

ITNS

NEWSLETTER OF THE INTERNATIONAL TRANSPLANT NURSES SOCIETY FALL 2007 VOLUME 16, ISSUE 3



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President's Address

By Kathy Schwab, RN, BSN, CCTC | President ITNS

As I write this, summer has reached its midpoint. I hope everyone enjoyed their favorite summer pastimes and well-deserved vacations. As always, ITNS continued working over the summer to provide opportunities to support the educational needs of transplant patients and transplant nurses in varying situations. In just the few months since my last column for this newsletter, ITNS leaders and members have taught, learned, written and created a plethora of materials.



The recent Clinical Transplant Review (CTR) in Dallas was a fantastic success and we look forward to the Southern California review in December. This past spring our organization had several opportunities to collaborate with other organizations including the ISHLT nursing symposium in San Francisco and working with ISHLT and NATCO for an outstanding preconference nursing symposium at ATC in San Francisco. The patient education Fact Sheet series, supported by an educational grant from Novartis Pharmaceuticals, has been very well received and is flying out of the home office to transplant programs around the world. These materials are also available for download from our web site www.itns.org under the education tab.

ITNS continues to set goals and recognize opportunities to ensure our organization is your professional partner in providing your patients with the best possible care each and every day.

Lastly, I want to emphasize the remarkable efforts of ITNS Board members, Frank Van Gelder, Darlene Long, and Moira Perrin who are stepping down from their Board positions at the Annual Symposium in Denver. We respect and appreciate their significant involvement in our organization and the many years of transplant experience, knowledge and leadership that they have contributed to our growth and development. They will continue to champion ITNS at the local and international level through chapter and committee participation. •

Theory of Human Caring & the Colorado ITNS Chapter

By Darlene Long, MS, APRN, BC, ANP, CCTC | Director Chapter Development ITNS
Tracy Steinberg, RN, MS, CNS

Dr. Jean Watson, keynote speaker of this year's Symposium in Denver, developed the nursing Theory of Human Caring between 1975 -1979 and founded the Center for Human Caring. She continues to refine the theory today, as the Distinguished Professor of Nursing and Chair in Caring Science at the University of Colorado Health Sciences Center. ITNS is honored to have Dr. Watson as the keynote speaker at our Annual Symposium this year.

As Dr. Watson refined the theory, the term carative was replaced by "caritas". Caritas is a derivative of the Latin word meaning to cherish, appreciate, to give loving attention. Caritas conveys the relationship between love and caring that is the basis for transpersonal caring.

The integrative perspective of "clinical caritas" ties in the past and future – of ourselves, our patients and our profession. Nightingale described nursing as a sense of "calling", a deep

"When we include caring and love in our work, we discover that nursing is more than just a job. It is a life-giving and life-receiving career for a lifetime of growth and learning."

The Theory

Let's take a look at Dr. Watson's theory and how it applies to the culture and philosophy of the Colorado Transplant Nurses Society, local ITNS chapter.

The science of caring encompasses a balance of empirical science and the deeper values of the quality of living and dying, which involve philosophical, ethical, psychological and moral issues (Watson, 2005). In Dr. Watson's original book on Caring Science, she states:

"There exists the capacity of Science of Caring to approach problems from ...all directions... combining science with humanities. The Science of Caring cannot remain detached from ... human emotions – pain, joy, suffering, fear and anger. At the same time...(it) is guided by scientific knowledge, methods and predictions (Watson, 1985)."

The original theory proposed 10 "carative factors" which revolve around humanistic-altruistic values; faith-hope; sensitivity to one's self and others; development of a helping-trusting relationship; acceptance and expression of feelings; use of scientific problem-solving; transpersonal teaching-learning; provision for a supportive environment; assistance with gratification of human needs; and allowance for existential-phenomenological dimensions.

sense of commitment to human service. When we include caring and love in our work, we discover that nursing is more than just a job. It is a life-giving and life-receiving career for a lifetime of growth and learning. It incorporates both art and science and acknowledges the convergence of art, science and spirituality (Watson, 2006).

Human Caring and Transplant Nursing

For those of us who have discovered the love of transplant nursing, we know just what Dr. Watson is talking about. What other area of nursing provides such an opportunity to participate in life-saving miracles and to develop relationships with patients and their families over time? We spend years developing trusting relationships with our patients, sharing their pain and joy. Organ donation and transplantation are based on the values of altruism and humanitarianism. Dealing with chronic illness, facing the reality of one's death and having your life or death be dependent on the altruism of others invoke intense emotional reactions.

