hospital and Brigham and Women’s Hospital, working with Boston Medical Center launched the All of Us New England consortium in May 2018.

Photo courtesy of All of Us New England
When I reached out to new ANAMASS members from Hampden County, Sarah Stout, DNP, RN quickly responded, and we agreed to a telephone interview on July 2, 2021. Although she had previously been an ANAMASS member, that lapsed with a change in positions, and she has recently rejoined. Sarah sees the value in ANAMASS’ advocacy and the expansive array of educational offerings.

Sarah has recently completed the DNP program at UMass/Amherst School of Nursing that included a residency program with Melissa Perry, Director of Behavioral Health Nursing at Holyoke Medical Center who provided encouragement and support. Her doctoral project was a quality improvement educational program to increase primary care providers’ knowledge base and comfort with treating patients with dual diagnoses.

According to a recent New York Times piece, there are growing demands for acute mental health care for children and adolescents, particularly those who are stigmatized and subject to institutional racism. With her DNP completed, Sarah’s ideal role is to be in the outpatient environment with children and adolescents. Sarah also teaches undergraduate nurses at her alma mater.

Her advice to new nurses is to take everyone’s advice and to learn communication styles with patients from all care givers, not only nurses. If there’s a task checklist, ask what is behind its use. She suggested tactics for self-care in difficult situations include taking breaks, breathing deeply, and debriefing after incidents.

Sarah is the mother of three children from infancy to pre-teen and shares their care with her husband.

Congratulations to Sarah on her advanced degree and joining her member colleagues. We encourage her to become an active advocate with ANAMASS.

Sarah Stout

Save the date: October 26, 2021:

Virtual Fall Program
Presented by Massachusetts Regional Caring Science Consortium (MRSCC)

The MRSCC will be offering their Fall program, on Tuesday, October 26, 2021 as a free virtual 90-minute presentation. Key speakers are Kay Kennedy, DNP, RN, NEA-BC, CPHQ, Susan Campis, MSN, RN, NE-BC and Lucy Leclerc, PhD, RN, NPD-BC, co-authors of the 2020 article in Nurse Leader entitled ‘Human-Centered Leadership: Creating Change from the Inside Out’ and, the soon to be published book, “Human-Centered Leadership in Healthcare: Evolution of a Revolution,” with a foreword by Jean Watson. The speakers also serve as Senior Consultants for ANAMASS.

The program will include meditation and mindfulness practice activities, application of Caring Science to leadership, and time for discussion with the speakers and the MRSCC Leadership Team.

Every nurse from direct care to leadership, education, community, and research roles is a leader in human care and will find the program meaningful and grounded in caring philosophy and practice.

All nurses and nursing students are welcome to attend. Contact Hours will be awarded.

Please visit the MRSCC (Consortium) website at www.mrscsc.org for the unfolding program details and for registration. The program has no fee, but registration is required.

Please email Lynne Wagner directly at alynne@mrscsc.org if you have questions.

Fifty Word Story

COVID came at me sideways, likely exposed when traveling for my life care planning work in February 2020. Boston, NYC, Seattle, San Diego.

Later, the unexpected DVT, brain fog, muscle pain. I was going to retire this year anyway.

Wendie Howland, MN, RN-BC, CRRN, CCM, CNLCP, LNCC

“Leaving Early” by Leanne O’Sullivan:

“My Love, tonight Fionnuala is your nurse. You’ll hear her voice sing-song around the ward lifting a wing at the share of your darkness.

I heard that, in another life, she too journeyed through a storm, a kind of curse, with the ocean rising darkly around her, fierce with cold, and no resting place, only the frozen rocks that tore her feet, the light on her shoulders.

And no cure there but to wait it out. If, while I’m gone, your fever comes down — if the small, salt-laden shapes of her song appear to you as a first glimmer of earthlight, follow the sweet, hopeful voice of that landing. She will keep you safe beneath her wing.”

