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ACOs Will Need Automation Tools To Do Population Health Management

By Richard Hodach

The rising interest in accountable care organizations (ACOs) springs from two factors: the Medicare shared-savings program for ACOs, which begins in 2012, and healthcare providers' belief that major changes in reimbursement methods lie just ahead. But what most hospitals and doctors still haven't come to grips with is how their entire business model must change to accommodate the requirements of ACOs.

To build a successful ACO, providers must collaborate to coordinate care and to maintain or improve the health of all of their patients. Achieving these goals depends on the ability of providers to become clinically integrated and to manage population health at the physician practice level.

Both of these capabilities require the use of health information technology that goes beyond electronic health records. Supplemental technologies will use the data in EHRs and other information systems for tracking, monitoring, educating, and proactively reaching out to patients. The aim is to engage all patients—regardless of the state of their health—and to ensure that they receive the recommended preventive and chronic care.

Payers Encourage Formation of ACOs

The Patient Protection and Affordable Care Act (PPACA) turned the ACO concept into reality by authorizing the Centers for Medicare and Medicaid Services (CMS) to set up a shared-savings program, starting January 1, 2012. This is a full-scale effort to incentivize healthcare providers to form organizations that are capable of improving quality and cutting costs.

Under CMS' approach, an ACO that meets specified quality goals will be able to split with CMS any savings that surpass a minimum level. An ACO must include primary-care providers and must serve at least 5,000 Medicare patients. Among the organizations that might qualify are: large group practices, independent practice associations, physician-hospital organizations, and integrated delivery systems.

See **ACOs** On **Page 7**

Nurses Trusted to Care

By Jacqueline Collavo

With the blooms of spring each year also comes National Nurses Week. National Nurses Week is celebrated annually from May 6 through May 12, the birthday of Florence Nightingale, the founder of modern nursing. With each year's celebrations and recognitions is a theme and logo representative of the art and science of nurses and caring. The 2011 theme is "Nurses Trusted to Care."

In recognition of all nurses, everywhere, in all types of settings, I applaud your knowledge, compassion, dedication and talent…you are trusted to care and you make a difference everyday. Nursing is a profession that embraces caring, dedicated individuals who embody diverse strengths and interests. As nurses, we work in hospital, businesses, emergency rooms, intensive care units, rehabilitations centers, information technology departments, and outpatient centers, to simply name a few. Nurses work in many roles – from staff nurses to professors of education to advanced practice nurses, to nurse researchers, and to any given specialty in which they aspire to demonstrate excellence. Nurses serve all of them with caring, a passion for the profession, and with a robust commitment to nursing excellence, quality, and patient safety.

"Nurses Trusted to Care" is the foundation and perhaps the most critical component of nursing practice. Nursing care is deliverable, teachable, and researchable – but caring is accomplished with passion, wisdom, knowledge, compassion and competence. I encourage nurses to pursue the highest professional standards and to seek support

See **NURSES** On **Page 7**

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Publisher's Note

It's All About the Money, Money, Money ... Cha-ching, Cha-ching

One billion dollars.

That's what some experts are predicting it may take to win a presidential election in 2012. Compare that to 1980, when federal election laws limited former presidents, Ronald Reagan and Jimmy Carter, to about $29.4 million each.

I am not an economist. I sometimes have a difficult enough time figuring out what I'm doing with my own financials. But I can tell you that a billion dollars is a whole lot of spending money. In fact, I would have to give 1,000 people, $1,000 per day for three years, to equal that amount.

Forget that billion dollars. Look at our current debt—it's approaching *$14 trillion*. Now, there's some discussion about raising the debt ceiling—which is akin to you or I calling our credit card company requesting another line of credit.

While there is an extraordinary amount of money being spent in three wars, political campaigns, corporate bailouts, severance pays to CEOs, and tax breaks for large corporations, there are still many people in our country who are unemployed. There are also many young, promising graduates who are still looking to launch their careers, but can't find meaningful employment. Families are losing their homes and their retirement plans. You don't have to wonder why many people have become so cynical about the financial health of this country and their own future.

How did we get to this point in society? Are we becoming a society of haves and have-nots?

Look at the Pittsburgh region, as an example. We have a gorgeous, state-of-the-art, football stadium, baseball park, and hockey arena. A beautiful casino graces the river's edge in the North Shore. But what about the infrastructure? Health insurance costs are rising making it unaffordable for millions of Americans. Home values have decreased. Roads and bridges are need of repair, but there are limited funds to take care of it. The city is talking about pension cuts to teachers and emergency services.

And it's not just Pittsburgh—it's happening everywhere. In some states, like Pennsylvania, funds for education are being slashed. During the recent federal government shutdown spectacle, there was talk of cutting programs such as social security, Medicare, and Medicaid. Yet, we have political candidates raising millions and millions of dollars. And we have the leader of the greatest country of the world having to spend as much as one billion dollars to keep his job. How much money do people out of work have to raise to even find a job?

I'm troubled by all of this because those who are doing well for themselves do not seem to care anymore. They're like rubberneckers, merely turning their head for a moment to see the wreck and then continuing along their way. We lost the whole concept of what it is to be an American. We're losing touch with what is important—family, friends, our health, but most especially, watching out for each other. We have lost these core values. If our grandparents and great-grandparents and others who came to Ellis Island could see America now, what would they say? Maybe we need to go to church twice a day since we have lost respect for our fellow man and cleanse our soul from that guilt.

We need to set aside our political differences, no matter what side of the fence we are on, and come together to help each other out of this financial mess we've created. If that happens, I remain cautiously optimistic that people will look down the road and ask themselves if this is where we are now, is this really where we want to be headed?

As always, I'd like to hear your thoughts.

For those who know what a QR code is, click and enjoy. For those who don't, download a QR Code reader app on your smartphone, and then scan the code. I've come a long way since my mimeograph machine years!

- Harvey

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7 Ways to Jumpstart Your Creativity

By Daniel Casciato

Sometimes I find myself staring at a blank page struggling to find the right words for a tweet or even the introductory paragraph of a blog posting. On days like this, I just need to find a way to get over this creative burnout and find that spark of creativity when I'm feeling uninspired.

I know I'm not alone, so I recently asked my social media network of friends and colleagues to get their thoughts on this subject and asked them where they find their creativity when they're feeling uninspired.

Based on their recommendations, here are 7 ways to jumpstart your creativity:

Walk Away

For William Howard, a marketing/communications manager with over 30 years of experience in B-to-B marketing and communications, creative burnout is not necessarily burn out as much as it is information overload.

"Sometimes we get so involved in a particular project or situation that we become overwhelmed with input," he says. "At these times it is easy to get brain freeze and not be able to determine what information we should address first. In these situations I always find it helpful to just walk away from the situation and do something else which may be totally unrelated."

Look to Others for Inspiration

Amateur film blogger, commentator, and critic Donovan Warren looks at other websites of similar content when he's feeling uninspired.

"I often go to other film-related or media-related blogs to find out about things that I may not know about or things that may remind me of other interesting topics," he says.

Listen to Music

When Warren is feeling uninspired, he also finds his creativity by putting on some background music. He pops his headphones in, opens up iTunes, double-click on a song he'd like to hear on a loop (he has iTunes set to Controls —> Repeat —> One), and listens as he tries to get the creative juices flowing.

Push Through It

When Tara Alemany feels uninspired, she pushes through it. Sometimes that means she writes a blog entry, or picks up the phone to call a contact.

"Other times, I listen to music, go mow the lawn, spend time with my kids, work on a presentation or read through some inspiring tweets," says Alemany, owner/CEO of Aleweb Social Marketing. "The main thing is, I give myself the freedom to recognize that I feel uninspired without allowing myself to wallow in it."

Spend Some Alone Time

Harshil Jhatakia, of Ace Consulting Services in India, finds that being alone helps.

"Loneliness gives me time to motivate myself," Jhatakia says. "Understanding the situation and finding out a solution out of it inspires me, gets me up on my feet.

Other than this sometimes I listen to rock music and watching inspirational and happy movies helps me come over the mental tiredness."

Hang out with Others

Melissa Lim's job often requires her to be creative, so she has learned to get inspiration by hanging out with people who share similar lifestyles, goals, and interests.

"However, I think that it is sometimes good to hang around with people who are completely different from us in terms of culture, education, language and lifestyle," says Lim, a project manager specializing in Internet Start-Ups in Singapore. "By doing so, we are exposed to their point of view, and this can give us much inspiration."

Meditate

Michele Price, CIO of Breakthrough Business Strategies first choice is meditation and breathing.

"I find getting still and quiet allows for the mind to be able to engage on levels that you are untappable when you are stimulated by external things," she says.

How do you find your creativity? We'd love to hear what gets you over that creative hump. Email me at writer@danielcasciato.com.

Daniel Casciato is a full-time freelance writer. In addition to writing for the Western PA Hospital News, he's also a social media coach. For more information, visit www.danielcasciato.com, follow him on Twitter @danielcasciato, or friend him on Facebook (facebook.com/danielcasciato).

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Artists Among Us—Lee Kim Recently Named Finalist for the 2011 DATA Awards

by Christopher Cussat

On occasion, we like to update you about what some of our *Artists Among Us* alums are up to these days. This month we are proud to mention the recent achievement of attorney, Lee Kim, who was featured in our last installment. This writer and photographer was selected as a finalist for The Pittsburgh Technology Council's 2011 Design, Art and Technology (DATA) Awards for her artistic submission—which is a hybrid of photography and technology.

The Art + Technology Initiative was formed in 2008 in an effort to unite and cultivate the creative and technology communities in the Pittsburgh region. By exploring the various intersections of Art and Technology, and creating unprecedented strategic partnerships, the initiative aims to enhance the productivity of both groups, while fostering this nexus to spur regional progression.

Stan Franzos

Lee Kim

The DATA Awards are given to the company or individual that has created the most innovative work of art incorporating technology or technology-themed content. Finalists will be invited to participate in the New Media Exhibition that accompanies the awards ceremony, in addition to an exhibition at the 15 Minutes Gallery. All media was considered, including visual arts, music, video, sculpture, and others. There are several categories for the DATA awards—Kim applied as an individual artist and she was selected as a finalist for the Art + Technology Award category.

Kim Chestney Harvey, Creative Director, Art + Technology, for The Pittsburgh Technology Council, explains the submission, evaluation, and selection processes. "A public call for entries was launched after the new year, seeking businesses and individuals working at the intersection of art and technology. Finalists and winners were judged by a team of industry experts, based on creativity, innovation, and use of technology."

As part of the application, artists could submit URLs for their work. Kim submitted an "Art 2.0" photo collage entitled *Aspirations and Perspectives*. She describes, "It incorporates 2D color barcodes in the piece. Patrons can scan the barcodes to obtain information about the work, the artist, and the copyright using their mobile devices." Kim explains that in this vein, there is no need to use headphones or refer to a handout to obtain information about the work, since the informational content is already associated with the work.