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Human Caring

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As described by Watson (2005), basic assumptions of Human Caring state that Caring and Love are the most universal, powerful and mysterious of cosmic forces. Yet these basic needs are often overlooked. We often do not behave well toward each other. Our ability to incorporate caring into practice will determine the health professional's contribution to society. We begin by treating ourselves with care, love and dignity, then passing on that self-knowledge to our patients, community, colleagues and profession.

Unfortunately the business of transplantation sometimes interferes with the caring science of transplant. We see this in the competition between transplant programs. Conversely, an example of application of the theory of Human Caring is seen in the Colorado Transplant Nurses Society, local chapter of ITNS.

“Jean Watson’s Theory of Human Caring is demonstrated in the way we support each other and work collaboratively to care for the transplant patients of our community.”

Applying the Theory

The Colorado Chapter of ITNS is unique because the founding members were four nurses from the four competing transplant programs in Metropolitan Denver. As we have grown, we have worked to ensure that officers represent each program, demonstrating unity within the transplant nursing community. This allows us to socialize together at the meetings and increase our networking. We have found that we are better able to communicate about particularly challenging patients who sometimes move from one program to another. We have developed a transition plan for children who become adults and need to move to an adult program. This allows us to provide higher quality care and decrease duplication of efforts. Jean Watson’s Theory of Human Caring is demonstrated in the way we support each other and work collaboratively to care for the transplant patients of our community. We strive to be role models for our physicians and surgeons, social workers, and HLA lab workers and therefore impact the working environment in Denver’s transplant society.

The vision of those founding Colorado Chapter members is congruent with the Theory of Human Caring—a philosophical and moral/ethical foundation that embraces the art, science and spirituality of caring science and applies it to transplant nursing. We are proud to see the growth of our organization as we nurture and support each other with care and respect. •



ITNS Holiday Cards Available Now

Let ITNS help with your holiday cards this year. Our custom-designed holiday cards feature an ITNS tree with one lone world bulb hanging from its branches. The cards, \$6 for a package of 10, will be available for purchase at the Denver Symposium. Check our web site for a sample of the cards and order plenty for friends, patients, families and colleagues.

ITNS Research News

By Cindy Russell, PhD, RN | Director of Research ITNS

Congratulations!

Christiane Kugler, PhD, RN, an ITNS member has received the Excellence in Research in Nursing and Social Sciences Award from the International Society of Heart and Lung Transplantation. This prestigious award can only be received once in a lifetime. Christiane has also been elected to serve as an International Director for ITNS in 2007-2009. Congratulations Christiane!

BRIGHT Study Continues

ITNS and the BRIGHT Study group continue to move forward in implementing the International Multi-Center Adherence Study, known as the BRIGHT Study, in collaboration with the Leuven-Basel Compliance Research Group under the leadership of international adherence expert, Sabina De Geest, PhD, RN.

“The web site includes information about 105 adult and pediatric instruments that have been used with transplant patients”

This study aims to address an important gap in the literature: gaining a better understanding of health care system and health care team-related factors associated with non-adherence to the immunosuppressive regimen.

The first phase of the study focuses specifically on heart transplant patients.

If you and your transplant colleagues are interested in being involved in this exciting study, and are interested in learning more about the study please contact Sabina De Geest, PhD, RN at email: sabina.degeest@unibas.ch

ITNS Research Tools on the Website

Do you know that the ITNS web site has an exciting research resource? The web site includes information about 105 adult and pediatric instruments that have been used with transplant

patients in published research articles. This site is an excellent place to start if you are looking for an instrument to measure a concept for your research project.

There are three simple keystrokes to get to the site:

- 1 Go to www.itns.org.
- 2 Click on the “Resources” tab at the top right.
- 3 Click on “Research Tools” on the left green side bar and you are there!

Here is an example. If you are looking for an instrument to measure heart transplant symptoms, you will find information on the Heart Transplant Symptom Checklist. If you click on the table that contains more information about this tool you will find the variables measured, the population that the tool has been used with, a description of the tool, reliability and validity measurements, languages the tool is available in, whether the tool is copyrighted, if there are any fees for using the tool, a contact source for more information about the tool, and research references that have published information about using the tool. We welcome your comments on this resource and hope that you find it useful! If you have any suggestions please contact the ITNS office. •

A nursing study of heart transplant patients to discover factors that influence medication adherence—patient, center, or country factors.

Contact
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ITNS Chapter News

By Darlene Long, MS, APRN, BC, ANP, CCTC | Director, Chapter Development ITNS

Welcome to the fall edition of the CHAPTER SPOTLIGHT! This spotlight shines on the Alberta, Canada Chapter and two of the oldest chapters in ITNS: the First Ontario, Canada Chapter and the Seattle Chapter. Also included is a summary of activities from chapters around the globe.