Thanks to publisher, Bloodaxe Books, for permission to publish this poem. For more information, please go to Leanne O’Sullivan, A Quarter of an Hour (Bloodaxe Books, 2018).

www.bloodaxebooks.com
In November 2018, the Massachusetts healthcare community made a unique pledge in response to a statewide nurse staffing ballot proposal. This promise to unite and collectively address workforce challenges resulted in the creation of a first-of-its-kind collaboration—the Caring for the Caregiver Task Force. In this in-depth examination of workforce challenges, leaders from across the Massachusetts healthcare community participated in the Caring for the Caregiver Task Force, convened by the Massachusetts Health & Hospital Association (MHA). Task force membership was representative of the wider healthcare continuum, including hospitals, behavioral health, home care, secondary education, community providers, patient and family advocacy, government and independent regulatory organizations, nursing and physician organizations, insurers, and labor and nursing unions.

Mark Keroack, MD, MPH, President & CEO Baystate Health and Past Chair of MHA’s Board of Trustees and Donna Glynn, PhD, RN, ANP, Associate Dean, Pre-Licensure Nursing, Regis College and Past President of the American Nurses Association Massachusetts chaired the Task Force. Leaders in all care settings should address workforce challenges continually by using a collaborative approach that incorporates the viewpoints of a diverse set of stakeholders. The Task Force identified that healthcare professionals who are healthy, safe, and satisfied in their jobs fuel a stable and engaged workforce. Finally, meaningful and effective improvements require support and engagement from the top levels of leadership.

**Common Themes**

Organizations must make the welfare of employees a central part of both their mission and identity with leaders serving as primary role models to shape a positive work environment. Organizations should incorporate quantitative measures to assess their performance, and shared governance models need to be considered for decision-making that affects staff. Importantly, the task force defined “caregiver” as any worker employed by a healthcare organization.

The COVID-19 pandemic has only compounded the importance of this work. The resilience and dedication shown by our caregivers as they have protected our communities against this deadly virus has been nothing short of extraordinary, but they have been placed under immense strain in the process.

**Focus areas:**

The Task Force explored four focus areas related to challenges facing healthcare personnel: safety, wellbeing, engagement, and workforce development/deployment.

**Safety**

Healthcare providers have been working to create safer work environments for decades, but we still have ample room for improvement. It is critical for organizations to foster a culture of reporting for workplace violence and worker injury incidents so that no worker feels they are suffering in silence. Organizations can also implement regular violence risk assessments to help identify areas in their healthcare operations that are most vulnerable to safety incidents. When incidents do occur within the walls of a facility, organizations must provide comprehensive post-incident support to aid the physical and emotional recovery of employees who are subject to violence or injury while on the job.

**Engagement**

The healthcare landscape is changing rapidly in response to COVID-19, which has further accelerated medical innovation. The Task Force recognized that caregivers have an incredible amount to contribute when it comes to improving the way their organizations operate, but an engaged workforce starts at the top. Senior leadership teams should remain visible and accessible to all employees, prioritizing the creation of a positive and inclusive workplace culture in which caregivers have forums to use their voices.

**Wellbeing**

The Task Force identified and discussed the burnout experienced by many of our caregivers, and addressing this burnout was one of the driving factors that led to the establishment of the initiative. COVID-19 has only intensified the weight carried by healthcare workers everywhere.

The Task Force recommends that healthcare organizations take a holistic approach to caregiver wellbeing, which is best achieved by adopting programs to further the welfare of their employees.

**Workforce Development and Deployment**

Staffing is among the most complex issues facing all health care organizations across the continuum of care in Massachusetts, with many providers facing a shortage of qualified applicants. COVID-19 has allowed our healthcare system to come together like never before to address issues around staffing. While these challenges are not uniform across our system, the Task Force recommends that organizations continue working collaboratively to share best practices around staffing and advocate for initiatives to expand our workforce pipeline.

As leaders continue collaborating to address the broader staffing concerns of the healthcare system, individual organizations must also work within their internal structures, engaging voices from all levels in conversations about ways to optimize how staff are deployed in care delivery.

**Summary**

The report provides an extensive analysis and set of best practices and recommendations to assist all healthcare organizations in their ongoing efforts to support and protect their caregivers both on and off the job. While the original findings of the Task Force were completed by early 2020, the COVID-19 pandemic prompted a pause, as it provided added importance and insight to the mission of the initiative. These learnings are reflected in a “COVID-19 Spotlight” section in each of the report’s areas of focus, which examines the topics through the lens of the pandemic and its impact on diverse settings and organizations.

The hope of the Task Force is that every healthcare organization in the Commonwealth—including those participating in the Caring for the Caregiver process will consider adopting several best practices within each focus area. Because every organization is different, the recommendations prioritized by each entity will be different, so that every organization will find one way to address workforce challenges across all providers.