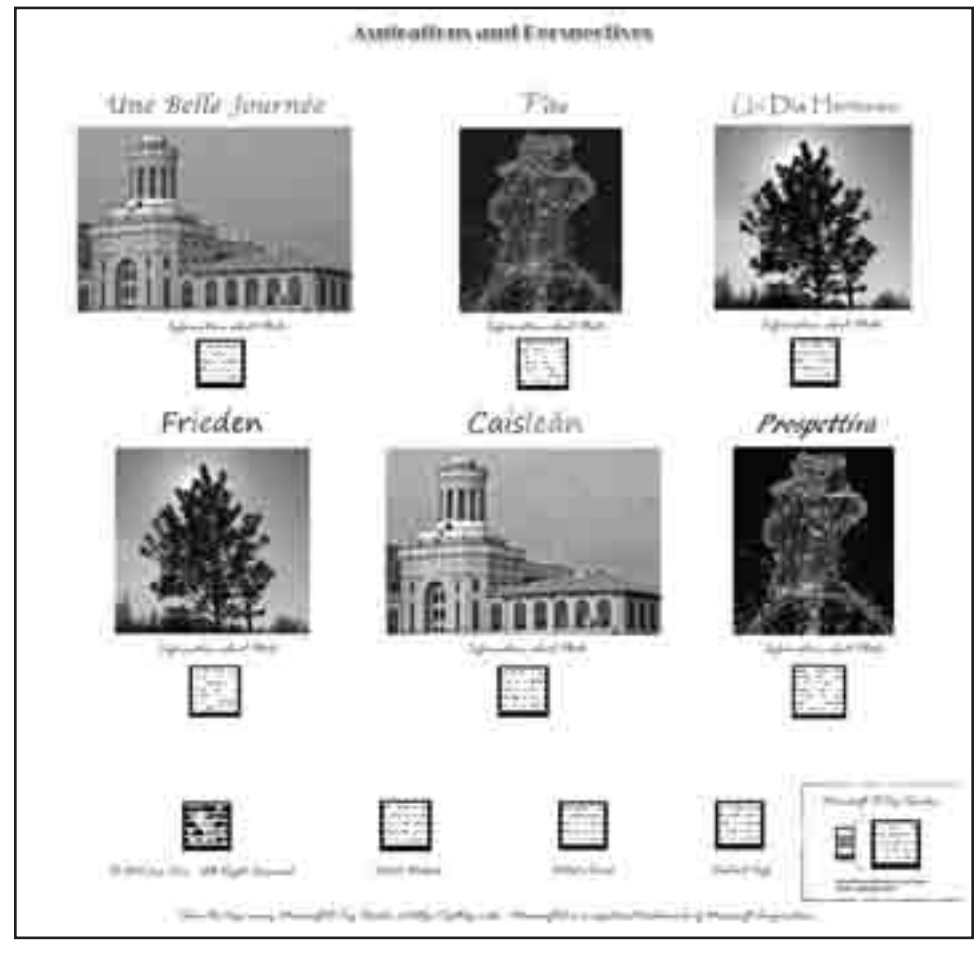
Further, the informational content associated with the barcodes may be dynamically updated by the artist on demand. "It also provides a solution to preventing US and international orphan works since it provides a mechanism for retrieving the artist's contact information on demand, which the artist may update to keep current. I believe that this is a novel application to art and that this advances the 'technology' of art," Kim adds.

Kim chose to submit this particular piece because of the collage and language aspects of the work. She explains, "I had photographs from several years ago of a water feature, a building, and a tree—I liked them all and so I designed a photo collage featuring all of them." The collage has headings above each photo which describes a word or a phrase in a language other than English and embodies either an "aspiration" or a "perspective" (hence the name of the work, *Aspirations and Perspectives*). "Because the work has international ramifications, the collage contains words and phrases which are French, German, Latin, Spanish, Irish, and Italian—in addition to English," she notes.

Her work is actually multi-dimensional and includes:

- Photos (more than one kind of image—not just a repeat of a single image);
- Two variations of the three photos—original and oil painting;
- Barcodes are included for each photo and also in the footer of the work (with artist, copyright, and contact information);
- Words and phrases as headings for each of the photos (which are not in English, but if you scan the barcode with your mobile device, you can obtain the English translation if you are unfamiliar with the foreign language).

Having this type of public recognition of her art for the first time is a great thrill for Kim and she feels honored, as well as inspired to continue her artistic work. "I have always wanted to have my work exhibited. Reaching a goal is always satisfying and I look forward to what is next," she adds.



Harvey and everyone involved with The Pittsburgh Technology Council are very excited that the DATA Awards continue to get bigger and better each year. "We are honored to celebrate the fine innovators working in this sector and encourage anyone working at the intersection of technology and art to get involved in our initiative."

For more information about The Pittsburgh Technology Council and the Design, Art and Technology (DATA) Awards, visit www.pghtech.org or call Kim Chestney Harvey at 412.918.4223.

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ACOs From **Page 1**

ACOs Change Business Paradigm

Whatever the degree of financial risk in particular ACO contracts, all of them will require providers to use a population health management (PHM) approach.

Population health management emphasizes "the health outcomes of individuals in a group and the distribution of outcomes in that group." It addresses longitudinal care across the continuum of care, and personal health behavior that may contribute to the evolution or exacerbation of diseases.

Key characteristics of health organizations that conduct PHM include: an organized system of care; coordination across care settings; enhanced access to primary care; centralized resource planning; continuous care, both in and outside of office visits; patient self-management education; a focus on health behavior and lifestyle changes; and the use of health information technology for data access and for communication among providers, and between providers and patients.

An effective ACO must not only take excellent care of patients who present for care, but must also try to stay in contact with people who rarely or never see healthcare providers. And an ACO that proactively addresses the health needs of this cohort will be better able to control costs.

Role of Technology

Electronic health records (EHRs) are crucial to clinical integration and care coordination. Not only can they make it easier for caregivers to document and retrieve patient information, but they also hold the key to health information exchange with other providers.

Besides offering incentives to physicians who show "meaningful use" of qualified EHRs, the government is funding health information exchanges (HIEs) through the states, but these are still in their infancy. To achieve clinical integration, ACOs will have to form seamless electronic networks that will enable data exchange between disparate EHRs.

Tools, which can be used in conjunction with EHRs, include: electronic registries; multiple outreach and communications methods; software that can stratify a population by health status; and health risk assessment programs that trigger alerts and provide educational materials to patients.

The prevalence of disease in a patient population great because many patients are undiagnosed or have fallen off their radar screens. Moreover, many patients with known conditions are at risk of developing complications because of care gaps and/or lack of compliance.

In conclusion, the success of ACOs depends on clinical integration and population health management. To do PHM effectively, ACOs will have to turn to automation tools that not only extend the capabilities of their EHRs but also reduce the burden of routine care management work on their clinicians.

Richard Hodach, M.D., MPH, Ph.D. is Chief Medical Officer of Phytel, Inc. For more information or to contact Dr. Hodach, please visit www.phytel.com.

NURSES From **Page 1**

throughout the process. I strongly endorse that nurses work in an environment that encourages professional autonomy, shared decision-making, and demonstrates expertise exemplary practice in caring for patients and families.

We are privileged as nurses to be entrusted with the care of individuals who are often at their most vulnerable. With that privilege comes enormous responsibility. I think nursing can be one of the most difficult jobs ever, no matter what career path a nurse chooses. It is the challenges that we encounter daily that allow us to utilize the art and science of nursing, that allow us to be trusted to care, with compassion and knowledge.

As nurses today, it is critical to be strong mentors, visible leaders, and educators to the next generations of caregivers. It is critical that we continue to care and to continually seek innovative strategies to successfully overcome the challenges presented before us in today's healthcare arena. Nursing is a career filled with endless personal and professional rewards. If you choose nursing, you are choosing to spend your life being trusted to care and to helping your peers, your profession, and others, using skills that blend scientific knowledge with compassion and caring. There are few professions that offer such a rewarding combination of high tech and high touch.

Throughout my nursing career of 28 years, from new graduate to experienced clinician to nurse leader, the nursing profession has grown and changed, and presents challenges every day. As the Director of the Magnet Recognition Program at The Western Pennsylvania Hospital, Pittsburgh's first Magnet Hospital since 2006, I am eager to talk to students, nurses, and other healthcare professionals, about how the Magnet program gives nurses a vehicle to be trusted to care and to assist with shaping changes and overcoming some of the challenges we as nurses face. We must continually raise the bar and remain dedicated to the continued enhancement of nursing professional practice.

Nurses have the unique opportunity to "be trusted to care" and direct the healing experience. On one hand, nurses are the bridges between humanity and medical machines. On the other hand, a nurse may just sit quietly at a bedside. Sometimes saying nothing says everything – probably the most profound way to be trusted to care.

If you know a nurse … employ a nurse … or are a nurse, celebrate and recognize nurses. Take pride in what you accomplish as a nurse. I challenge you to take the opportunity to inspire others to be trusted to care and to choose this challenging and gratifying profession.

Jacqueline Collavo, BSN, RN, NE-BC, is the Director of the Magnet Recognition Program at the The Western Pennsylvania Hospital. She can be reached at 412-578-5205 or by e-mail at jcollavo@wpahs.org.

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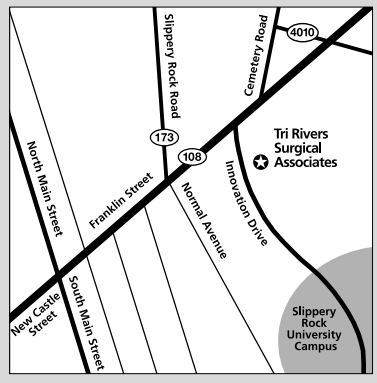

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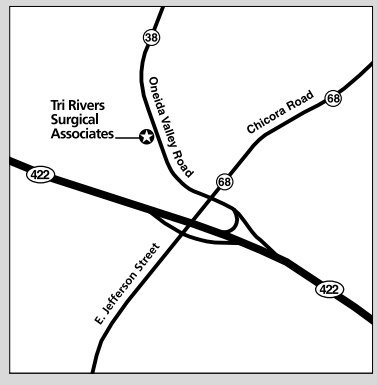

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Nursing and Social Media

by Phillip Glyptis

It seems today that almost everyone you know is using some form of social media, whether Facebook, Twitter, Myspace, YouTube, etc. However, for nurses and other heath care practitioners, using these forms of social media can present unique employment, free speech, and Health Insurance Portability and Accountability Act ("HIPAA") related issues. The good news for those who desire to use the social media, is that it is not as complicated as you would think. It just takes common sense. As a rule of thumb, ask yourself: "Would I be comfortable with this information being shared with my employer, patients, doctors and colleagues in a public setting?"

Patient confidentiality, HIPAA regulations, and patient-professional boundaries should remain foremost in a nurse's mind as he or she chooses how and what to post through social media. It is incumbent upon those who utilize these tools to apply the same level of caution and common sense that one applies to traditional communication tools in healthcare regarding privacy, professionalism, and patient rights.

HIPAA requires that a patient's identity and personal health information be protected. Nurses or health care providers who violate HIPAA can face stiff penalties, including fines up to $250,000 and/or imprisonment for up to 10 years for knowingly misusing individually identifiable health information. As a result, boards of nursing, the American Medical Association, as well as hospital administrators have cautioned professionals on privacy issues surrounding social media sites.

There have been some noteworthy incidents where discretion was not used by healthcare professionals using social media. In a case pending before the National Labor Relations Board, a nurse who had treated a fatally wounded police officer and the alleged gunman was terminated after posting on her private Facebook account that she came "face to face" with a "cop killer" and hoped he "rotted in hell." The ostensible reason for termination was violations of HIPAA and the hospital's rules on patient privacy.

Another such incident took place in a rural setting when a patient was brought into the emergency room and two nurses, independently, took cell phone photos of an x-ray showing the patient's body part and a foreign object. One of the nurses allegedly posted the photos on her personal Facebook page. Both nurses were terminated.

The Internet is rife with examples of possible HIPAA violations, privacy concerns and violations of company social media policies. In both of the above incidents, it is debatable whether the information disclosed was an actual HIPAA violation. However, the future litigation and the ultimate outcome could have been prevented, had discretion been used.

Social media certainly has its benefits and can allow nurses and other healthcare providers to timely share accurate health information and discuss critical issues such as nursing shortages, clinical trials, safety issues, and other health policies. However, these same social media tools can also lead to liability. The risk with social media posts is not simply HIPAA or patient confidentiality; posts can also become the basis for complaints of harassment or hostile work environment claims. Whether your work place has a social media policy or not, each nurse or other health care provider should use caution and common sense. Nurses are on the front line of healthcare and given the high stakes of possible HIPAA violations or employment claims, a little common sense can prevent years of trouble.