ITNS Alberta Chapter

By Bernadette Dodd, RN, BScN
President, Alberta Chapter

ITNS Alberta came into being in 2002, founded by enthusiastic employees at the University of Alberta Hospital in Edmonton, Alberta, Canada. Our first president was also the Clinical Nurse Educator for the transplant program and Transplant Day, an educational event for health care providers, was launched. Since that time we have hosted the ITNS Annual Transplant Day every November. This year will be the 6th annual event.

This is a full day event sponsored by unrestricted grants from Wyeth, Roche, Astellas, Novartis and Genzyme. The Capital Health regional health authority provides the lecture theatre. It is a full day of speakers ranging from physicians, nurses, physiotherapists and recipients. We invite one out of town speaker to each event and try to ensure the focus is for the bedside nurse who cares for our patients in the hospital setting. Each year we have approximately 200 people coming from as far away as Vancouver and Saskatoon to attend. There is a catered lunch and the day ends with a wine and cheese reception.

New in 2007 we are launching "Living Well with Transplants: a Patient Education Day". Using what we have learned in developing Transplant Day, we are turning our attention to updating and informing recipients. This year in June we will have a half day seminar featuring Mr. David Kilgour, a former MP, to talk about purchasing organs in China. We will also be hearing from the hospital psychologist about conquering social isolation and caregiver stress and we have a panel of experienced recipients to share their stories of triumph and new life after transplant.

We are just a small chapter with less than 20 members here in the North but promoting excellence through education has been taken to heart and we strive to do our best to offer education to health care providers, and now to recipients, to improve transplantation in our center and across the West. (The far Northwest that is).

ITNS Ontario Chapter: Our Story

By Rita Pool, RN

I remember getting a newsletter in September 1992, I was so excited. The global village was a reality as far as I was concerned.

The fact that the newsletter was from this organization that had the foresight to name itself the International Transplant Nurses Society impressed me so much. In it was an invitation to form local chapters with contact names from various cities. There was Brenda McQuarrie's name, I knew her well. She was my counterpart at the Toronto General Hospital (TGH); she had started in her job months after I had 11 years earlier. I called her quickly and she said that two of her colleagues, Risa Cashmore and Carol Roach were also interested. They were coordinators with the Liver Transplant Program at TGH. From October until December 1992 we plotted strategy and worked hard to promote ITNS and the development of our own chapter. This included collaborating with colleagues from the three transplant centers here in Toronto (TGH, St. Michael's Hospital and The Hospital for Sick Children) and speaking with colleagues from outside of Toronto also—we wanted to be inclusive of everyone. To become a chapter we had to recruit 20 local members for ITNS. Our meeting was attended by 33 colleagues, one colleague (from Thunder Bay, a very long way) was not able to attend but others from Hamilton and Kitchener were able to make the drive. Needless to say we were able to complete the application process and were the first Chapter outside the USA granted status! It was a proud moment as Risa and I accepted our chapter charter February 1993 at the 2nd Annual Symposium in Dallas, Texas. The executive board was: Risa as our first President, I was the President-Elect, Carol Roach was our treasurer and Kelly Lawton was the secretary.

Numerous enthusiastic colleagues assumed leadership positions over the years promoting and moving our chapter forward: Camilla Cook, Karen Campbell, Maureen Connelly, Leon Lem, Moira Korus, Liz Wright.

There have been years when activity of the chapter has been eclipsed by other concerns, for example, during times of health care 'restructuring'. However, there was always activity. Revitalization is the current focus and we are well-served by our current Board:

President Galo Meliton
President-elect Carolyn Koziolk
Secretary Carlene Masney
Treasurer Angela Williams
Membership secretary Susan Kiernan
Members at large Moira Korus
 Rita Pool

Galo Meliton brings much enthusiasm and many wonderful ideas that are explored and enhanced by the thoughts of the other members. There is a new vitality!

Over the years this chapter has had a number of accomplishments. Several times each year there are educational dinner ses-

sions that are well attended by many area transplant and dialysis colleagues as well as other health professionals. Other highlights include developing and sponsoring educational days for colleagues from across Canada including:

- 1994: Transplant Focus
- 1996: Sharing, Caring & Networking
- 2000: 8th Annual Symposium of the International Transplant Nurses Society
- 2001: Transplants into the Future

In addition, the Ontario Chapter and other Canadian chapters have forged alliances and collaborative relationships with the Canadian Association of Transplantation (CAT) and the Canadian Association of Nephrology Nurses and Technicians (CANNT). It is anticipated that further development can happen and even greater accomplishments can be realized.

“Our chapter offers two \$500 educational grants to our members each year for our members to use in the pursuit of transplant-related education.”