The work of Caring for the Caregiver initiative continues. MHA has revamped its PatientCareLink website to include new webpages for each focus area, where caregiver-related resources will continually be uploaded. MHA will also continue to hold education sessions on these workforce topics to be sure that healthcare organizations find the ability to share challenges, ideas, and success stories. The document in its entirety can be accessed at [https://patientcarelink.org/wp-content/uploads/2021/03/Caring-for-the-Caregiver/Task-Force-Report.pdf](https://patientcarelink.org/wp-content/uploads/2021/03/Caring-for-the-Caregiver/Task-Force-Report.pdf).
Creative Art and Behavioral Healthcare

Interview with Cape Cod artist and psychiatric nurse Sarah Son-Theroux conducted by Alex Butler on June 3, 2021

Q. What brought you to the behavioral aspect of nursing? I never thought I would work in behavioral health – let alone become a nurse, as a child I wanted to be an artist or doctor – because I thought it might hit too close to home, since I have a brother who suffers from schizophrenia and another doing well now but has a diagnosis for bipolar disorder. As I gained experience and my now manager stated showed me some patient art that she had collected and explained that many patients there were often talented in art. She encouraged me to start thinking that art and nursing might be very well interlace. I was very excited at the prospect and happy leaving that interview.

Q. What is the benefit to the art installations on the unit? It is a great pleasure to have an opportunity to speak about the intersection of creative arts and health, especially in the area where I currently work, mental health. My journey into nursing was a long one, it is true. The economic decline of the 2008 left few teaching opportunities in art. It is difficult to practice art without income to spend on supplies and other requirements, so I started picking up odd jobs on Cape Cod where I live. At one point, I even tried to do a job as a Christmas tree trimmer! While working as a courier doing medical specimens around, I saw many professional employment opportunities in healthcare. I was fascinated that I wanted to become a phlebotomist. I will never forget this moment, Alex said “Sarah, if you are going to do something in health care, get your RN!” It turned out, that seemed a worthy goal for me, and I found a vibrant profession in nursing.

Q. How have the patients been responding to the artwork since they have been installed? The positive energy in those creative art groups was astounding. It was like an open valve of release - positive, creative energy. As an art teacher, I find that you don’t have to teach creativity, it unfolds just like magic in response to the tools and projects presented. To see a patient’s face light up with excitement and pleasure in venturing to express herself. Courage to paint, to dare to commit yourself, to be willing to make art, is an identity assertion – and especially for a group project, in all ways. People will see it and have an opinion. To see a very quiet patient, perhaps struggling with depression, write the most moving poems or construct a perfectly balanced paper collage, or another entirely forget his OCD while engaged in a purposeful creative activity is noteworthy. Even the nursing students, experiencing the most harrowing nursing school year imaginable, with windoid overlaid upon an already very stressful difficult program, were able to sit, make art and laugh and talk, help patients, share their ideas, and help with organization. They were always hopeful, giving all of themselves, and unflappable... having made it through nursing school during Covid they are going to be some really special nurses.

Q. Do you have any recommendations or advice for nurses who are interested in following your lead, as far as promoting more artwork or music in the healthcare environment? I believe as nurses there is much we can do to promote health and wellness with our patients and given the time and support we can do so much more. I think Covid made us more willing to think out of the box because it showed our limitations in many ways. I always got excited when I read in the newspaper about things like a doctor, who was a professionally trained musician, piping in live musical concerts (her friends) to patients isolated with Covid and the pleasure that brought them and the staff who got to hear that beautiful live music. The arts remind us all of the best part of being human. To my mind, at its best, it is inclusive, universal, salvific, and involves hope, striving for an ideal, is perfect, timeless. We all need an infusion of art, time and time again, to remind us to follow beauty – and the importance of vision within each of us.

A YouTube video of this project is available at: https://youtu.be/CI2YocDwYUc.

Sarah Son-Theroux is an esteemed landscape painter, graduate of the Maryland Academy of the Fine Arts, CFA.; the University of Pennsylvania, BFA; and Indiana University, MFA, and a Fulbright scholar. Her nursing credentials include Cape Cod Community College, AS; the University of Massachusetts, BSN. She is working towards her DNP degree at Johns Hopkins University. This project was implemented at Cape Cod Hospital.