Should you desire materials from the incidents cited above, or if you have any questions regarding medical malpractice claims or health care related issues, please contact pglyptis@fsblaw.com. Founded in 1991, Flaherty Sensabaugh Bonasso is a regional law firm with offices in Charleston, Morgantown and Wheeling, West Virginia. The firm is known for representing health care providers in litigation, regulatory compliance and transactional matters in West Virginia, Ohio, and Pennsylvania.

Singing for the Unsung Heroes

By Rosanne Clementi Saunders

Nurses are my heroes – and yes, I really mean it. Over the course of a 30-year healthcare career, some of my most cherished professional relationships and friendships are with nurses. They include nurse executives, nurse leaders of professional organizations, employee health nurses, staff nurses and nursing unit directors. You know who you are.

I even visited the Florence Nightingale Museum at St. Thomas Hospital in London last December. And two of my cousins are nurses. One of them was a bedside nurse for most of her career and is now retired; the other has a PhD in Nursing and is a professor at Carlow University.

Reading comments about the care that Jefferson Regional's nurses provide only reinforces my belief about the heroic nature that is typical of nurses. One recent letter stated: "These RNs, in particular, were warm, calm, attentive, proactive, technically proficient, and caring. The atmosphere on the unit was quiet, unrushed, and I was so surprised to have the RNs visit the room so frequently; not just to check the IV pump, but to see how she was doing, make sure she had ice/water, check her pain level, etc."

This comes from another recent letter: "At first we were hoping for recovery; however, my mom's medical status declined. My brothers and I were provided updated medical information in a clear, informative manner. We were treated with genuine care and concern, by each nurse, in the face of my mom's declining medical status. My mom was transferred to hospice. These nurses delivered the finest end of life care. They were very attentive to my mom and worked to keep her calm and ease her suffering. My brothers and I were treated with such kindness as we sat with my mom up until her passing."

When I get an opportunity to attend the annual Cameos of Caring ® awards gala, I take it. An event that recognizes nurses for their unique, universal and pivotal role in the health care system is cause for true celebration. That's why 'Cameos" is such an incredible event.

It began in 1999 and was initiated by the then dean of the University of Pittsburgh School of Nursing, Dr. Ellen B. Rudy. She believed that nurses were not acknowledged enough, particularly those at the bedside. That first year 20 hospitals each selected one nurse to be honored at that first gala and 600 people attended.

By 2010, 51 facilities and over 1150 guests were at the Convention Center and Cameos ® is now one of Pittsburgh's largest special events. If you have never been there, it is the Academy Awards of Nursing – men all dressed up and women in gorgeous gowns, big screen TVs projecting the proceedings, Mike Clark as the emcee, clips of nurses being interviewed about why they chose nursing and why they love their work. There are tears; there are cheers.

And just like the Academy Awards, there are now categories – "bedside"; advanced practice – clinical focus; advanced practice – manager focus and the donate life award.

I would like to encourage anyone who needs to be re-inspired by the caregivers that deliver compassion and quality care in our local healthcare organizations to attend this event on November 5, 2011.

Trust me, you won't regret it. And if you can't attend the event, reach out and thank one of your nurse heroes during Nurses Week, May 6th through May 12. You'll be glad you did.

For more information, visit www.jeffersonregional.com.

Rosanne Clementi Saunders is the Vice President of Human Resources for Jefferson Regional Medical Center.

UPMC Horizon Nursing Week Activities

UPMC Horizon is planning the following activities for National Nurses Week (May 6 through 12):

Friday, May 6 - unit directors and nursing administration will deliver coffee, tea, and homemade cookies to each nursing unit during the 3 to 11 and 11 to 7 shifts.

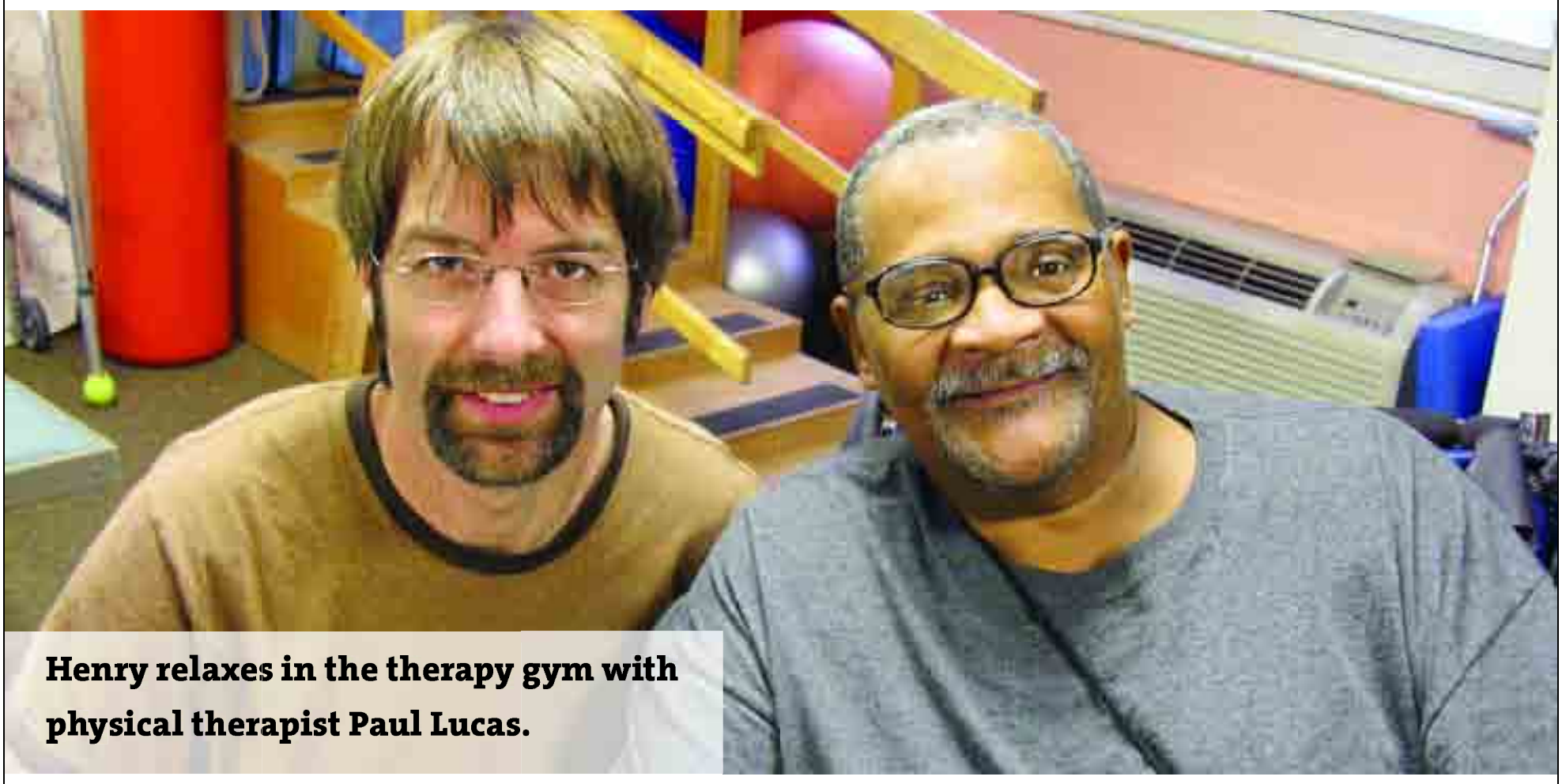
Monday, May 9 - the hospital will host the annual "Excellence in Practice" awards ceremony at the Radisson Hotel Sharon, West Middlesex. Winners of the Cameos of Caring award, the Rookie of the Year award, the Friend of Nursing award, and the Heart of Horizon scholarship will be announced. Distribution of Hershey's Hugs (purchased for nurses by those who wish to recognize them, with proceeds from the sale going to one winner) also begins.

Tuesday, May 10, and Wednesday, May 11 - breakfast will be served and candy delivered to the nursing staff.

Thursday, May 12 - nursing leadership will distribute gourmet cupcakes to all nurses to celebrate Florence Nightingale's birthday.

"The Staff Is Hardworking."

—Henry Cook, Duquesne, PA



Henry relaxes in the therapy gym with physical therapist Paul Lucas.

"For several years, I've worked as a truck and shuttle-bus driver. I'm a good driver, but when a deer darted into the road one morning and hit my car, even I couldn't avoid *that!*

"After the accident, I was rushed to UPMC-Presbyterian. A trauma team operated on my fractured hip, and I had a partial hip replacement. Ten days later, I was ready for rehab. I chose The Commons at Squirrel Hill.

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Remembering Student Nurses During Nurses Week

By Kathleen T. Patterson

In academia, the celebration of Nurses Week is often overshadowed by the hustle and bustle of graduation and semester deadlines. It falls the week after graduation and undergraduates have wearily cleaned out their dorms, seniors have exchanged textbooks for NCLEX books and faculty have begun their much needed summer vacations. At Gannon University's Villa Maria School of the Nursing, the month prior to Nurses Week is filled with student activity, most notably, service-learning to the Erie Community. This year's activity was a source of pride for me as I observed the students interface with the Erie community.

Annually in April, the senior baccalaureate nursing students plan and present a Health Promotion/Disease Prevention Health Fair to the residents of the John Horan Garden Apartments. The School of Nursing has an on-site Nurse Run Health Clinic at the low income housing project supported by a matching grant with the Erie Housing Authority. We just celebrated the ten year anniversary of the clinic. It is staffed by a half-time nursing faculty, Kim Blount, who is a CRNP. Her work is funded through the grant and offers on-site assessment, health promotion and prevention to individuals and families throughout the year. Professor Blount also teaches the Community Health portion of the nursing curriculum. This event is one of many fairs presented by nursing students throughout the year as our curriculum is "community based."

Zoomania Nursing Fair 2011: Julie Kleber with kids

Senior nursing students spend several months planning the fair around a theme. Faculty sponsors have joked that they have at least 10 themed t-shirts to mark each year's event. This year's theme was "Zoo Mania." Groups of two to three students were charged with choosing a zoo animal and creating a table theme that would be interactive and instructive around a health promotion/disease prevention topic. Activities were to be appropriate for all developmental levels across the lifespan. Supplies and giveaways were purchased through grant funds and coordinated by Professor Blount and community health faculty.

Two hundred and twenty children and adults participated in the Fair this year. The student run tables were creative and instructional. The fair entrance sported an exercise bouncer; table activities included a Toothy Lion to demonstrate oral hygiene, a Tall Giraffe to stand up to bullying, a Ring Toss Camel to emphasize smoking prevention, an Inflatable Monkey that stressed the importance of activity and a Rubber Ducky pond that educated caregivers to checking bath water to make sure it was at a safe temperature. Participants played Exercise Plinko and learned about bicycle safety. Fruit, vegetables, water and granola bars were available as examples of good nutrition. Tickets were earned as participants went from table to table and prizes were awarded at the end of the fair.

As I walked through the room of the Center and watched the student nurses interacting with the children and families, I was struck by their genuine sense of mission to the community members and their presence in the task of health education. The students and families were having fun and learning from each other. Most importantly, they were fulfilling the mission of Gannon University's Villa Maria School of Nursing, "Using critical intelligence that includes the ability to wonder, inquire, discern, distinguish and understand issues in preparation for both personal and professional life." They "cared for," "cared about" and "cared with" the residents. The student nurses had become health care professionals! As the Director of the School, it was a very proud moment.

Although they are not around during the time that we celebrate the profession, the student nurses are so greatly appreciated by their Gannon University instructors and the Erie community. During Nurses Week and throughout the year, take time to thank the student nurses!

For more information, visit www.gannon.edu.

Kathleen T. Patterson, Ph.D., PMHCNS, BC, is an Assistant Professor and Director or the Villa Maria School of Nursing in the Morosky College of Health Professions and Sciences at Gannon University.

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7 The latest issue of *U.S. News & World Report*'s *America's Best Graduate Schools* again ranked the **University of Pittsburgh School of Nursing seventh overall**.