Lastly I must recognize and thank wholeheartedly the support that has always been so warm for our chapter from the pharmaceutical industry. Oleg Boldrieff (Astellas) has always been an enthusiastic cheerleader of ITNS both from a financial and educational point of view. Other noteworthy supporters include these companies and their representatives: Novartis, Roche and Wyeth.

Now, moving to the Northwest of the United States, let's check in with the Seattle Chapter.

ITNS in Seattle, Washington

By Jessica Buck, RN and Wanda Ryan, RN

The ITNS Seattle Chapter was officially chartered on October 21st, 1995. Seattle was the 12th chapter of the International Transplant Nurses Society. Wanda Ryan was the driving force behind the chapter and served as the first President. The other original chapter officers were: Dana Nelson Peterson – secretary and Lisa Carmel – treasurer. Our current officers are Jessica Buck as President, Wanda Ryan as Treasurer, and Bernadette Foubert as Secretary.

Once established, our goal was to make contact with all of the transplant centers in Washington: Virginia Mason Medical Center, Swedish Medical Center, Sacred Heart Medical Center, University of Washington Medical Center, and Children's Hospital. Our pharmaceutical representatives assisted us in contacting the other transplant centers. It took several months to compile a contact list. We sent out information about the Seattle chapter and found other transplant professionals who wanted to connect with us.

The first year we met and discussed logistics and goal setting for the chapter. We invited Les Wheeler, then the ITNS president, to speak at our first dinner meeting. Les helped us to have a clear vision of what we wanted to accomplish within ITNS. We were excited and energized! We planned four dinner meetings a year, rotating between the local centers. After a couple of years, we decided to cut back to two dinner meetings a year due to feedback from our members. We now plan a spring and fall dinner meeting every year. We vary topics and speakers depending on current trends in the industry. We have had speakers from all over the USA and Europe!

Our chapter offers two \$500 educational grants to our members each year for our members to use in the pursuit of transplant-related education. We raise money for these grants by holding raffles and silent auctions at our chapter meetings. Nancy Colebong-Smith used her grant to send her coworkers to ATC!

We are very grateful for the support we have received over the years from our pharmaceutical representatives to help cover the costs of these programs. They have been the foundation of our chapter and we would not be where we are today without the support of Astellas, Genzyme, PharmaCare, Roche and Wyeth.

We celebrated Transplant Nurses Day on April 18th, 2007 by partnering with Astellas to provide a “Nurses Day Celebration” by sending cakes, balloons, banners and stickers to all the Seattle area transplant centers and hospital units. Later that evening, we held our spring dinner meeting, featuring Chris Klug (Olympic bronze medalist snowboarder and liver transplant recipient) as our motivational speaker. We had a great turnout from each of the transplant centers as well as our HLA lab!

The Seattle Chapter has come a long way from its humble beginnings. With help from our sponsors, we have been able to offer a venue for local transplant professionals from different centers the opportunities for earning CEU's, networking, camaraderie, and problem-solving on issues that affect us all as well as the patients we care for.

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Keep posting on the chapter leaders mailing list. This private mailing list allows chapter leaders to contact each other easily and share questions, comments, pearls of wisdom and more. If you are a new chapter leader and would like to join the list or for more information, go to <http://lists.itns.org/mailman/listinfo/chapterleaders>.

What's new with your local chapter?

Chapter News

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8 ITNS Here's an update on local chapter activity:

Alberta Chapter

President: Bernadette Dodd, RN, BScN

Recent events:

November 2006 Transplant Day – One day seminar for health professionals. It was a bitterly cold and snowy day, but despite the weather, there were attendees from three provinces. Total attendance over 150 people.

June 15, 2007 – New educational program: Living Well with Transplants: A Patient Education Day.

Upcoming Events:

November 23, 2007 – Annual Transplant Day

Buckeye Chapter (Cleveland)

President: Mary Penko, RN, BSN, CCTC

Recent events:

Annual Symposium was held October 27, 2006- great symposium. Almost 70 attendees!

Journal club held in March 07.

Dinner Meeting May 15, 2007 with presentation by Rebecca Corey, PharmD on "New Immunosuppressive Drugs in Development".

Upcoming events:

Journal clubs scheduled for September 07 and December 07.

Annual Symposium – Friday, October 26, 2007 at Wolstein Research Center, University Hospital, Cleveland.

Colorado Chapter

President: Betsy Britz, RN, ND, CNS

Recent events:

October 11, 2006- Quarterly dinner meeting and presentation.

"Who Gets a Transplant? The Ethics of Access to Organs." Panel discussion.

January 10, 2007 – Quarterly dinner meeting and presentation.

"Hepatitis C and the Transplant World" by James Trotter, MD, Transplant Hepatologist.

April 11, 2007 – Quarterly Dinner meeting and presentation.

