

# MAGNET NEWSLETTER

WINTER 2017



## Nurses Take Heart Screenings to New Heights

By Lindsay Condrat, RN, MSN, ACNP-BC, Lillian Fraraccio, ANP-BC, Mary Ann Whelan-Gales, DNP, ACNP, ANP-BC, CCRN, Haydee Garcia, ACNP-BC, Ma. Theresa Gatcho, RN, Tracey Kelly, RN, BSN, Raina Lazarus, RN, BSN, Alyssa Loscalzo, RN, BSN, Marissa Martinez, RN, BSN, Allison Mueller, RN, BSN, Kimberly Rubenstein, RN, BSN, Christine Seidler, BSN, RN-BC

Left to right: Raina Lazarus, Ma. Theresa Gatcho, Christine Seidler, Haydee Garcia, Alyssa Loscalzo, and Lillian Fraraccio

Most people heading to Aspen in Colorado pack snow boots, skis and mittens. But this summer, nurses from Mount Sinai Heart filled suitcases with stethoscopes, scrubs, and sphygmomanometers instead. They provided heart health screenings at the 2016 Aspen Ideas Festival. This was the first time Mount Sinai Heart was invited to take part in the event, which was held June 27th to July 2nd.

The Aspen Ideas Festival is the nation's premier public gathering place for leaders from around the globe and across many disciplines to present and discuss the ideas and issues that both shape our lives and challenge our times.

Attendees had exceptional opportunities to interact with public officials, artists, scientists, authors, business executives, scholars, economists, foreign policy specialists, entrepreneurs, and leaders of all kinds. It is a conference of national and international prominence that addresses topics both sensitive and significant. Despite the stature of the event, the intimacy of Festival gatherings rendered the experience unique and unforgettable.

Our group was comprised of two teams of nurses, nurse practitioners and clinical nurse managers, who represented many units within Mount Sinai Heart. Participants were invited based upon their involvement in previous health screening events conducted at Mount Sinai Hospital, and their spirit of volunteerism. All of us realized that this would be a very high profile venue for the hospital and recognized the privilege and responsibility to be ardent representatives of The Mount Sinai Health System. This new adventure elicited enthusiasm and excitement, but also some anxiety as well from our seasoned volunteers. Our administrators understood our concerns and the "Aspen Academy" was developed at the hospital to help us prepare for the Festival.

The "Aspen Academy" entailed a day of seminars which equipped us with latest cardiac research and data. We learned about current dietary guidelines and recommendations by Kelly Krikhelly, from the Mount Sinai's nutrition department. We learned about the latest cholesterol and blood pressure guidelines, and Dr. Sameer Bansil described recent research projects and innovations within the cardiology department at Mount Sinai. In addition, we mastered required skills such as cholesterol testing.

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## American Psychiatric Nurses Association 30th Annual Conference

By Melody Cubas, RN, BSN

I recently joined approximately 1,600 psychiatric nurses from all over the United States at the American Psychiatric Nurses Association (APNA) 30th Annual Conference at the Connecticut Convention Center in Hartford, Connecticut from October 19th to 22nd. APNA offers a platform for nurses in the psychiatric-mental health field to discuss and publicize innovative developments in practice, report on original research, and present important updates on clinical topics. Bringing together psychiatric-mental health nurses from across the globe each year, the conference offers high caliber continuing education that spans psychiatric-mental health nursing administration, education, practice, and research.

This year's theme, "Psychiatric-Mental Health Nursing: Inspiring Leadership Every Day" highlights the leadership that psychiatric-mental health nurses provide across health care settings every day.

Being a leader does not mean that you have to be in a higher position or be an administrator. Being a leader means being courageous and willing to take risks. Every nurse is in fact a leader. One of the conference keynote speakers, Ms. Margie Warrell, an Executive Life coach and a best-selling author of Stop Playing Safe and Find Your Courage, encouraged us to build and use the core tenets of our emotional intelligence to grow its influence in our workplace. She shared how we can identify daily practices and rituals that we can incorporate into our lives to enhance our personal well-being. She was brave enough to share her personal experience of losing her brother who suffered from mental illness and eventually took his own life. It was an inspirational and emotional speech that brought all of us to tears and opened our minds to the possibilities of building our leadership skills, even in the face of personal and professional challenges.