Gallery website: http://www.sarahsontheroux.com/

Alex Butler, BA, BSN, RN, CNOR is a member of the ANAMASS MA Report on Nursing Committee

Students and Patients in the Psych Center from January to May 2021 collaborated on these works.

Q. How the art installation on the unit was initially perceived? I can imagine you had some hoops to jump through to get the project up and running. I decided to create a virtual gallery of the artwork we created to share with the people who worked on the projects to see the final works, and all the while hoped to find support to have the artworks installed. A further hope was that patients might be able to see the final works through a link to a presentation of the work on a hospital web portal of some kind. Presently, it looks as though the hospital is going to install the collaborative works. I recently suggested that we expand the art installation to include donated professional art – I know many artists – that could be hung next to stories about the artist and mental health. I think everyone could share a story about mental health.

I feel that having artwork and personal mental health stories would be very therapeutic to patients on a locked unit, alongside the collaborative pieces patients and nursing students made. I am hoping that we can really do this right, expand the installation and make it a permanent world-class exhibition for patients, staff, and visitors on the behavioral health unit.

Q. How the patients been responding to the artwork since they have been installed? The positive energy in those creative art groups was astounding. It was like an open valve of release - positive, creative energy. As an art teacher, I find that you don’t have to teach creativity, it unfolds just like magic in response to the tools and projects presented. To see a patient’s face light up with excitement and pleasure in venturing to express herself. Courage to paint, to dare to commit yourself, to be willing to make art, is an identity assertion – and especially for a group project, in all ways. People will see it and have an opinion. To see a very quiet patient, perhaps struggling with depression, write the most moving poems or construct a perfectly balanced paper collage, or another entirely forget his OCD while engaged in a purposeful creative activity is noteworthy. Even the nursing students, experiencing the most harrowing nursing school year imaginable, with windoid overlaid upon an already very stressful difficult program, were able to sit, make art and laugh and talk, help patients, share their ideas, and help with organization. They were always hopeful, giving all of themselves, and unflappable... having made it through nursing school during Covid they are going to be some really special nurses.

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Gallery website: http://www.sarahsontheroux.com/
Celebrate these engaging, talented, and accomplished nurses!

Save the Date!!!
DON’T MISS the ANAMASS/FNAMA Annual Awards Gala
Friday October 1, 2021,
Royal Sonesta Hotel, Cambridge MA
Register online at ANAMASS.org

2020 Living Legends:

R. Gino Chisari, RN, ANP-BC, FAAN
Sheila Davis, DNP, ANP-BC, FAAN

2021 Living Legends:

Karen Devereaux, MSN, RN, NEA-BC
Eileen Sporing, MSN, RN, NEA-BC

ANA Massachusetts Nurses at the Statehouse (Virtually, for now)

Christine Schrauf, PhD, RN
Co-Chair, Health Policy Committee

Although the Statehouse remains closed due to COVID-19 risks, legislators, staff and policy advocates are still hard at work submitting and responding to legislation. Some issues are carried over from the past session with resubmitted bills, while others respond to new issues emerging from our pandemic experience.

Nurse Staffing
One bill resubmitted by ANAMASS is House Bill 2105, An Act requiring health care employers to develop and implement programs to prevent workplace violence, and H2506, An Act requiring health care facilities to develop and implement programs to prevent workplace violence, address this issue. Although similar in scope, there are differences currently being examined by the Health Policy Committee. Once it is determined what bill components ANAMASS can support, we will submit testimony as done in the past for similar proposed legislation. Text describing both of these bills can be found by searching the Massachusetts Statehouse website and using the bill numbers in the search box – see https://malegislature.gov/.

Signature Authority for Psychiatric Nurse Mental Health Clinical Nurse Specialists
With the growing need for mental health care and addiction services in the Commonwealth House Bill 2105, An Act providing signature authority for psychiatric nurse mental health clinical nurse specialists enables psychiatric nurse mental health clinical nurse specialists to sign orders for patients with mental health needs. The bill repeals language denying expansion of scope of practice through said actions. This bill builds upon the previous legislative session success in granting independent practice for advanced nursing practice after two years of supervised practice. See https://malegislature.gov/Bills/192/H2105 to follow the progress of this proposed legislation.