"Non-adherence in Transplant Recipients" Panel discussion.

July 11, 2007, Quarterly dinner meeting and presentation.

Upcoming events:

Local Symposium Planning committee is busy at work. Many local members will be assisting with the silent auction, registration, welcome reception at the 2007 ITNS Annual Symposium.

Dallas/Ft. Worth Chapter

President: Allison Norris, RN, MSN, CCTC

Recent events:

We held a one day seminar titled "Care of the Transplant Recipient" and it focused on many topics about primary care issues, psychosocial issues, financial issues, HCC, donor family issues, had a guest speaker, offered over 8 CEU's and CEPTC's. The seminar was a fundraiser of sort. We donated \$1000 to the "Team North Texas" which is a team of transplant recipients in the DFW area that attend the Transplant Games and are VERY active in fundraising for this effort. We presented a check to them at the seminar.

Quarterly meeting April 5, 2007 "HPV and the Transplant Patient" by Dr. Claudia Werner

June 7, 2007 - "ATC in a Nut Shell" by Dr. Henry Randall- transplant surgeon at Baylor in Dallas.

Georgia Chapter

President - Kelly Buckley, RN, BSN, CCTN

Recent events:

February 26, 2007, guest speaker at the dinner symposium at Maggiano's Little Italy in Buckhead.

March 21, 2007 Journal Club

April 28, 2007: All day transplant symposium at Glen Auditorium at Crawford Long entitled: Transplantation: Issues on the Horizon.

May 2007 CCTN/CCTC Review Course

June 11, 2007 Dinner Symposium at Capital Grill

August 27, 2007 Dinner Symposium at Atlanta Fish Market

Upcoming activities:

October 3, 2007 Journal Club at Taco Mac Highlands

November 3, 2007 Installation of Officers Saturday Symposium at Blue Willow Inn

Golden Triangle Chapter (Pittsburgh)

President: Kathy Henderson, RN, BSN, CCTN

Recent activities

October 2006 – Six members of the GTC traveled to Cleveland to attend the Buckeye Chapter symposium.

October 26, 2006 – dinner meeting and presentation by Senator Jay Costa on Transplant Legislation.
 December 2006 – Journal Club on Maturity and Adherence in Adolescent and Young Adult Heart Transplant Recipients.
 January 23, 2007 – dinner meeting and presentation by Maureen Flattery, RN, MSN, ANP on Integrating Technology into Clinical Practice.
 March 22, 2007 – Journal club on end of life issues.
 March 28, 2007 – Dinner meeting and presentation by Peggy Tomes from Amber Pharmacy on Medicare 101 for Transplant Patients.
 June 6, 2007 Annual Symposium
 Quarterly Journal Club; June 13, 2007.
 Quarterly Dinner Meeting on July 11, 2007.
 Quarterly Journal Club on September 13, 2007.

Upcoming events:

Quarterly Dinner meeting on November 7, 2007.
 Educational grants to be awarded in the amount of \$250 each for a grand total of \$2,000. Educational grants are made possible by our popular “raffle” that we have at the end of each dinner meeting and our yearly symposium.

Heart of Ohio (Columbus) Chapter

President - Irene DeAndero, RN, BSN, CCTC

Recent events:

July 19, 2006 - Journal Club discussed article Management of Skin Cancer in Solid Organ Transplant Patients.
 October 11, 2006 - Post Transplantation Anemia, Dr. Uday Nori (transplant nephrologist).
 January 17, 2007 - CMV & Solid Organ Transplants, Dr. Stanley Martin (transplant infectious disease specialist).
 July 2007 - Chapter meeting with speaker on research.

Upcoming events:

Planning a one day symposium October 26, 2007.

London Ontario Chapter

President – Jane Van Bilsen, RN

Recent events:

Dinner meeting – Attendees of the Rotterdam Symposium shared their experiences with the group. Also involved in celebration for London Ontario Transplant Center’s 20th anniversary Summer 2007.

Louisiana Chapter

President - Rebecca Guillera, RN, BSN, CCTC

Recent events:

December 2006 – Chapter Business meeting and educational presentation in issues related to organ procurement by Ben Lott from LOPA.
 April 24, 2007 – Nursing update on Pulmonary Hypertension
 June 2007 – Pediatric Transplantation

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Chapter Leaders network at the ATC Winter Symposium

The group of 16 ITNS Chapter Leaders spent a wonderful evening getting to know each other over dinner at Bella Luna Ristorante in Phoenix, AZ sponsored by PharmaCare Specialty Pharmacy. Enjoying local chapter highlights are the participants below.



Left to right: Beverly Kosmach-Park, Karen Bramley, Darlene Long, Julia Nofrado, Lori Noyes, Brian Funge from PharmaCare, Kathy Schwab, Moira Perrin, Pat Folk.