At the end of the speech, attendees received a copy of Ms. Warrell's recently released book, Brave. She emphasized it will help readers to move past their fears, doubts, and beliefs that keep them from making the changes and taking chances they need to enjoy the fulfillment and success they desire.

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## American Psychiatric Nurses Association 30<sup>th</sup> Annual Conference

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There was an abundance of educational sessions to choose from. I attended two that were relevant to my practice. The first was a psychopharmacology session, where I learned about Flakka, a synthetic cathinone that is a high potent stimulant, also known as 'bath salts.' Patients under the influence of Flakka may experience paranoia, hallucinations, increased sociability, increased sex drive, panic attacks, and/or excited delirium. Excited delirium syndrome is a medical emergency. During excited delirium, body temperature can rapidly elevate to as high as 105-106 degrees Fahrenheit, triggering a cascade of events which could also lead to kidney damage and failure as a result of rhabdomyolysis. Rhabdomyolysis results from the breakdown of muscle and can release creatine phosphokinase, which can damage the kidneys.

Flakka, which comes in crystalline rock form, can be swallowed, snorted, injected, or used in an e-cigarette and vaped. The duration of the effects of the drug can last as few as 3-4 hours, but can also linger for several days. The drug is highly addictive, both from a physical as well as a psychological perspective.

While other designer drugs such as molly or ecstasy, which contain MDMA, a psychedelic, have grown in popularity over the past decade, Flakka represents a new trend which could lead to greater harm to those seeking altered states of consciousness.

In another session on Electronic Nicotine Delivery System (ENDS), I learned that e-cigarettes, personal vaporizers, vape pens, e-cigars, e-hookah, or vaping devices are products that produce an aerosolized mixture containing flavored liquids and nicotine that is inhaled by the user. ENDS can resemble tobacco products like cigarettes, cigars, pipes, or they can mimic common gadgets like flashlights, flash drives, or pens.



ENDS is marketed as an alternative to conventional cigarettes. There are about 42 kinds of chemicals found in ENDS but the most frequently found are: benzene (pesticide, gasoline), formaldehyde (embalming fluid), nicotine (pesticides), toluene (industrial solvent), cadmium (car batteries), lead, and propylene glycol (de-icing solution).

ENDS have also been used to 'vape' marijuana, herbs, waxes, and oils. These products have been touted as a "safer" alternative to smoking, a way to quit smoking cigarettes, and a way to smoke in places cigarette smoking is not allowed. However, these products are not yet regulated nor approved for smoking cessation by the US Food and Drug Administration (FDA), and the long-term health effects to users and bystanders are still unknown.

I also learned that there are reported negative consequences associated with using ENDS which include accidental poisonings through ingestion of e-cig liquid, absorption of liquid through the skin, or inhalation of aerosol.

In general, nicotine and tobacco use pose known harms for youth. Nicotine is highly addictive. Nicotine exposure may harm the developing brain. It also a health danger for pregnant women, is toxic to developing fetuses and impairs fetal brain and lung development. E-cig aerosol is not harmless water vapor. In addition to nicotine, it can contain heavy metals, ultra-fine particulates that can be inhaled deep into the lungs, and cancer causing agents like acrolein. The FDA has approved a variety of products to help reduce dependence on nicotine. Products include nicotine gum, nicotine skin patches, nicotine lozenges, nicotine nasal spray, as well as nicotine medications called varenicline and Bupropion.

Above all, the best part of my conference experience was being able to network and inspire each other in unleashing our Magnet leader qualities that will bring change and improve the mental health of our community.

## Dear Readers:

During this holiday season, give the gift of Magnet principles. Take time to become a leader by being aware of the positive influence you can have on others. Life is more rewarding when you realize that you can be a role model for someone else. You can be the good break that they are looking for. You can offer the help that they have been looking for. You can teach your co-workers the skills you know. You can put in a good word with their managers. These are opportunities to give the gift of Magnet principles. Take time to invest in your colleagues. As you help them rise higher, then you will be lifted higher yourself.