Several specialty areas also were ranked:

3 **Nursing anesthesia** ranked third.

4 **Pediatric nurse practitioner** ranked fourth.

6 **Adult nurse practitioner** ranked sixth.

6 **Psychiatric/mental health clinical nurse Specialist** also ranked sixth.

9 **Nursing service administration** ranked ninth.

14 **Family nurse practitioner** ranked 14th.

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Celebrating Excellence: A Salute to Nurses

By Marsha Knapik

Nurse's Week allows us to set aside some time each year to acknowledge and celebrate the contribution nurses make in our world. Corazon would like to explore a little about what attracts people to select nursing as a career and to take this opportunity to applaud what they can, and do contribute, to healthcare every day.

Balancing the nurturing aspects of direct patient care with the use of science and technology to assist in the provision of that care has long held nursing at the center of the question, "Is nursing an art or a science?" For most of us who choose nursing as a life long endeavor, I would wager that neither of those things was forefront in our minds as we started our nursing career. Over the years in the nursing profession, I have encountered people who chose nursing for varied reasons ranging from following in another family member's footsteps, an affinity for biology and sciences, or just wanting to be in a profession of helping others. Whatever the reasons a person initially selects nursing as a career, once they are in the profession for any period of time, they quickly see there is something for everyone. While bedside nursing remains a mainstay of the profession, the nursing field has become highly diversified and opportunities abound for those who choose to embark on the nursing path. Each type of nursing provides and opportunity for the individual to shine a light on their strengths and what they can contribute for the patient.

For those who argue that nursing is an art, one might have to agree that being able to comfort those who are ill, discuss end of life with an ill patient's loved ones, and calm the fears of a child would certainly qualify. Although you can teach techniques to accomplish those things, most individuals who enter the nursing profession have an innate ability to provide comfort and support and have exemplified that in their personal lives before pursuing a nursing career. The argument for nursing as a science is supported by the need for understanding science, biology, and technology as it applies to the care of patients. A nurse is not successful if he or she can not understand the science behind the care and embrace the new technology that helps support it. One could consider, or would prefer to step away from the art and science argument and just define nursing as a very special profession embraced by some very special people who accomplish many amazing things.

Nursing is not a stand alone profession. Nursing, by itself, can accomplish many things, however, nursing within a health care team, can do so much more. The real value of a nurse is the ability to apply all of the knowledge, skill, and compassion to the work the health care team is trying to accomplish. As a team member, nursing skills work in tandem with other health care providers (and their specialized skills) to accomplish something far more complex than each team member could accomplish on their own. Who from their early nursing education does not remember hearing "*the whole is greater than the sum of its parts*"?

While working as a nurse in the cardiac cath lab, I personally found my greatest rewards, and I would guess many other nurses would say the same. Most often it was working in a very complex, high risk, high stress case that ended successfully for the patient and that what made that case successful was the teamwork involved. In that "well oiled machine", that team builds on one another's strengths and abilities to overcome any individual weakness and keeps it all under control. It is at this time that the nurse is reaffirming why he or she decided to come into the field…to be a part of something bigger than ones self.

Corazon salutes all of those individuals in the healthcare field, but for this week in May 2011 we salute the nurse! In any setting, the nurse has a role to play and the importance is not to shine as an individual, but to contribute to the work at hand so that all can shine as a team. Corazon applauds all nurses in all specialties, and for today, while letting the team shine as a whole, let's let a little individual light shine on the nurse just a little bit brighter!

Marsha is a Senior Consultant at Corazon, Inc., a national leader in the full continuum of services in the heart, vascular, and neuro specialties, including consulting, recruitment, and interim management. To learn more, visit www.corazoninc.com, or call 412-364-8200. To reach Marsha, email mknapik@corazoninc.com.

Submissions? Story Ideas? News Tips? Suggestions?

Contact Daniel Casciato at writer@danielcasciato.com

A Life Worth Living—Nursing with Heart and Soul

Every summer he drives nine hours south from Pittsburgh, up winding mountain roads to a remote area in Kentucky's Appalachia. There, moonshine and shotguns are more prevalent than medicine. He joins a team of 170 volunteers, building homes for America's poorest of the poor in 100-degree heat. Their condition is not a chosen one, but of abject poverty without options. Reveling in the joy of, say, moving a family of five, once cramped in a crumbling one-room log cabin, into a sturdy, relatively spacious home. Watching their faces as they beam with deep appreciation and gratitude. This is how George Francis, RN, LIFE Pittsburgh's Director of Clinical Services spends... his vacation.

As a young man he worked as an orderly in Rochester General Hospital, in Rochester, Pennsylvania. It was during this time that Francis felt the call to become a nurse. He saved up in order to be able to pursue an Associate degree as a Registered Nurse and was valedictorian of his class. Believing he could affect more lives as an administrator, he later went on to get a Bachelor of Science degree in Health Administration at the College of St. Francis, in Joliet, Illinois.

Today, Francis is the Director of Clinical Services at LIFE Pittsburgh, overseeing the nursing staff for four centers. LIFE (Living Independence for the Elderly) Pittsburgh serves some of the most elderly and frail population of Western Allegheny County (other LIFE programs serve the same population in other regions). While an individual can privately pay, most participants qualify for Medical Assistance and don't have to pay anything.

George Francis shares a moment with patient, Irene.

The work is demanding and complex. Besides overseeing the professional nursing staff, Francis works work with LIFE's Medical Director to assist monitoring the infection control program, hospitalizations and emergency room visits. He works closely with LIFE's Executive Director to ensure compliance with regulatory agencies, including Medicare, Medicaid and the Older Adult Day Living Center for LIFE's Adult Day Health Centers. There, participants spend time in activities that range from physical therapy, occupational therapy, recreational therapy, medical/nursing and socialization in many forms. Participants frequently compliment the excellence of the food served at the centers... Two nutritious meals are prepared and served each weekday.

Participants in the LIFE programs are all deemed nursing-facility-eligible. While 55 is the minimum age, statewide the LIFE programs participants average 79 years of age, with an average of 7-8 chronic medical conditions.

For George Francis, a seasoned nursing veteran, LIFE Pittsburgh presented a unique challenge. In his prior experience, whether working in intensive care or a nursing home, the patients were all seen in a clinical setting. However, LIFE's mission is to allow their participants to remain independent and in their own homes, apartments, religious communities or wherever they call home. Francis and the nurses may see participants in one of the Adult Day Health Centers, or they are frequently visited in their homes.

Francis explains, "In every nursing position I've held over the years, the care is driven by the setting. A nursing home drives one type of care. A hospital setting drives another. Even with home care – if there is a problem, the first thing you a home care worker does is dial 911, the introduction to the extreme drama of hospitalization. With LIFE, it's the individual that orients the type of care – how to best effect their overall health and well-being, allowing them to remain in their homes. Because of the individualized attention, many participants respond positively to the interventions. Hospital visits are dramatically reduced, and the participants typically improve medically and socially while remaining in the community."

Besides the challenge of supporting independent living, Francis says the other unique aspect of the LIFE program is the reliance on the team. Each center has a physician, nurses, aides, physical therapist, occupational therapist, recreational therapist, dietitian, and social workers. There are also vision, dental, podiatry, audiological and other services available to the participants as needs are identified by the team. LIFE also provides "chair-to-chair" transportation services (from inside their homes to inside LIFE Centers or medical specialist appointments), and in-home care services such as meal preparation, bathing, and more.

Every weekday morning, the team at each center meets to discuss any participants in need of the team's attention. According to Francis, "LIFE Pittsburgh is open-armed to provide whatever care our participants need. Our purpose is to respect our participants' wishes to remain in the home, almost to any degree we're able to accomplish that. In good health or in less than good health. It takes the whole team. We work to honor that and respect their wishes. It's a beautiful thing."

George Francis isn't naive about nursing in general. In his extensive career, he's seen many dedicated nurses and then those that you wonder why they ever pursued nursing as a career. He says, "In nursing, if it's not in your heart, it will show itself eventually. At LIFE Pittsburgh, our nurses, like me, are human beings, caring for other human beings. Caring for others in need is not a perfect science. But that said, it's always all about the participants. I've not seen one person, nurse or otherwise, that didn't jump to the cause or run to the participant to have his or her needs met. The staff oftentimes do not even know I'm there and I'm observing – to see the engagement between staff and participant. It's so rewarding to see them connect. Some of our participants have family, but many don't and we are that family. To see their eyes light up. That welcoming acknowledgement. That silent exchange. You hold their hand, or they hold yours. I think the staff gets just as much out of it as the participants do. Maybe that's what real service is, a two-way street. For nurses, staff and participants, it makes a life worth living."

MVH takes PRIDE in its FAMILY of Nurses

Each year, MVH honors one nurse with the Cameos of Caring® award. That nurse demonstrates excellence in nursing care, serves as an advocate for patients and families and embodies the essence of the nursing profession.

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The MVH 2011 Cameos of Caring® Nominees are:

Front Row (l-r): Mariaelena Perowski, RN, Emergency Department; Rose Stankovich, RN, 7-East; Annette Necciai, RN, Center for Wound Management; Middle Row: Jan Whiten, RN, 5-West; Jeannette Weeks, RN, 7-West; Raffaline Champ, RN, Post Anesthesia Care Unit; Mary Beth Cope, RN, SameDay Surgery; Back Row: Susan Silbaugh, RN, 6-East; Linda Kishel, RN, 6-West; Kristen Walters, RN, 5-East; Doug Myers, RN, Operating Room. Not Pictured: Gay Jannotta, RN, Cardiac Care Unit.

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Every Life Has a Story

By Jodi McKinney

Every life has a story, and as a hospice nurse, Cindy Adams gets to help patients write their final chapter. And while helping others, she is also creating her own beautiful life story.

Cindy didn't set out to be a nurse. She didn't even know it was what she wanted to do. Up until age 30, Cindy was a waitress, a part-time bookkeeper, and a stay-at-home mom to her three children. Then the dreaded day came when her beloved father became ill and was put on hospice care. Cindy had never experienced dealing with the death of a loved one. Her dad's passing shattered her world. Little did she know her life's purpose was about to be determined.

"When Dad took his last breath, my family and I were all holding him," Cindy reflectively recalls. "I was scared. My life changed in that heartbeat. I didn't know how to accept it. I was so thankful for the tenderness and compassion of the hospice team that not only cared for Dad, but helped my family and me through it all too."

Cindy Adams

Now Cindy, a Hospice Nurse for Celtic Healthcare in Fayette County, is on the other side of the bed. Now she is the one comforting the daughter, the son, the husband or the wife when their loved one's time comes to write their final chapter.

"Sometimes I feel selfish actually," Cindy admits. "I receive so much more than I give. What I am given through my experience is not material. Sure I get paid, but I also receive something of the heart that nobody can take from me, and it is something I can also use and share with others. What I learn from every patient and every family makes me stronger and better at what I do."

Each morning when she wakes up, Cindy tells herself that yesterday is done, tomorrow isn't here yet, but what she does today matters. "I want to make a difference in someone's life," says Cindy. "Every day, I ask the Lord to guide the words on my lips, be my ears, guide my heart, and let me know what I can do to make a difference in someone's life."

And that she does! Spending final days and hours with patients and their families allows Cindy to help them deal with the "important stuff" like she did with patient Mary and her daughter recently.

After the physical needs of dealing with pain and comfort were taken care of, talks with Mary centered on going home, the wonderful life she lived, and being ready to join her husband. And when Mary's daughter finally reached the point of being ready to let go of Mom, Cindy knew the last two weeks while Mary laid in a coma in bed where meant for Mary's daughter. They talked about how tired Mom was, how short our time on earth is, and how Mom's spirit would always be with her. Sometimes they sat and talked into the wee hours of the morning.

As Cindy went through the respectful ritual of preparing Mary's body after death, she contemplated, as she does with each patient, "I wonder if she's happy now? What is it like on the other side? Did I make it any easier… any better?"