Val Bobry (PharmaCare – Sponsor) Kathy Schwab.



At right, Sandra Martin, Bonnie Potter.



Pat Folk, Lori Noyes, Julia Nofrado.

Chapter News

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September 2007 – Gyn-Oncology and transplantation

Upcoming events:

The Betty Kesler Education Fund is available to all members for assistance in attending educational activities.

North Carolina Chapter

President - Darla Phillips, RN, MSN

Recent events:

March 2, 2007 Spring Transplant workshop – all day event.

April 2007 Chapter Meeting.

June 2007 Chapter Meeting.

Northeast Florida Chapter

President Gene Richie, RN, CCRN

Recent events:

December 2006 – Presentation on Sexuality after Transplant by Martin Mai, MD, Transplant Nephrologist.

March 2007 – Presentation on Organ Donor Collaborative and Donation issues by Danielle Cornell, RN, Lifequest OPO.

June 2007 – Chapter meeting – Dianne Lapoint-Rudow, DrNP, speaker.

September 2007– Chapter meeting – Vincent Armenti, MD, speaker.

Southern California Chapter

President – Lisa Griffin, RN, CCTC

Recent events:

March 22, 2007 – Presentation on Islet Cell Transplantation by Arlene LaRose, RN, BSN, CCTC

Upcoming events:

Working with ITNS to host CTC review course December 9-11, 2007 in Ontario, California.

To increase interest and membership, we will be rotating meetings between LA, San Diego, and Inland Empire areas.

South Texas Chapter (San Antonio)

President: Shannon McCloskey

Recent events:

December 13, 2006 – Presentation on Hepatitis C and Liver Transplantation.

Transplant Nurses Day Celebrations at all centers in San Antonio.

Upcoming events:

CCTN, CCTC review classes to be arranged at different locations around San Antonio.

Supporting Vital Alliance in the tree planting for donor awareness. Funding the refreshments for this project as well. •

An ITNS Member Views the BTS Clinical Perspectives in Nursing

By Lucy Kirk | Renal Transplant Coordinator | Addenbrooke's Hospital | Cambridge, UK

As a new delegate of the BTS, I had a privileged opportunity to experience this year's Annual Congress. Incorporating the ITNS within the program provided a welcome chance for transplant specialist nurses and coordinators to congregate and share ideas and practices.

Chris Earl of Manchester, England described his developing role as a Surgical Nurse Practitioner, a role that some of us were unaware existed within the transplant community. Chris continues to receive training from his surgical colleagues to remove ureteral stents, place and remove PD catheters, and assist with retrieval and implantation of organs. This is a role which can only demonstrate the opportunities and advancements in transplant nursing.

Maureen Cunningham of Edinburgh, Scotland provided a rewarding insight into the challenges faced when setting up a

new service in the Live Related Liver Transplant Program. This service was deemed necessary in their community due to the comparable shortage of organs and increasing mortality on the liver transplant waiting list with the rest of the UK. The service was accessible to all but garnered little interest from potential donors.

Our other speakers also delivered detailed and encouraging presentations about the necessity of a post-transplant diabetic service, the crucial attention and collaborative approach required during the transitional process, the impact nurse advancement is having on patient care, and an international perspective from the Netherlands, describing their existing kidney exchange program. The BTS meeting certainly provided me with the fundamental inspiration and motivation required to enhance service delivery and most importantly, patient care.

Immunosuppression and Complications

Gregory A. Smallwood, PharmD | Emory University Hospital

Rejection following solid organ transplant has historically been of utmost importance and the major determinant of long-term benefit of these procedures. With the advent of cyclosporine, the first drug approved in a class of immunosuppressants known as calcineurin inhibitors, rejections have become very manageable. Today, with the type of immunosuppressants available and low rejection rates, management of long-term side effects has become a prime focus of healthcare professionals dealing with the solid organ transplant recipient. The solid organ transplant patient, due to immunosuppression, is at increased risk of developing health issues including diabetes, renal insufficiency, osteoporosis and malignancies to name a just a few.

Initially, in transplantation, all patients were treated very similarly with immunosuppressives and post-operative care. Today, the patient's care is individualized based on previous medical history and primarily disease state. Development of the care plans for each patient is developed by a team approach with an increasing use of specialties which have, over the years, become very familiar with the needs of transplant recipients.

The transplant recipient has numerous reasons to develop hypertension. Immunosuppressives most notably associated with the development of hypertension are steroids and the calcineurin inhibitors. With the use of steroids, patients experience sodium and water retention which leads to increased intravascular volume causing increased blood pressure. Unlike steroids, the calcineurin inhibitors (cyclosporine and tacrolimus) have a direct action on the vascular wall causing increased vascular tone which leads to hypertension. This increase in vascular tone associated with the use of calcineurin inhibitors not only leads to hypertension but is thought to contribute to decreased renal function with prolonged use.