As Magnet nurses we have access to knowledge, innovation, structural empowerment and transformational leadership qualities that should be shared with others. Sometimes we do not realize that we have the most prestigious nursing status in the country. So remember to share the gift of the Magnet principles with others. You will discover how fulfilling it is to empower nurses, advance the profession, promote innovation, and provide transformational leadership. These combined elements provide us with the confidence that our patients are receiving exceptional, compassionate care—the ultimate gift. Happy Holidays!

With my best wishes for you and those you love,

**Carla Alves-Miraldo, RN, MS, MSN, CHPN**

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**Message from the Editor**

# Nurses Take Heart Screenings to New Heights

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We reviewed the latest research topics such as the PCSK9 inhibitors, a new class of cholesterol-lowering drugs, that show dramatic results for the hardest-to-treat patients. We learned about Dr. Fuster's Circle of Health App, an informative and useful resource for cardiovascular health available to the public. We reviewed a variety of topics we might potentially encounter with participants. And we studied the screening booth layout and considered what educational resources would be beneficial to have available for patients. Our marketing department provided us with resource guides that highlighted key components of the Festival, information on the Mount Sinai Health System leaders and facilities, and current marketing campaigns.

The "Aspen Academy" was just what we needed and proved an invaluable resource to all of us because it empowered us to be well prepared experts from different units but with a united purpose: to be informed and effective health promoters. Furthermore, the small group setting was supportive and encouraged interaction, giving us a chance to become familiar with our teammates before the event.

Once we completed the "Aspen Academy," program we each received a pocket guide containing information, charts and resources to carry with us to the Festival.

In Aspen, the Mount Sinai tent was situated at an intersection of the Festival grounds, ideal for attracting participants. We shared the tent with members of the marketing and dermatology departments. Our area was thoughtfully designed to facilitate educational opportunities, clinical data gathering, and consultation.

We encouraged participants to take full advantage of all of the health screening options available. We were flexible and adaptable to the needs of participants. For instance, when participants wanted to complete the screening procedures but also needed to get to a presentation, we would collect a blood sample, and then hold the results until the participant could return with enough time for discussion. We also worked with dermatology to coordinate the testing and consultation. Patients would have skin screening completed while cholesterol testing was running so that wait time could be minimized. All of the members of the team were cooperative and supportive of one another and strived to provide seamless services to our patients.

Throughout the Festival, we confidently demonstrated our adeptness at the screening processes and displayed a strong knowledge of lipids, body mass indexes, blood pressure guidelines and nutritional recommendations. We urged participants to be invested in their cardiovascular health status. We encouraged them to be excited about gaining new knowledge about their health and to look at options for improvements. Our patients' well being was our top priority. So when we shared their test numbers, we also gave them an understanding of what the results meant and discussed with them plans on how to live healthier lives. We educated them regarding blood pressure readings, healthy dietary considerations, and



Left to right: Haydee Garcia, Tracey Kelly, Kimberly Rubenstein, Lindsay Condrat, Mary Ann Whelan-Gales, Marissa Martinez, and Allison Mueller

obstacles to improving health and how to overcome them. Participants could choose one-on-one consultation with our nurse practitioners to further discuss issues, strengthen their new knowledge and plan additional learning in pursuit of heart health.

Our role as health promoters enabled us to really connect with the participants. We provided a welcoming and friendly environment. We made sure to have ample time to talk with participants. We addressed concerns they had about any of their screening results. But we also helped them to relax by engaging them in conversation about the many compelling topics they encountered at the Festival. We all did our best to make this an extremely positive experience for the Festival's attendees.

And we had so many amazing and memorable moments with participants. Secretary of State John Kerry and Secretary of Health and Human Services Sylvia Mathews Burwell paid visits to our tent. A reporter interviewed us for her radio show, and then took advantage of the screening opportunities we offered. We met young adults who were making presentations on economics and investing. Participants even taught us about new technologies in agriculture and sustainable gardening.

Attendees often shared their personal stories, like the man who had been so focused on his father's illness that he had been neglecting his own wellbeing. His visit to the Mount Sinai tent gave him the opportunity to address his own health. A few participants even passed up lectures to prioritize their health and join us instead.