"Each death is a privilege and an honor to be a part of," says Cindy as she gives her final gift of dignity to Mary and the gift of peace to Mary's daughter through this humbling and heartfelt ritual.

Every life has a story; and as Abraham Lincoln once said, "In the end, it's not the years in your life that count. It's the life in your years."

Celtic Healthcare would like to thank Cindy Adams and all of our Celtic home-care and hospice nurses, as well as nurses everywhere, for the extraordinary service they provide in the stories of people's lives.

Jodi McKinney is the Director of Business Development for Celtic Healthcare. For more information, visit www.celtichealthcare.com.

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2010 Heritage Valley Health System Cameo Award Winners
Renea Esoldo (left), Robert Messick (right)

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PA Nurse Leaders Embrace Healthy Communities in New Mission Statement

By Marion Burns Tuck

The Pennsylvania Organization of Nurse Leaders (PONL) is the state affiliate of The American Organization of Nurse Executives (AONE) a subsidiary of The American Hospital Association. PONL membership is approximately 400 strong and comprises members in four regions from all levels of nursing leadership and administration from across the Commonwealth. Although most PONL members are from acute care organizations and academia membership is open to all nurse leaders.

Every three years the PONL leadership gathers to delineate strategic priorities. At the planning meeting held in State College in January, four priorities for 2011-2013 were identified. They include: Building an Engaged Membership, Nurse Leader Development, Partnership & Voice, and Ensuring Fiscal Stability. The report released in October 2010 by The Institute of Medicine *The Future of Nursing: Leading Change, Advancing Health* was used as a guide to direct the group's efforts. During the two day session, PONL leaders determined that the previous Mission Statement ("to provide innovative leadership in shaping health care policy and cost effective patient-centered delivery systems) was too narrow and had been outgrown. A new Mission Statement was constructed ("to advance contemporary nurse leadership in shaping healthy communities") which embraces PONL's intent to continue promoting innovative leadership while simultaneously focusing outward on the health needs of our communities.

The length and breadth of PA can make attending meetings, educational events and participating in committees a challenge. PONL is planning to accelerate its use technology with webinars, web conferencing, and online education in efforts to address these. The organization intends to partner with our regional groups to offer scholarships and promote research in the field of nursing leadership. Formal mentoring opportunities and partnering with faculty in graduate programs that offer masters degrees in nursing leadership are also being planned. In addition to continuing to issue position papers on topics related to nursing, care delivery and health, PONL representatives visit members of the PA legislature to convey our concern about the health of those in our communities and urge them to increase their efforts to ensure the health of all Pennsylvanians. PONL is often sought as an ally in matters of health care and regularly partners with a broad range of organizations.

The Annual PONL Symposium titled *Nursing Leadership: Advocates for Healthy Communities will be held October 26 & 27, 2011 in Harrisburg at The Crowne Plaza. Nationally known speakers from across the country will address topics* of interest and concern to Pennsylvania nursing leaders. More information can be obtained from the PONL website at www.panurseleaders.org.

PONL welcomes all of our nurse leader colleagues to join us in making Pennsylvania both a great place to live and to practice nursing!

Marion Burns Tuck, PhD, RN, FACHE is the Executive Director of the Pennsylvania Organization of Nurse Leaders. Dr. Tuck has held positions as a staff nurse, clinical nurse specialist and various positions in nursing and hospital administration including vice president for patient service & chief nursing officer. She can be reached at: tuck@panurseleaders.org or 412-344-1414.

West Penn Nurses Give Their Hearts to Bereaved Families

By Sally Bowker

The loss of a child at any age, from any circumstance, is one of life's most difficult challenges. Obstetrical nurses at The Western Pennsylvania Hospital's Labor and Delivery Department formed The AngelHeart Bereavement Team in 2004 to fulfill the needs of grieving families who experience the loss of a pregnancy/child through miscarriage, stillbirth or early infancy loss.

"This team of caring individuals has touched the lives of so many of our patients in a very special way. The team is made up of nurses, providers, pastoral care, social services, and volunteers, who take each child loss to heart and support these families throughout the entire process," said Lorra Hess, RN, Manager of Labor and Delivery.

The team not only meets the families' immediate physical needs, but also provides emotional support with individual follow-up for families after they leave the hospital. In addition, the Team hosts two special events per year designed to give families the opportunity to publicly honor the memory of their child.

"Our Unit is often thought of as one of the happiest places to work within the hospital, and it usually is," said obstetrical nurse Heidy Freund, BSN, RN. "However, on occasion when a patient suffers a loss, this place of joy quickly becomes a place of sadness."

"Providing these patients with the highest quality care means paying special attention to their individual needs and providing emotional support, and just 'being there' for them in their time of need," Ms. Freund added.

When there is a loss, nurses not only provide necessary medical care, but also sympathy, and recognition of the life that was lost. They make sure that parents have the opportunity to see and hold the baby and allow parents to take the time they need with their baby.

The AngelHeart Team prepares a "memory bag" for the family to take home, which may include items such as the baby's footprints, hats, blankets, photos, and baby bracelets many of which are hand-made and donated by patient families who have been served by the AngelHeart Team.

Many of these families find comfort in giving back to families currently experiencing the devastation of pregnancy/child loss. Because fellowship with other grieving families is so crucial to the healing process the AngelHeart Team provides patients with a Bereavement Support Directory, a direct phone line for the Team, a Website, and two annual public events. All of these services help the families to receive the much needed outreach of support.

One local mother who saw a magazine ad for last year's Candle Lighting Ceremony at West Penn Hospital decided to call for information. After speaking to me, she was able to reveal that her loss occurred 17 years ago, but she had never previously been able to acknowledge the death of her child.

These events allow families with the common experience of pregnancy/child loss to share experiences and feelings, to gain strength with the knowledge that they are not alone. The support that the AngelHeart Team provides is priceless and shows in the faces of each person they have touched with their caring dedication.

Financial support for the program originally came from Dr. Devi Pandit, a West Penn Obstetrician and Gynecologist who retired from practice in 2007. Funds are also generated in the form of contributions to the Employee Campaign and private donations. Team members donate their time, creativity, support, and resources and are present at all events.

ANNUAL EVENTS

The Worldwide Candle Lighting Service

Held each year on the second Sunday in December. This event will take place at West Penn Hospital for the fifth year on December 11, 2011. Held in collaboration with the Compassionate Friends, this event commemorates and honors the memory of our lost children with the lighting of candles across all time zones. This Wave of Light is thought t be the largest candle lighting worldwide.

The Butterfly Release Event

This event which is annually held in the spring at West Penn Hospital provides families with the opportunity to release a live butterfly in honor of their child. The butterfly is the nationally recognized symbol for child loss and they are released as reminder that the child spirit goes on. The families also participate in the potting of a plant to take home in memory of their child.

Both events beautifully commemorate the child and solidify recognition in the families with inspirational readings and music to add to the serene atmosphere of these events.

The journey through grief is very long and difficult process. The AngelHeart Team believes the grief can be made a little easier by supporting our bereaved families through events such as the Worldwide Candle Lighting and The Butterfly Release."

The Angle Heart Team wants to emphasize that attendance at these events is open to all those who have lost a child at any age, from any cause regardless of where or when that loss occurred. They also welcome friends and families to be part of these events.

Sally Bowker, RNC-OB, is chair of the AngelHeart Bereavement Team. To learn more about AngelHeart, please contact us at (412) 578-5763 or visit our website at wpahsobgyn.org. Select West Penn, select Labor and Delivery, scroll down to Bereavement.

Dear Editor, In Nurses We Trust

I was tossed into the world of the Neonatal Intensive Care Unit (NICU) nearly 20 years ago as a young, first time mother of a 24-week gestational boy who weighed only one pound ten ounces. I never knew that such a place as the NICU existed or that I'd find trust and love with a group of nurses that I had never met before.

As I sat for long hours keeping vigil over the isolette that housed my tiny son; neonatologist, fellows and residents would randomly spew out words from a foreign language. Necrotizing enterocolitis, Patent ductus arteriosus, bronchopulmonary dysplasia, rolled from their tongues with ease as I frantically wrote every word they spoke phonetically. After, I would enlist the help of my trusted nurse caregivers to provide translation in terms that a young mother could not only understand but hold on to for hope. This is what the nurses understood best; that their tiny patient needed a mother full of hope rather than despair. The knowledge that they shared wasn't neonatal medicine 101 but words of trust. In trust, parents could be reassured that although they may not understand all the medical terms, they could at least believe and trust in their caregivers medical skills. These nurses made the path to patient communication an easier road to navigate between parents and physicians and it was the trusted care of these nurses in which I turned for knowledge and support.

Twenty years ago, the NICU was a very different place. Surfactant was released to full use only a month prior to my son's birth, Retinopathy of Premature was known as Retrolental Fibroplasia, and parents were subjected to visiting hours. It was these nurses who transformed neonatal developmental interventions that affect these fragile babies long after they leave the NICU. It was the NICU nurse who gained trust from physicians and hospital administrators to create the family centered care NICU that we know today. And, it was the NICU nurse who supported and fought so that I could hold my tiny, fragile son for the first time when Kangaroo Care was only a theory and not an approved NICU practice.

As we celebrate nurse's week, the theme trusted to care reminds me of a time of great hope and despair and how a group of nurses transformed not only the future of NICU care but that of my life and the life of my now 20 year old son.

In Nurses I Trust,
Denise Campbell, Ph.D(c), MSPH, CHES
Campbell3, LLC, www.campbell3.com

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- **Cynthia Napier Rosenberg**, MD, senior medical director, UPMC Health Plan;
- **Debra R. Smyers**, RN, senior director of program development, UPMC Health Plan.

Cost: $99 (students: $75)

Contact Hours: 6 CNE

Call for Poster Abstracts

- Theme for posters: Nursing Innovations to Advance Practice and Improve Quality (Both IRB and quality improvement abstracts will be considered.)
- Deadline for abstract submission: Friday, May 6, 2011
- Acceptance notification: Wednesday, May 25, 2011

For additional information regarding abstract submission and/or conference registration go to www.nursing.pitt.edu/academics/ce/onsite.jsp

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New KidsPeace Clinic and Highmark Foundation Address Dental Care and Education

KidsPeace, an organization dedicated to serving the behavioral and mental health needs of children, families and communities, will open a new clinic in May, and introduce a new dental program in the Lehigh Valley. The Highmark Foundation is supporting these efforts by providing a $150,000 grant to KidsPeace to implement the clinic during the next two years in an effort to provide dental care and education to children in Pennsylvania foster and residential care.

"Proper oral health is important to overall well-being. Poor oral health care can lead to additional health complications," said Highmark Foundation President Yvonne Cook. "The Highmark Foundation believes that investing in and addressing oral health and dental care earlier provides opportunities for children to develop good lifelong oral health habits."

The prevalence of dental health problems found among the adolescent population is higher in youth who are identified with physical or mental health issues, have been abused or neglected, are in public or foster care or reside in low-income households without dental insurance. KidsPeace serves children in the Pennsylvania residential care and Pennsylvania foster care programs, many of whom have experienced such issues.

"Early care and education is most important to this population. We are grateful for the Highmark Foundation's generous contribution to support this initiative," said KidsPeace President and Chief Executive Officer, William Isemann. "The new clinic will serve eight to 10 clients per day as well as implementing comprehensive oral health education for residential and foster care youth. Every child and adolescent admitted through KidsPeace PA residential and foster care programs will receive an evaluation for dental health during the intake process. This is a huge step in addressing oral health care."

Sustaining dental health programs and supporting new initiatives to reach greater populations is a focus of the Highmark Foundation. The Highmark Foundation issued grants totaling $1.87 million to 20 Pennsylvania nonprofit dental care organizations to improve the coordination and expand the capacity of those caring for individuals who are uninsured or underinsured.

"Not only are dental grantees demonstrating an ability to make measureable, long-lasting improvements in the oral health of the underserved populations of Pennsylvania, but they are also demonstrating they have power to influence a system of care with far reaching efforts," said Yvonne Cook.