By utilizing steroid minimization protocols or steroid avoidance protocols, one can reduce the probability of post transplant hypertension as well as cardiovascular disease. New protocols have been utilized to avoid steroids including antibody induction with T-cell depleting antibodies. With these new protocols, issues arise concerning opportunistic infections including cytomegalovirus (CMV) as well as hepatitis C recurrence.

Along with the development of cardiovascular disease, including hypertension, diabetes as well as hyperlipidemia, primary immunosuppression based on calcineurin inhibition has a tendency to lead to renal insufficiency. Many new protocols used in solid organ transplantation are geared towards calcineurin inhibitor minimization as well as avoidance. However, long-term benefit of these new strategies has yet to stand the test of time when considering graft survival over time. The avoidance or mini-

mization of the calcineurin inhibitors hold promise of better long term outcomes, especially when looking at patients that progress on to dialysis or renal transplantation following organ transplantation.

A new class of monoclonal antibodies has recently been introduced into liver transplantation that does not deplete T-lymphocytes. These agents, basiliximab and daclizumab, bind to the interleukin-2 (IL-2) receptor which is demonstrated on the CD-25 marker cell and prevents the immunological cascade from progressing and prevents acute cellular rejection¹. Recent work with daclizumab has enabled early steroid withdrawal within 24 hours post-operative for the liver transplant recipient. Likewise with the use of daclizumab, calcineurin sparing can be accomplished immediately following liver transplantation to avoid nephrotoxicity without an increase in rejection rate².

Of note, sirolimus has been used for sparing calcineurin inhibitors in immunosuppressive regimens. Currently there are several different, multicenter, multinational studies utilizing sirolimus to spare the nephron. In these trials, patients are switched to calcineurin-free immunosuppression early following transplantation. Early results indicate no increased risk of rejection and better renal function as describe by serum creatine. These trials are currently being conducted in renal, liver and heart transplantation and should help in evaluating renal function when a calcineurin inhibitor is not being used for immunosuppression.

Immunosuppression not only appears to be associated with cardiovascular disease and renal insufficiency but also the development of osteoporosis. It is very important that we evaluate our patients in relation to their propensity to develop osteoporosis. End organ failure, whether it is kidney, lung, liver or heart, leads to loss of calcium and the development of osteoporosis. Many centers maintain and follow patients with calcium supplementation as well as pharmacological interventions to protect the bones and hopefully, avoid osteoporosis development. It is important to realize that both steroids as well as the calcineurin inhibitors have roles in the development of osteoporosis following transplantation. Avoidance and minimization of steroids as well as calcineurin inhibitors may show a benefit in protecting bone structure.

It is very important when looking at consequences of immunosuppression to realize the importance that the patient plays in the complete equation. Nonpharmacologic intervention and prevention of immunosuppression complications are based on lifestyle modifications which include diet, weight loss, smoke

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Immuno-suppression

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cessation and exercise. For any patient, lifestyle modifications are difficult to enact. The transplant patient is at a unique risk to have an increase in weight gain following transplantation due to the liberal use of steroids. Steroid usage in this population increases the patient's appetite as well as fat disposition within the body. Prior to transplant, most patients are on fat and salt restrictive diets which become controlled following transplantation. While awaiting transplantation, patient's expectations are to return to a normal life which includes the normal diet. Similarly, patients are at increased risk for weight gain due to inactivity following transplantation. Due to chronic illness, patients have been unable to do little in the form of exercise. With this mind set following transplantation, the patient is less likely to be active. Due to inactivity and unlimited diet, patients become overweight and many are obese. Other lifestyle modifications which should be stressed to the transplant recipient should include smoke cessation as well as alcohol abstinence. Education of the transplant patient about the benefits of lifestyle modification directly associated with co-morbid diseases such as hypertension should be addressed at each office visit.

Similar to metabolic complications of immunosuppression, viral consequences also are associated with immunosuppressive regimens. Of concern is the recurrence of hepatitis C following liver transplantation, development of cytomegalovirus (CMV) in all recipients, Epstein Barr in the pediatric patient as well as BK virus for the kidney recipient. Over time, the transplant community has developed specific protocols to identify as well as treat these infections. Although each viral infection listed is different, the approach to the patient is similar in relation to immunosuppression. In patients with opportunistic viral infections, global immunosuppression is reduced.