For those of us who are nurse educators, it was gratifying to see the level of engagement and openness to learning we saw in attendees. Walking around the Aspen campus we heard attendees comparing their cholesterol results, or promising to stop by the Mount Sinai tent. Seeing us was a constant reminder to them of the importance of going for screening to

obtain valuable health information. Whenever participants who had been to our tent saw us, they would come up to tell us how much they appreciated all the services we provided them.

Looking back on our experience, we can see how enlightening, rewarding, and important it was. We provided high-quality screenings and health education to Festival attendees. We learned more about ourselves and built team cohesion by sharing with each other about the dynamics of our units and current issues in health care. We met patients that educated us on the most pressing challenges facing our world and offered ideas to help solve them. And we were encouraged by the deep support shown by our leadership who had confidence in the positive presence we would make at this event.

From the setting in the Aspen Mountains, to the patients we interacted with, to the team effort built among the nurses, nurse practitioners and clinical nurse managers and with our other colleagues in Mount Sinai Health System, we all found it to be one of the most memorable events we have taken part in. We were proud to represent Mount Sinai and to have the chance to show the public the breadth of knowledge that Mount Sinai nurses possess.

## One Voice, One Button Executive and Transformational Leadership Rounds

By: Aliza Wakneen, RN

As a clinical registered nurse, I began to notice when our patients would arrive on units, whether it was a new admission, or a patient that was sent off for testing and was being brought back, transporters would be waiting for the nurse to arrive. Three different scenarios would then develop. First scenario: transporters, who should not be spending too much time waiting, would do so because they are circling the unit, not able to find the nurse. Second scenario: transporters would ask the business associate to inform the nurse of patient's arrival to the unit and then the transporter would go to the room and would wait for the nurse (not knowing that the business associate could not find the nurse, or the business associate was in the middle of another task or phone call). The final scenario: the transporter assumes that another staff member had informed the nurse of their patient's arrival, and would leave the patient in the room, not confirming for sure someone informed the nurse.

This last possibility was happening way too often, frequently leading to the problems that may occur when the nurse is not aware that the patients have arrived on the unit. Vitals were not done in a timely matter; patients were being placed at higher risk for falling because they were trying to reach for their call bell; or beds were left too high and all side rails were left up. Because these safety issues could harm our patients I was motivated to think of a solution that would improve staff efficiency with direct staff-to-staff communication and patient-to-staff communication by utilizing Hill-Rom/Connexall call bell system.

In every patient's room, there is a Hill-Rom call bell system, which has a "RN Request" icon button. Once that button is pressed, the nurse (who at the start of shift has logged that room into their Vocera badge), receives a notification that the button has been pressed in that specific room number. The nurse must now go into the room to cancel that notification by pressing the "RN Request" icon button off. My strategy was to have transporters press this icon button to make sure that the nurse comes to the room before they leave the patient.

During Executive Leadership Rounds I brought up this proposal. With help from my manager, Ms. Katie Ip, I was able to meet with the head of transportation services, the administrator to the chief medical officer, the director of the office for excellence in patient care, and the chief nursing officer to present and explain my idea. It was received with positive feedback because it can definitely help patient safety, and reduce amount of time transporters spend on a unit waiting for assistance, which can put a delay on transport time throughout the hospital.

Hill-Rom has been called to provide an in-service to our transporters to educate them on how to use the system. Once this new process is implemented, we can begin to collect data on the outcomes, and expectantly begin on all units. The Mount Sinai Health System has invested money into a system that works; now we need to implement a plan that can allow us to use this system to its full potential.

One button can lead to positive changes within the Mount Sinai Hospital Health System.

## HPNA Tenth Annual Clinical Practice Forum

By Sylvie Jacobs, RN, BSN, CHPN

I attended the 10th Annual Forum of the Hospice and Palliative Nurses Association in Pittsburgh, PA September 30th to October 1st. This forum is the premier educational and networking event designed for practicing hospice and palliative nurses and other healthcare professionals in the specialty. It was a wonderful opportunity to learn, deepen my understanding, and renew my sense of purpose and commitment. I am sharing these highlights in the hope of inspiring you to attend this annual meeting yourself and benefit from their excellent offerings.