Education Update

LECOM Students Raise More than $5,300 for American Cancer Society

The final numbers are in and they surpassed everyone's expectations. Students from the Lake Erie College of Osteopathic Medicine in Erie raised $5,363.45 for the American Cancer Society during LECOM's annual Relay For Life event. Students presented a check to Kelley Spaeder, Community Income Development Specialist, of the American Cancer Society.

LECOM students more than doubled the amount they raised last year. Over 150 students from the LECOM College of Medicine, School of Pharmacy and Post Baccalaureate Program participated in the event. They raised money by getting pledges from family members and friends and through online donations at relayforlife.org.

The LECOM Student Government Association (SGA) traditionally held its Relay For Life event outdoors in early May when the weather can often be cold or rainy. This year, the decision was made to move the event to February and hold it indoors at the LECOM John M. & Silvia Ferretti Medical Fitness and Wellness Center. In addition to walking, some students worked out on the exercise machines. Seven students took part in a doughnut eating contest and another 30 challenged each other in a trivia competition held during the four-hour Relay For Life event.

"It was really wonderful seeing everyone show up and participate," said outgoing SGA First Vice President Erin Brennan, who was one of the event organizers. "They were very enthusiastic. The students took time out from their studies to support a great cause." In fact, some first-year medical students had a test the following Monday and carried study materials with them as they walked around the track.

Spaeder, who has worked with LECOM students at Relay For Life events over the past several years, said she was impressed by the enthusiasm and dedication the students had in taking on this project. "This was a banner year for them. They did a really good job," she said. "They got involved, were energized and raised a huge amount of money for us."

SGA invited Spaeder to speak at one of the organization's meetings and the students were able to get an early start on their fundraising efforts. Spaeder said all of the money raised will stay in Erie County. "We think it's great. It's going to help us with all our patient services, our education and prevention detection messaging,"

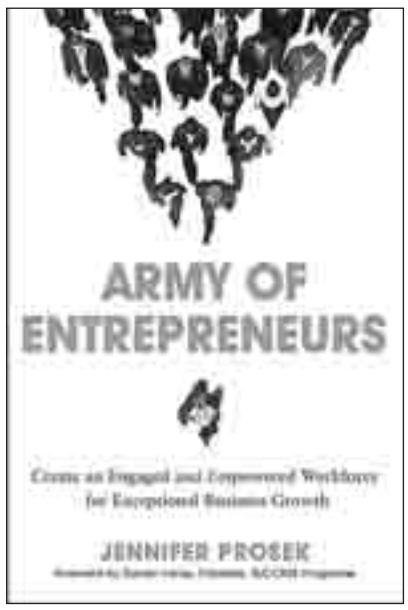
LECOM Bradenton students held their Relay For Life event in Lakewood Ranch, Fla., on April 9-10.

For more information, visit www.lecom.edu.

LECOM students presented a check for $5,363.45 to the American Cancer Society after raising the money at a Relay For Life event in February. Pictured (L-R): Nikhil Mohan, SGA President, Craig Van Tassel, Outgoing SGA President, Kelley Spaeder, American Cancer Society Community Income Development Specialist, Erin Brennan, Outgoing SGA 1st Vice President, and Nilam Patel, SGA 1st Vice President.

"Army of Entrepreneurs" by Jennifer Prosek

c.2011, Amacom $23.00 / $26.00 Canada 209 pages



These days, it's a battle to stay in business.

From your command post at HQ, you see the daily skirmish as your employees go hand-to-hand with the competition. Sometimes they capture new clients and other times, they're just not strong enough to withstand other forces. Top brass would love to have your people win, but the troops are getting tired and morale is low. Should you deploy more people, or stay the course?

In the new book "Army of Entrepreneurs" by Jennifer Prosek, you'll learn a whole new way of doing battle in business, and this one may win the war.

To grow during a recession is an impressive feat for a business, and Jennifer Prosek's PR and consulting firm did just that – twice.

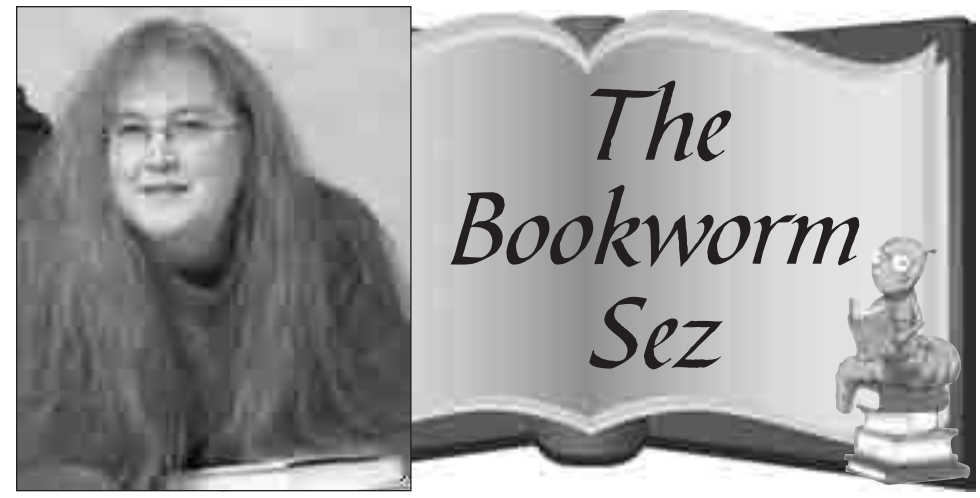
It started a few years after Prosek took over her firm. She began to notice that she was doing all the work at the office and her employees were missing opportunities that she could clearly see. She talked with other business owners and realized that those in other industries were seeing the same problems.

She recognized that she needed to train her employees in entrepreneurial skills and she had to show them what she wanted. She created an Army of Entrepreneurs (AOE) by instituting what she calls Commission for Life, which is a way for employees to increase their paychecks with one simple action. Prosek says that by giving her employees this "personal stake" in the company, morale improved, too.

So how can you draft your own army?

First of all, Prosek says, create a core culture in your business. Adopt transparency in all aspects and "strive for overcommunication" because it keeps people informed and it squashes rumors.

Celebrate with your team and institute regular off-site fun. Offer cross-training, professional development, and mentorship programs. Encourage autonomy and make your employees fearless in the office and out. Present rewards often. Develop zero tolerance for "deal breakers". Utilize social media and employee strengths. Always be aware of talent in need of a workplace like yours (but learn to interview prospects to choose wisely). Be a good boss.



Having been on both sides of the Executive Desk, what's inside "Army of Entrepreneurs" sure sounds great to me.

Think about it: employees love autonomy and a lack of micromanaging. Bosses love that the work gets done, on time and without fuss, which makes them look great. Company owners love business growth without having to worry about a revolving employment door.

But will the AOE program work for a company of your size?

Author Jennifer Prosek says it will, and she offers ideas and tips meant both for larger corporations wanting to give this method a whirl, and for smaller companies with very few employees. Prosek backs up her information with anecdotes and quizzes to keep managers of any size business on the right track.

If you're taking a walloping from the New Economy, why not try something different by reading this book? At the very least, "Army of Entrepreneurs" will give your business a fighting chance.

The Bookworm is Terri Schlichenmeyer. Terri has been reading since she was 3 years old and she never goes anywhere without a book. She lives on a hill in Wisconsin with two dogs and 12,000 books.

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How Physicians Can Avoid Yet Another Malpractice Crisis (and Reduce their Insurance Premiums)

By Barton L. Post

Having witnessed the effects of several "malpractice crises", I am anxious to avoid another.

I have had the privilege of defending physicians and hospitals throughout the state for over 40 years. For many of those years, I've tried more medical malpractice cases than any other defense lawyer. In 1968, I founded the law firm of Post & Schell and by the time I was retired several decades later, my firm was the largest law firm in the state that was devoted almost exclusively to the defense of physicians and hospitals. The recommendations contained in this article arise not only from my experience as a defense lawyer, but also as the President of Professional Casualty Association, a malpractice insurance carrier insuring approximately 1900 Pennsylvania physicians.

In the early 70's, we navigated through the tremendous increase in medical malpractice law suits. The trend continued and by the early 2000's, we witnessed the exodus of countless talented physicians from our state. Outstanding physicians and new graduates were forced to leave Pennsylvania when their malpractice premiums were, in some instances, increased ten-fold. Along the way, several malpractice insurers left the state as well, or went out of business entirely, or canceled the policies of many of their policyholders.

Unfortunately, malpractice insurance carriers continue to make the same mistakes. They are focused on short term interests and short term gains. In the process their physician policyholders have not been their priority. I am concerned that we are witnessing yet the start of another crisis. Everything possible should be done to prevent history from being repeated and I suggest that the prevention of another crisis is within the control of physicians.

My proposal is simple. In short, I propose that physicians fight every malpractice claim, through trial and even appeal, unless the case is one of clear liability. Physicians can control their destiny. They can and should exercise their right to withhold their consent to settle, and they should indeed refuse to settle, unless they are faced with a clear case of malpractice.

To understand why I advocate such an aggressive approach, some understanding of the legal system is necessary. There are practical considerations that affect plaintiff and defense lawyers, the court system, and malpractice insurance carriers.

PLAINTIFF LAWYERS: With very few exceptions, the typical plaintiffs' law firm cannot afford to go to trial on more than a small percentage of its cases. The cost to try a malpractice case varies, but the cost can range from $20,000-$50,000. In major cases, the cost can be more. These figures include expert fees, court costs, deposition fees, the expenses of non-expert witnesses. In appeals, the cost can mount dramatically.

The above referenced costs are over and beyond the salaries of the lawyers and their legal staffs. On average, a malpractice trial will take a week or two of in trial court time. Far more time is expended in trial preparation, at an enormous cost to the typical law firm.

Conversely, with a strong and aggressive defense, 90% of malpractice trials can result in defense verdicts.

When these competing interests are fully appreciated, the results are obvious. If plaintiffs are forced to try most, if not all their cases, claims and lawsuits will not be brought except in those cases of clear liability, those cases which are few and far between. It is a fact of life that the great majority of plaintiffs' law firms rely on their ability to compromise and settle questionable cases in order to exist.

DEFENSE LAWYERS: The defense lawyers are paid by the hour. The defense lawyer's income is the same whether working in a courtroom, with the pressure and aggravation of trial, as when working in the comfort of his or her office.

Nevertheless, all lawyers have an obligation, both ethically and morally, to comply with the wishes of their clients. If the insurance carrier wants the case settled, because of the expense of trial, or if the physician wants the case settled because she or he does not want publicity, or does not want time away from the office, or is experiencing "stage fright", there is little incentive for the defense attorney to do anything other than settle the case.

Such a settlement might make short term economic sense. However, it is a disaster to the long term interest of the medical community. These settlements are a financial incentive to the plaintiff attorneys to bring more claims, even those of the frivolous type.

TRIAL JUDGES: Most trial judges are responsible and dedicated to judicial justice, but consider their priorities. The judge's first reaction is to see if a case can be settled. The second reaction, on occasion, is to try to pressure for settlement. The judge's intentions may be completely honorable and indeed, may be trying to protect the physician. But the overall effect is to create yet another step in the path to compromise and settlement. Some aggressive judges may even insist that the physician come into chambers to enable more arm twisting for settlement.

THE MALPRACTICE INSURANCE CARRIER: The carrier can and does create the most pressure for settlement, again with emphasis on short term profit and possibly ignoring the long term disaster created for the physician community.

Picture an insurance underwriter who views a law suit as a series of potential costs: $30,000 in expert fees, $30,000 and more in legal fees, plus a myriad of other litigation expenses. If such a case can be settled for $75,000 that may make "economic sense". Even if the chances of winning at trial are good, an economic settlement would be the best short term solution. With the latter approach, the danger, albeit remote, of a sizable plaintiff's verdict is avoided.