Nurse Licensure Compact
ANAMASS has supported state legislation to join the Nurse Licensure Compact for several years. This year, S163, An Act relative to nurse licensure compacts, again authorizes Massachusetts to participate in the National Council of State Boards of Nursing (NCSBN) Nurse Licensure Compact as the 37th member state. The Compact offers nurses the option to apply for multi-state licensure. This would have tremendous benefit if surges in demand for nurses occur, as happened early in the pandemic experience, as well as for traveling nurses and military spouses.

In the previous legislative session, the legislature charged the state’s Health Policy Commission to study the issue of joining the Compact and make recommendations by June 1, 2021. The report includes the key finding that “there is no evidence that joining the Compact would have a negative effect on quality of nursing care in the Commonwealth, and the ability to fill short-term staffing needs and facilitate telehealth could yield positive effects for health care access, quality and cost”.

Other Issues of Interest
As bills continue to be filed by legislator sponsors, the Health Policy Committee and our lobbyist representatives identify those that may affect our membership and their patients. Recent additions to this list include safe patient handling and mobility and effects of the COVID pandemic on healthcare providers. Committee members review these pieces of proposed legislation at monthly meetings, write and deliver testimony at legislative hearings, and continue to advocate for Massachusetts nurses.

A staggering 93,000 Americans died from drug overdoses in 2020, up nearly 30% from 2019.

How can YOU make an impact?

1. Be a beacon of hope for people who initially struggle to understand their addiction.
2. Directly impact the physical, mental, and spiritual health of American lives.
3. Surround yourself with like-minded professionals who serve their neighborhoods and communities.

Commonwealth of Massachusetts Health Policy Commission.
Q. Why are the ANCC content integrity standards changing and when will we these be applied?
A. The American Nurses Credentialing Center has aligned the content integrity standards to the ACCME standards. These standards require planners, speakers and content reviewers to disclose all financial relationships between themselves and an ineligible company. Once these are disclosed the nurse planner must mitigate these. ANCC has asked the approver units to begin implementation with full implementation by July 2022.

The ANA Massachusetts approver unit encourages nurse planners to begin using the definition of ineligible entities as well as mitigation and recommends reviewing the ACCME content integrity standards at https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce

Q. What are nursing continuing professional development educational activities?
A. Learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, towards the end of improving the health of the public and RNs’ pursuit of their professional career goals.

Q. What are live, enduring, and blended activities?
A. Live Activities are held in real time, controlled by a speaker.
   - Examples of a live program include live webinars (non-recorded)
   - Classes
   - Small group
   - Conferences

Enduring Activities are non-live learning activities that “endure” over time. The learning experience by the nurse can take place at any time and in any place rather than only at one time or in one place.

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- Examples of enduring materials include programmed texts, audiotapes, videotapes, monographs, computer-assisted learning materials, or other electronic media that are used alone or with printed or written materials.

Blended Learning Activities include both a live and an enduring component included as one learning activity. An example is an online component followed by a skills workshop.

Photo courtesy of ANA: https://www.nursingworld.org/education-events/
The A, B, C’s of Nursing

Inge Corless, PhD, RN, FNAP, FAAN

When I saw some of the letters in the Salute to Nurses (Boston Globe, 2021), I became curious about what attributes/actions resulted in a letter of appreciation. The letters were written by patients, family members, colleagues, supervisors, physicians, and others who could not be readily categorized. The A, B, C’s of Nursing emerged from the terms used to describe the nurses honored in the letters published in the Salute to Nurses.

I decided to start my quest with letters written by patients. (Letters by patients who were nurses or physicians were not included in this analysis.)

The question I sought to answer was: Is it what the nurse does or how the nurse makes the patient feel that merits a letter?

I started by reading each letter written by a patient and noting what had made the nurse special to that patient. After identifying the characteristics that were mentioned, groups emerged that I hoped would provide further insights into what made these nurses special to their patients.

The groupings depended on how the letter was phrased:

The A category differentiated how the nurse was described.

The B category what the nurse did.

The C category how the patient felt about the nurse and the care received.

It may be argued that all these terms are about how the patient felt about the nurse! As becomes evident, further subgroupings were required. Numbers indicate that the characteristic was mentioned more than once.

The two most frequently mentioned attributes were caring and compassionate. These characteristics, often mentioned in the same letter, were associated with being knowledgeable, providing information, remembering likes and dislikes, being attentive, keeping the patient comfortable, and some of the other feelings and behaviors identified in the categories.