**Nessa Coyle, PhD, APRN, FAAN** was a perfect choice to give the opening plenary "**The State of the Art and Science of Palliative Nursing: 30 Year Journey to the Present.**" Dr. Coyle is a nurse practitioner who works with advanced cancer patients and their families in end-of-life care. Dr. Coyle, a graduate of the Columbia University NP program and NYU's PhD program, has worked at Memorial Sloan Kettering since 1969 and is a member of the Palliative Medicine Service and the Ethics Committee and clinical consultation team.

She is responsible for the one-year nurse practitioner fellowship program in pain and palliative care and is co-editor of *The Oxford Textbook of Palliative Care Nursing and The Nature of Suffering and the Goals of Nursing*. She reviewed the history of palliative nursing and the contributions of Florence Nightingale, Dame Cicely Saunders, Florence Wald, Jeanne Quint Benoliel and Betty Ferrell. She described palliative care nurses as forming "backbone" of palliative care and reminded us that sometimes our most important role is to bear witness and provide a safe container so that the "messy, ragged and uncomfortable" can be shared and supported with empathy and compassion. She identified several challenges for palliative nursing, including continued barriers to access, the mismatch between needs and obtainable services, inadequate numbers of advanced practice palliative care nurses, inadequate knowledge among nurses and others who care for patients with serious advanced illness, and a fragmented care delivery system. Dr. Coyle's statement summed it up well: it is about how not to "lose our soul" in these times of limited resources.

**Lecia Snell-Kinen, MSN, APRN-CNS, CTRN** presented "**End Stage Organ Failure: Balancing Transplantation from Upstream Palliative Care to Hospice Eligibility.**" She explored the challenges of being a patient with end stage organ failure, navigating the transplant process, the palliative care needs of these patients and future opportunities to advance palliative care in the field of organ transplantation. She clarified how the development of transplant capabilities furthered society's denial of death. She helped us understand that organ transplantation is "not a cure" but rather a trading of one set of problems for another.

The transplant patient does not get 'fixed' by replacing a failed organ, but rather becomes a life-long transplant patient. We reviewed how palliative care can truly enhance quality of life by providing comfort and assisting with symptoms along every step of the transplant road.

**Holli Martinez, MSN, FNP-BC, ACHPN, FPCN and Shaida Talebreza, MD, HMDC** presented "**Successful transitions in Acute to Post-Acute Care.**" This program highlighted the key steps to provide seamless transitions in care settings. The areas of patient care that are most vulnerable to poor continuity are medicine reconciliation, knowing when to call the physician for worsening of symptoms, post-transition follow up, and social and spiritual support. We enjoyed the opportunity to hear about how to improve management of transitions between facilities and home, as well as suggestions how to handle the challenges in ensuring optimal patient and family outcome.

**Carlyn Cuttino, CWCN, CWS and Dot Weir, CWON, CWS** presented "**Ensuring Optimal Wound Care in a Palliative Environment.**" They discussed common wounds that we see, why these wounds occur at the end of life, suggested interventions, and how telemedicine can help provide optimal wound outcomes. The concept of the unavoidable versus the avoidable wound was explored, as well as how documentation is often lacking on wound identification, what was done to address risk factors for wound development, the patient's response to treatment, and communication with the family on expected outcomes. Often the public believes that all pressure ulcers are a result of negligence and poor care.

From our work we know that many pressure ulcers in the seriously ill are unavoidable and are not related to the quality of care received. Educating patients and families and helping change the culture of caregiving is something we can all work on.

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I was invited to attend the American Academy of Hospice and Palliative Medicine (AAHPM) and the Hospice and Palliative Nurses Association (HPNA) Annual Assembly in Chicago this past March, and I was overjoyed for the opportunity.

Upon our arrival to the conference, I was immediately overwhelmed, in the best way possible. I was comforted by the familiar faces and the supportive attitude of fellow meeting attendees from Mount Sinai Hospital's palliative care community. There was a very palpable shared energy and enthusiasm amongst the participants that was infectious. To be in the company of like-minded individuals, sharing the same goal of compassionately optimizing the quality of life of others was tremendously inspiring. I had never felt so eager to learn; to increase my understanding of the field and I was so very grateful for the opportunity to attend lectures and workshops from leading experts in palliative and hospice care.