Now picture an insurance adjustor who has the same cost concerns as indicated above, who also may have to worry about explaining to his or her superiors, a decision to defend a case. If the claims adjustor could have settled the case at a cost comparable to the expenses involved, in the event of a plaintiff's verdict, that adjustor is subject to criticism. In the event of a plaintiff's decision on more than one occasion, that adjustor's job could be in question. Why would the adjustor take a chance of fighting the claim when the adjustor may be saving money in the short run and possibly his job as well? The fact that he may be causing more litigation in the long run is not of paramount importance in the short run.

If these comments about insurance carriers seem facetious, consider the results of their actions. Cases are settled that should not be compromised, plaintiff's attorneys earn large fees and are encouraged to bring more claims with the expectation of settlements and profits, the insurance carrier has saved money in the short run but as the trend continues with the number of cases increasing, the seeds of a malpractice crisis are sowed. The carriers start canceling coverage for physicians, move most of its business out of Pennsylvania to a more profitable state in which to do business, starts increasing premiums, or possibly abandons the marketplace. The spiral, if it continues, provides the basis for a malpractice crisis. It is exactly this type of spiral that has occurred on several occasions over the last several decades. This scenario may be starting again.

THE PHYSICIAN: How does the physician stop this spiral? Start by refusing to authorize settlement, except in a clear case of malpractice. Do your best to find a dedicated, aggressive lawyer who is willing to fight for your defense, to make sure that the best experts are retained in your behalf, and that you and your witnesses are thoroughly prepared for testimony. Be willing to devote the time for adequate trial preparation and understand that a "case of nerves" is usually overcome once the trial begins. Believe it or not, most physicians feel gratified once their cases go to trial. The decision to standup for oneself is priceless.

If your carrier asks for authorization to settle, make sure you do not succumb to pressure. Explain that you have conformed to accepted standards and you are willing to go to trial to prove it. If your attorney applies pressure on you to settle, do your best to make sure the attorney knows your expectations; that is, you want your treatment vindicated. If your attorney continues to insist on settlement, consider the advisability of arranging for new counsel.

The right to refuse settlement is a powerful weapon for physicians in almost all insurance policies. If employed extensively by most physicians, there will be fewer economic settlements, fewer claims and lawsuits, premiums will decrease, and the chances of another malpractice crisis will be reduced.

Barton L. Post was the founding Partner of Post & Schell, a leading medical malpractice defense law firm. He is founder and President of Professional Casualty Association, a Pennsylvania licensed and admitted physician insurer.

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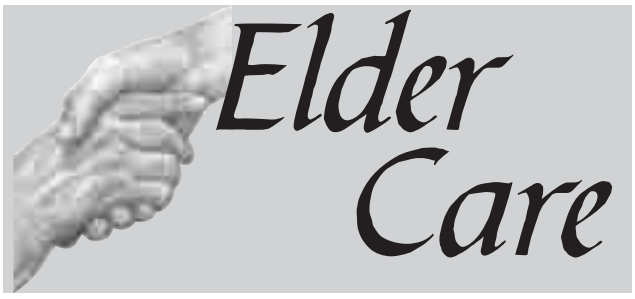
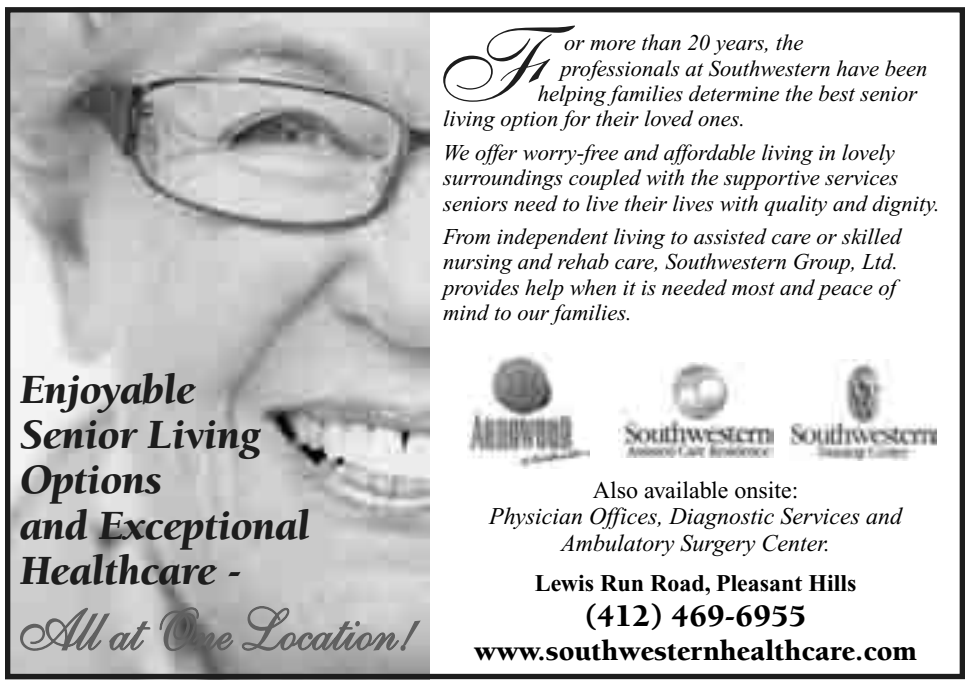
Rocky Bleier Named 2011 Recipient of St. Barnabas Award

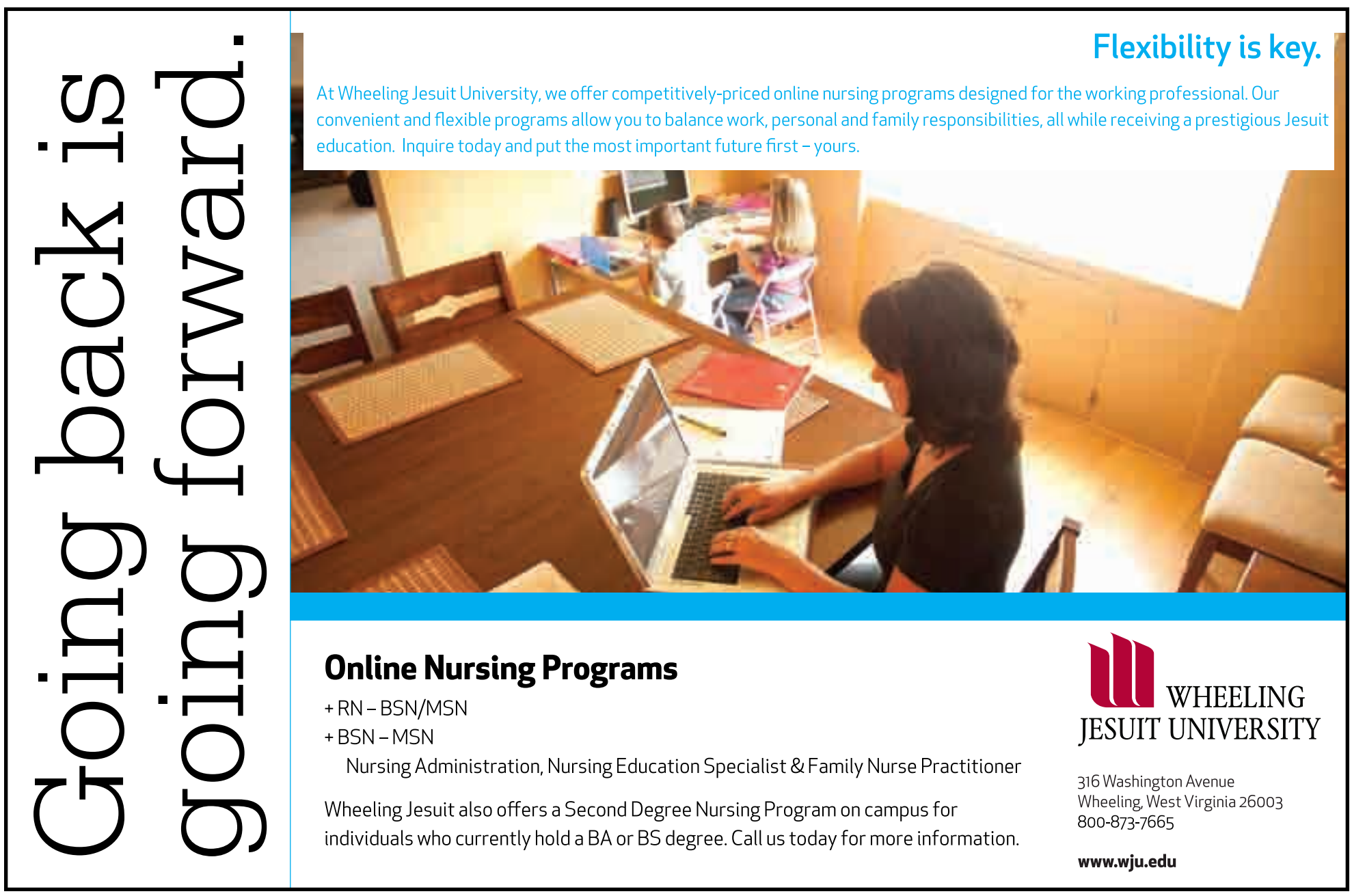


In honor of Founder's Day each year, St. Barnabas residents create homemade gifts for the Hance Award recipient (which recognizes extraordinary community involvement) to be given at the St. Barnabas Nursing Home Welcoming Ceremony on Founder's Day, April 28. This year's recipient is former Pittsburgh Steelers' running back, Rocky Bleier. Bleier has been actively involved with St. Barnabas Charities for many years About 25 patients in the Nursing Home gathered to create homemade gifts for Bleier's Nursing Home Visit at the start of Founder's Day.

This year the patients made welcome signs, a life-size "terrible towel" which they named "The St. Barnabas Towel" and patients knitted black and gold lap blankets. Cookies and punch were served and patients played a Rocky Bleier trivia game.

For more information, visit www.stbarnabashealthsystem.com.





April is Donate Life Month

April is a month full of anticipation as many of us look forward to the arrival of spring and summer. There is another reason to look forward to April; and that reason holds profound significance. During April the donation and transplant communities come together to mark National Donor Awareness Month. This month, which highlights the critical need for designated donors, came about due to a Congressional proclamation in 2003. Each year, April is full of activities, programs and media stories featuring donor families and transplant recipients sharing their personal accounts about the impact the gift of life has had on them.

The need for designated donors is great and the lack of donors contributes to 18 Americans dying every day for want of a suitable organ for transplant. Hundreds of thousands more live compromised lives because they have not received a needed tissue to enhance their daily routines or to restore vision.

Nationally, over 110,000 people are awaiting an organ transplant and someone is added to the United Network of Organ Sharing (UNOS) candidate waiting list every 12 minutes. Organ donation decisions are made by individual donor designations on a driver's license or state identification card or by the families of individuals who are pronounced brain dead.

The designation made by the individual is first person consent and considered an end-of-life right. To register to become a donor simply go to www.donatelifepa.org or www.core.org. It is simple and safe and can save up to 8 lives should a tragedy occur to the designee.

The lack of donated organs touches thousands of individuals in CORE's region in a very real manner as well. These are friends, neighbors, mothers, fathers, daughters and sons who may die without a transplant. The lost potential of these lives is incalculable and immeasurable. These are lives that leave families, friends and unfulfilled potential. But the individuals in CORE's region hold the power to change this fact. By registering to be a donor either at the web site or at the DMV when renewing a license or identification card, more lives can be saved. It is a piece of the health care puzzle that individuals can control and transform. There is no better time to register as a donor or encourage your friends and family to do the same than National Donate Life Month.

About CORE

The Center for Organ Recovery & Education (CORE) is one of 58 federally designated not-for-profit organ procurement organizations (OPOs) in the United States. CORE works closely with donor families and designated health care professionals to coordinate the surgical recovery of organs, tissues and corneas for transplantation. CORE also facilitates the computerized matching of donated organs and placement of corneas. With headquarters in Pittsburgh and an office in Charleston, West Virginia, CORE oversees a region that encompasses 155 hospitals and almost six million people throughout western Pennsylvania, West Virginia and Chemung County, NY. For more information, visit www.core.org or call 1-800-DONORS-7.