It’s clear from this review, that it is both what the nurse does and how the nurse makes the patient feel that has been noted in these letters. The former is easier to teach than the latter. Fortunately, as is clear from the Salute to Nurses, those honored and many, many other nurses possess both the skills and attributes extolled by the writers of these letters and noted in the A, B, C’s of Caring. It is what makes nurses such admired professionals.

Photo courtesy of ANAMASS
As a nurse and ANA member, you are committed to providing superior care to your patients. It is your passion, and you invest all of your energy in your work. But who is taking care of you while you take care of others? Through ANA’s Personal Benefits, we are here to help with six important programs that every nurse must consider. ANA has carefully screened partners committed to providing ANA member nurses with great value, and we make it easy to cover yourself in these critical areas.

Nurses need to protect themselves and their career by maintaining Professional Liability Insurance, a.k.a. Medical Malpractice Insurance. Do not assume your employer’s liability insurance will cover you when a lawsuit or complaint is filed. Nurses Service Organization (NSO) has a 45+ year history of defending nursing professionals from allegations of medical malpractice and licensing complaints. With over 500,000 nursing professionals insured and 60+ professional nursing association partners, they are the premier administrator of nurses’ malpractice insurance in the U.S.

We encourage you to explore NSO’s website, receive a quick rate quote, and browse the case studies and articles in NSO’s Nurses Claim Report. It provides statistical data and an analysis of malpractice and licensing claims, as well as recommendations on how you can avoid potential problems in your practice.

Term Life/A&D Insurance

ANA’s collaboration with Prudential provides exclusive insurance plans for ANA Members. Term Life Insurance can help protect your loved ones in the event you pass away – and your coverage stays in place even if your health or employer changes. A&D Insurance protects you from an accident that results in death or dismemberment. Both products offer competitive and affordable rates to members with quick and simple access – applying takes about 10 minutes and you can get coverage in as little as 30 days! Products may not be available in all states.

Laurel Road specializes in helping nurses, with special interest in students! Products may not be available in all states. Laurel Road’s quick and easy online application allows you to get preliminary rates in minutes – without impacting your credit and with no obligation to accept. Laurel Road has no fees to apply. You’ll also have the option to set up automatic payments to receive an additional 0.25% rate discount.3

Travel discounts are the #1 requested benefit program from ANA members. ANA has partnered with Booking.com to offer members hotel room rates that are discounted up to 70% -- lower rates than you will find at any online travel or hotel website. ANA members get access to amazing deals that are not available to the public, at over 800,000 participating Hotels and Resorts Worldwide. Plan a trip and watch the savings grow – it pays to be an ANA member!

Long Term Care Insurance is increasingly the choice of ANA Members seeking to protect their hard-earned assets from the high cost of long-term services along with the resulting financial spend-down and potential loss of self-reliance.

Final Expense Insurance, also known as Burial or Funeral Insurance, is a type of whole life insurance designed for those over 40 years of age, to cover funeral expenses and existing bills when you pass. Through ANA’s partnership with Anchor Health Administrators (AHA), members receive specialized advocate services for these much-needed protections. AHA is a company that, for almost 30 years, has specialized in working with Nurses/Spouses to provide the best personal solutions for their planning needs. For more information on Long Term Care, or Final Expense coverage and to receive a free, no obligation consultation with a licensed advocate, click here.

ANA Personal Benefits Prudential

ANA’s collaboration with Prudential helps ANA members to gain much-needed protections. AHA is a company that, for almost 30 years, has specialized in working with Nurses/Spouses to provide the best personal solutions for their planning needs. For more information on Long Term Care, or Final Expense coverage and to receive a free, no obligation consultation with a licensed advocate, click here.

ANA Massachusetts Mission

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

Vision

As a constituent member of the American Nurses Association, ANA Massachusetts is recognized as the voice of registered nursing in Massachusetts through advocacy, education, leadership and practice.
Hear directly from our nurses on our new jobs page:
https://jobs.bmc.org/nursing-careers-that-empower-you/

If you have at least one year of Critical Care or Emergency Nursing experience, please apply online or reach out to me directly.

We are looking for a talented nurse for each area, and also have opportunities for an experienced Critical Care Resource Nurse

Brenda Welch
Senior Manager Talent Acquisition for Nursing
brenda.welch@bmc.org