I found myself in the most fortunate situation a palliative and hospice care nurse could ever

imagine, i.e. learning about such a wide variety

of important topics ranging from the latest advances and newest clinical and scientific research in the field, the benefits of medical marijuana for health ailments, the newest developments and policies from the Ethics panel on Physician Assisted Death, the importance of self-care and resilience in preventing compassion fatigue and burnout, the challenges of changing the current culture of death awareness, and the value of therapeutic communication. I also learned about palliative medicine in developing countries, a topic very close to my heart. Perhaps what was most inspiring to me were the many spontaneous and thought stimulating conversations.

I had the opportunity to share over the course of many days with other clinicians who were equally as enthusiastic to embrace altruism as an avenue to help others. Having this chance to connect and share with colleagues about our shared commitment to compassionate care left me with a feeling of hope and optimism. Each lecture, keynote address, workshop, interaction and conversation that I had the good fortune of participating in was inspiring and motivating.

Overall, the conference was a truly enriching experience for me. I returned home with a mind and heart infused with more wisdom, inspiration and confidence, enabling me to deliver care to others in a way that would bring them the most comfort, joy, and meaning to their everyday experience and journey.

## 26 Years of Unconditional Calling

By Melody Cubas, RN, BSN

From the time we are in elementary school, people asked us what we want to be when we grow up. I would say, "I want to be a successful business woman or I want to be a flight attendant to see the world." A high salary has its allure, but financial reward only takes one so far in life. I found a career devoted to helping others to be amazing and rewarding. That was when I decided nursing was my calling.

I realized that being a nurse involves not only your body and mind, but also your heart and soul. My nursing career began in a charity ward (mini hospital within a hospital) in the Philippines. I started as a "medication nurse" rotating between a 10-bed pediatric unit, 10-bed medical unit, 10-bed surgical unit, and 10-bed labor and delivery unit/nursery. As a medication nurse, my responsibilities included taking vital signs, administering medications, managing wound care, responding to all the patient's calls and needs, inserting peripheral IVs, and participating in codes.

It was a very busy unit. I did not even know what break and lunch meant. I was always on the go. I tried to eat fast when I had a chance. The worst part was when I needed to medicate the patients and there was no medicine to administer to them since patients could not afford to buy them. That was when I learned how to be resourceful and solicit help from the other units to share unused supplies and medications. It was truly heartbreaking when my patients desperately need medicine and treatment and the resources just were not available.

I cared for a premature baby who needed to be in a mechanical ventilator, but had to be manually ambu-bagged 24/7 alternately by staff and parents with staff supervision since there were no mechanical ventilators available. Despite all those difficulties, watching as this almost 1 kg preterm baby grew into a 3kg by the time his parents took him home was priceless! The gratitude, praises, and appreciation that our staff received at the end of the day filled our heart with so much pride and joy. Three years of that wonderful experience made a more empathetic and compassion person and nurse.

In 1994, I continued my nursing career in New York City. It was not an easy transition to switch to a foreign country, but my experience continued to grow. After working for about a year in surgical/medical ICU, I tried psychiatric and mental health nursing. I had the opportunity to work in forensic psychiatry for five years before I transferred to Mount Sinai Hospital. I fell in love with this field. It is psychologically and emotionally draining, but it also builds and reinforces compassion, patience, and empathy. I remember caring for a mentally and behaviorally challenged lady. She was nonverbal and had difficulty adjusting to the hospital environment, which made it more challenging to care for her. We established a comforting and trusting rapport. She became so attached to me that she would not sleep until I sat beside her. It was very heartwarming to know that my presence brought her the feeling of security and safety.

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## New EBP Tool and Upcoming Session at Nursing Research Day

By Rebecca Shows, MSIS Reference and Instruction Librarian

Through feedback from a collaborative initiative between nursing and MSHS libraries in 2016, a new nursing evidence-based practice resource, EBSCO Nursing Reference Center Plus, has been licensed by Levy Library to support your clinical information-seeking and continuing education needs. Please let us know what you think of this new tool by sending an email to [refdesk@mssm.edu](mailto:refdesk@mssm.edu).

For Nursing Research Day at Mount Sinai Hospital on December 12th, we will have an information table and will be conducting a session on clinical information-seeking for nurses.