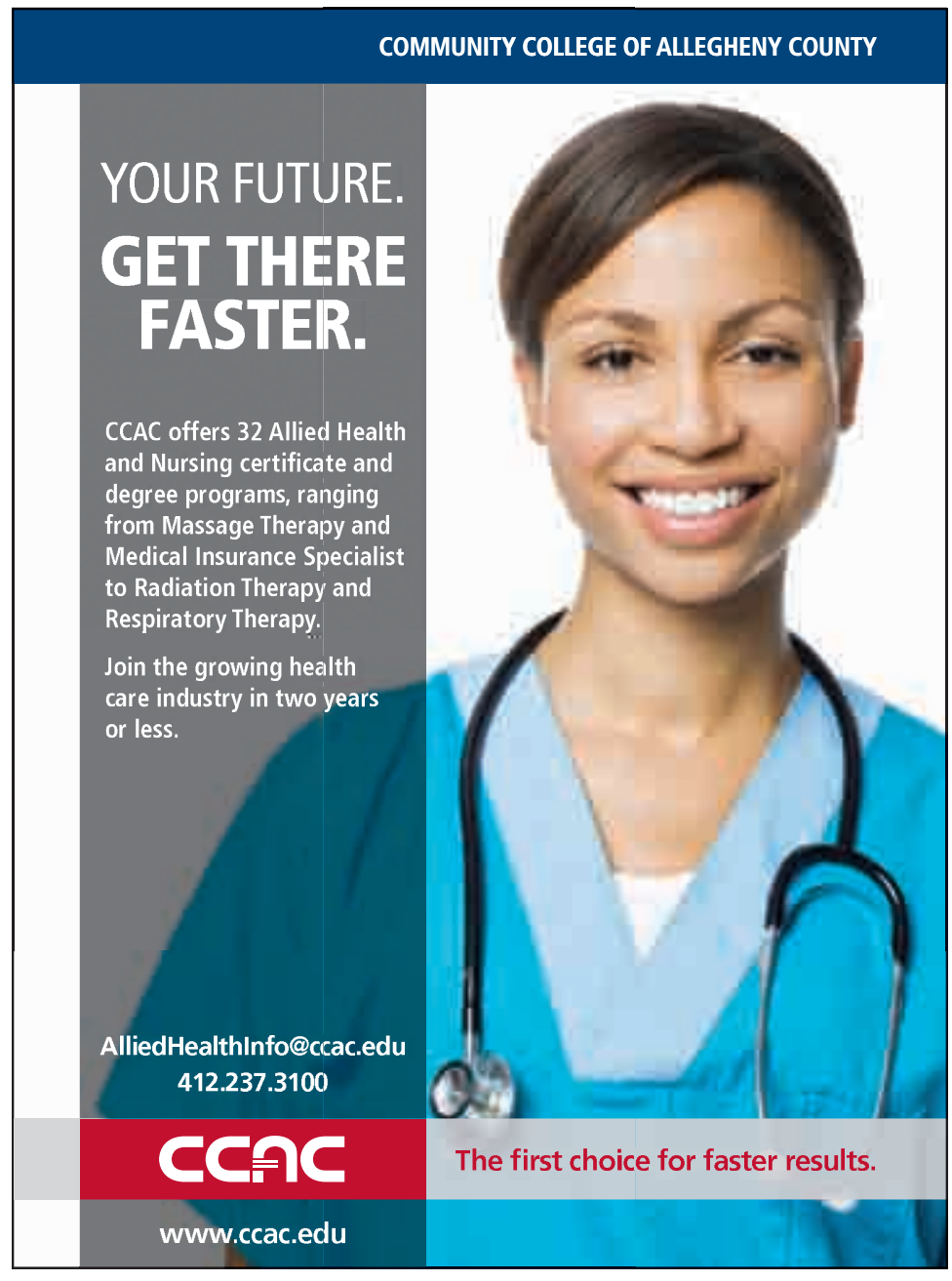
NATIONAL Donate Life MONTH

STATISTICS

National Waiting List: 110,734

Pennsylvania Waiting List: 8,000

- Every 10 minutes another name is added to the waiting list.
- On average, 18 people will die each day waiting for their life saving transplant.
- 90% of Americans say they support donation, yet only 30% actually know the essential steps to take to be a donor. Only 44% of Pennsylvania's are registered organ and tissue donors.
- One organ and tissue donor can save 8 lives and enhance the lives of more than 50 individuals.



Getting to the Heart of Organ Donation

NATIONAL Donate Life MONTH

By Catherine Tidd

I completely understand why you might be a little bit squeamish about the idea of organ donation. I'm the girl who had to have her college roommates screen PG-13 movies before she could go see them, lest they be too "graphic." I'm the mother who closes her eyes, holds out the sticky band-aid and asks her children to put their own bloody finger in it and wrap it up. I'm the woman who was uncomfortable at the thought of another *person* living inside of her the three times she was pregnant.

I would have that soft, content pregnancy glow until my husband would point at my bulging belly and say, "Hey...is that an elbow poking out right there?"

And then that glow would turn a little green.

Anyway, like pregnancy, organ donation is very much "giving the gift of life." All of the pieces have to be in the right place at the right time to make it happen. And I know about this miracle first-hand. Because I am the wife of an organ donor.

My husband made the decision long ago to have that heart added to his driver's license, volunteering to be a donor. And I can honestly say that even if he had forgotten to sign up, when I was asked to give my permission for donation, my answer would have been the same.

Absolutely.

At the time of my husband's death, I knew very little about organ and tissue donation. My medical background consisted of a few years of *Grey's Anatomy* and the instructions I'd read on the back of a Neosporin tube. Now I know that there are around 500,000 people in the United States who are positively impacted by donation every year.

Many people think that this procedure only involves vital organs, but that's just not true. If that were the case, my husband could have only helped a handful of people. In reality, he improved the lives of almost 100 people the day that he died.

That's right. My husband, one person, improved the lives of almost 100 people.

I think it's important for people to know the positive impact my husband's organ donation had not only on his donor recipients, but how it has helped me as well. Every time I meet a recipient or I hear stories of how organ and tissue donation has changed a life, it changes mine even more.

I once shared my story with a company that assists in the tissue donation process. As I was leaving, one of the executives walked out with me and told me a story that I will never forget.

"You know, we once worked with a man whose knee was in such bad shape, his doctors told him that eventually he wouldn't be able to walk," he said. "They told him to sell his multi-level house and buy something that was one story because he would not be able to go up and down stairs. That guy went in for a second opinion and that doctor told him he thought they could do something about it. They were able to reconstruct his knee through tissue donation. And the next year he climbed Mt. Everest."

I miss him every day. Every day I wonder what my life would be like if he could be here. What would we be doing? Would he have loved certain songs on the radio or hated them? What would our family life be like if he were here to be a part of it?

Those are questions I can't answer.

What I do know is that every morning when I wake up, I remind myself that there is a young father who is playing with his kids and living a life that a few years ago he didn't know he could have had. That's because organ donation provided him with my husband's heart, which could keep going even though his body couldn't.

And that makes me have a good day.

Catherine Tidd is a writer and the founder of www.theWiddahood.com, a website that provides free peer support to anyone who has lost a significant other. She is also a motivational speaker on "finding joy in an unexpected life." Ms. Tidd can be reached at catherine@thewiddahood.com.

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Parents of Organ Donor Share Emotional Story with LECOM Medical Students

NATIONAL Donate Life MONTH

Starla and John Cassani, D.O. experienced unimaginable grief when their 14-month-old son, Colby, died tragically in 1993. They turned their grief into hope when they made the decision to donate his organs. In 1995, the Cassanis founded the Colby Foundation in their son's memory. The foundation is devoted to raising awareness about the importance of organ and tissue donation.

The Cassanis spoke to first and second-year medical students at the Lake Erie College of Osteopathic Medicine in Erie on Thursday, March 17th and at the Lake Erie College of Osteopathic Medicine at Seton Hill on Friday, March 18th. Starla Cassani recounted the emotional story of Colby's death and their decision to donate Colby's organs so that three other people could live.

L-R, Susan Stuart, Starla Cassani, John Cassani

The Cassanis hope that by visiting LECOM and other osteopathic medical schools across the U.S., they can make a powerful impact on students before they become physicians. Organ donation is a topic that will likely come up at some point during their medical careers. "It is our hope that you will talk to your patients, prior to a crisis, about organ and tissue donation," Starla Cassani said. The Cassanis previously visited medical students at LECOM Bradenton on February 9th.

Starla Cassani told the students that Colby was left alone in a bathtub by a babysitter and slid under the water. The tragedy occurred while Starla and John were vacationing in the Caribbean. The Cassanis rushed home to Reno, Nev. and were able to spend a few days with Colby in a pediatric intensive care unit before he died. The couple decided to donate Colby's organs after a physician came to them and asked them if they would consider such a difficult request.

Starla said the physician who asked them about donating Colby's organs was courageous, since organ donation wasn't as common in 1993 as it is today. Many healthcare providers didn't know how to bring up the delicate subject. Today, most states have designated requestors who are trained to talk to families about organ donation during a crisis, she said.

"In the midst of my worst nightmare, I was given some hope," Starla told the students. "I was given a little bit of control." The decision to donate Colby's organs gave the Cassanis some comfort. In their time of grief, they wanted to help others. "Colby was a hero. He got to save three people's lives."

Colby's liver went to a two-year-old girl in Sacramento, Calif., his kidneys were donated to a 27-year-old man from Pittsburgh, Pa., and his heart was transplanted into a five-month old boy named Brayden from Grand Junction, Colo. The Cassanis met Brayden when he was three years old, and have visited with him and his family on many occasions since then.

LECOM students were touched by the Cassanis' story and say it put a personal touch on the topic of organ donation. "As soon as she started speaking, the entire lecture hall went silent. We were just drawn to her story," said second-year medical student Tracy Espiritu. "She gave us another viewpoint for us to understand what our patients and their families may be going through."

LECOM students also heard from Susan Stuart, R.N., President and C.E.O. of the Center for Organ Recovery and Education (CORE), and Edward Faber, D.O., LECOM Class of 2003. Dr. Faber performs bone marrow transplants for cancer patients at the University of Nebraska Medical Center in Omaha, Neb., where he also serves as an assistant professor of oncology and hematology.

"The students will be involved with transplant patients at some point in their medical careers," Dr. Faber said. "A lot of times when I see patients for an initial evaluation, the patients will go back and schedule an appointment with their primary care doctor and ask them for their opinion." Dr. Faber said he always calls a patient's family physician, in addition to their oncologist when he's considering bone marrow transplants, which involves infusing stem cells into bone marrow.

Compassion is also something the Cassanis hope that students will remember from their presentation. Starla Cassani said the liver transplant surgeon took the time to talk to the Cassanis and respond to their concerns, which put them at ease. "That little bit of compassion went so far and that's what physicians need to know," Starla said. "That bedside manner. A little bit of compassion. It makes a world of difference. It can change someone's life."

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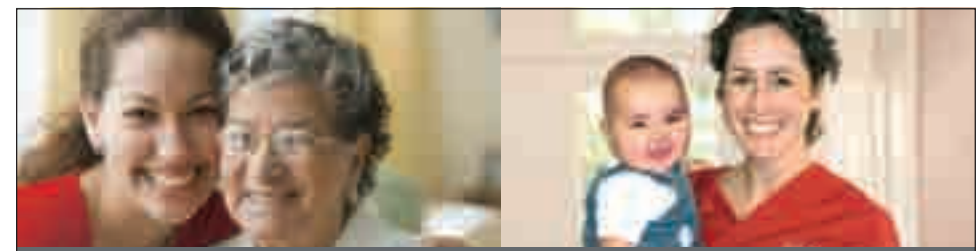
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