Come by to say hello and learn more about research and education support for nurses at Mount Sinai Hospital!

To learn more about Levy Library, find us online at: <http://libguides.mssm.edu/nursing/> and on Twitter, @Levy Library.

## 26 Years of Unconditional Calling

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I had another patient who was so manic when he came in he would call me "Melody Ma'am." A couple of weeks after he was discharged, he called me from overseas to tell me how grateful and how much he appreciated all my help in his speedy recovery. He also informed me that he was doing very well, and was managing his family owned banking business.

I am proud to be a psychiatric nurse. I may not walk around with a stethoscope around my neck or care for patients with multiple IV medication drips and/or hemovacs, but what I do have is a pair of ears to listen to my patients, a pair of eyes to look at them, and time to show them that I am here when they feel alone, scared, and lonely. They know I am here for them when they feel no one understands when they have auditory hallucinations, or when they believe that someone wants to hurt them.

*As I continue my journey in this most challenging profession, I will continue to strive hard to learn and provide the best possible care to my patients.*



By Melody Cubas, RN, BSN

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 Spring Issue Deadline: February 18, 2017  
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## Reflection on Election 2016

By Sylvie Jacobs, RN, BSN, CHPN

No matter what your personal politics are, we can all agree that the world has changed with the election of Donald Trump as our next president. Some people are devastated, anxious and scared while others are triumphant, celebratory and feeling empowered. What is true for all of us is that our personal truths and world views matter to us.

Our task is to figure out how can we work toward the kind of America we want to see, and in our professional lives, how can we influence health care policy in ways that are best for our patients, our families and ourselves.

Now is not the time to give up and say "it doesn't matter." That is how so many Americans who did not show up at the polls gave up their voice and the chance to participate in deciding this election outcome. Now is not the time to retreat into depression, anger or anxiety. What's done is done; instead let's care for our sick and dying in the most compassionate and humane ways we know how; let's use our energy to influence our politicians to guide health care in ways that can contribute to a healthier America and to let your voice be heard!

## HPNA Tenth Annual Clinical Practice Forum

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**Lolita Melhado, PhD, ARNP, FNP-BC** presented "**Moral Distress and Self Care**" where she walked us through the definition of moral distress, how to identify it in our practice and several self-care strategies to help alleviate it. Hospice and palliative care nursing has unique stressors; committing to self-care was identified as crucial in alleviating moral distress. A decrease in empathy can develop when a care giver is not nurtured, and this in turn can lead to an erosion of ethical caring. A quote from Colin Powell says it well: "Kindness is not just about being nice, it's about recognizing another human being who deserves care and respect." The bottom line is that palliative care is holistic care; if we find that we are depleted and providing only basic physical care then we must make a change.

**Dr. Coyle joined Debra Wiegand, PhD, CCRN, CHPN, FPCN, FAAN** to review "**Hot Topics in Bioethics and End of Life Care for Hospice and Palliative Care Nurses.**" This was an interactive session in which participants shared their reactions, skills and experience about frequent scenarios that arise in our practice. Some of the pearls of wisdom included focus on who we have helped, not those we could not; avoid assuming that our interventions would have changed outcome; remembering that time is a luxury; identifying the underlying issues in complicated family structures; utilizing the interdisciplinary team and the ethics committee as tools to help manage difficult ethical dilemmas. Another great quote, this one from Martin Luther King: "The time is always right to do what is right."

This very full day ended with the screening of the Carolyn Jones film *The American Nurse*. The film is a powerful and dynamic portrayal of nurses in various settings. To purchase this feature length documentary and/or book visit

[www.americannurseproject.com](http://www.americannurseproject.com). Enter code CJONES at checkout for a special film discount. A portion of proceeds benefits a scholarship fund with the American Nurses Foundation. I was so proud when the images of Ms. Maureen Leahy (Associate Director of Nursing – Palliative Care at Mount Sinai Hospital) and Ms. Joan Christopher, RN, BSN (Palliative Care Unit at Mount Sinai Hospital) were portrayed in Ms. Jones' power-point presentation as valuable nurse resources she used to help create her project: *Dying in America*. (<http://dyinginamerica.org/subject/maureen-leahy-rn-bsn-mha-chpn/>)