It is important to realize that the patient should take some responsibility for their situation. Changes in lifestyle should be continually mentioned to our patients. Exercise and diet should be considered as important a part of post transplant management as their immunosuppressive regimen. Long-term management of the post transplant patient should be very mindful of consequences that the patient will encounter on the road post transplant. •

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The Journey of Gratitude

By Barb Schroeder, MS, RN, CNS
Organ Transplant Clinical Nurse Specialist | Mayo Clinic
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Webster defines gratitude as a "feeling of thankful appreciation for favors or benefits received."

In recent years, many scientists have been examining the links between religion and good health, both physical and mental. Now two psychologists are working to unlock the puzzle of how faith might promote happiness. Dr. Michael McCollough of Southern Methodist Hospital in Dallas Texas, and Dr. Robert Emmons, of the University of California at Davis, say their initial scientific study indicates that gratitude plays a significant role in a person's sense of well-being.

From Cicero to Buddha, philosophers and spiritual leaders of all faiths have prized gratitude as a morally beneficial emotional state that encourages reciprocal kindness. Until recently scholars have largely ignored it as a subject of scientific inquiry.

Emmons and McCollough conducted the Research Project on Gratitude and Thanksgiving. They studied three groups: group one documented all the events of their day in a diary; group two recorded their unpleasant experiences; and group three made a daily list of things for which they were grateful.

The results of the study indicated that daily gratitude exercises resulted in higher reported levels of alertness, enthusiasm, determination, optimism and energy. Additionally, the gratitude group experienced less depression and stress, was more likely to help others, exercised more regularly and made more progress to personal goals. The researchers also noted that gratitude encouraged a positive cycle of reciprocal kindness among people since one act of gratitude encourages another.

In the book, *Attitudes for Gratitude* by MJ Ryan, she looks at the journey of thoughts and experiences to bring more gratitude to your life.

Step 1 is to remember the gifts of gratitude you have been given. These include:

- Gratitude creates a sense of fullness.
- Gratitude connects us to our spirit.
- Gratitude makes us feel good.
- Gratitude promote health.
- Gratitude helps erase worry.
- Gratitude keeps us current.
- Gratitude draws people to us.

Step 2 is to begin to look at the beliefs that foster a sense of thankfulness. These attitudes include:

- Life is a miracle.
- The universe is friendly.
- Gratitude is a habit of the heart.

Live your life as if it is always the first time.
The time to say thank you is now.
Experience the joy of living.

Step 3 is the time to put your attitudes into action. Here we don't just feel grateful but we move to express our feelings of gratefulness in a variety of ways that enrich our lives and the lives of those around us. This includes:

- Exercise your gratitude muscle daily.
- Note what goes well in your day.
- Do the work of forgiveness.
- Teach gratitude to your young ones.
- Send happy thoughts to someone in need.
- Appreciate your body and what it does for you.
- Appreciate what you have.
- Honor your teachers.
- Recall the good in others.
- Leave a trail of happiness.
- Give thanks for all of your wonderful qualities.

Remember if you don't look for it you will never find it, so practice gratitude daily. Gratitude for small things makes every day a gift. Even on the tough days at work we can all find 3-5 things to be grateful for. One might be our health, as we leave each day at the end of our shift, while our patients seek to get well. Another reason to be grateful may be your colleagues you work with each shift. So try each day to identify the things that you are grateful for. It turns a tough day into a better day.

Use the worksheet in this column to help you bring more gratitude into your day and life. •

Excerpts taken from:

Emmons. RA & McCullough, ME (2003), "Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life." *Journal of Personality and Social Psychology*. 84, 377-389.

Ryan, MJ (1999), *Attitudes of Gratitude: How to Give and Receive Joy Every Day of your Life*. Red Wheel/Weiser.



Invitation and Information about CCTN

By Sheila O'Neal, ABTC Executive Director

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Are you a nurse working in a transplant center? There is a certification for you!

The American Board for Transplant Certification offers a professional credentialing examination for clinical transplant nurses (CCTN). To qualify for the examination you must be a registered nurse with 12 months of experience in vascular organ transplantation and at least 12 months of general nursing experience. The examination is administered via computer and offered five days a week at over 150 assessment centers nationwide and over 20 centers internationally. Apply at www.ABTC.net.

Why Become Certified?

There are many reasons to become certified. Many of the federal and state regulatory compliance agencies are strongly recommending or requiring certification for their healthcare workers. In particular because these agencies understand that certified healthcare workers can increase their performance outcomes.

This is well demonstrated through the requirements for Magnet status for facilities. Magnet status is an award given by the American Nurses' Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing. The CCTN certification can help facilities meet Force 4 performance measurement for qualified nursing staff.

In a study conducted by the American Board of Nursing Specialties (ABNS), certified and non-certified nursing professionals from 20 different specialties indicated that certification validates specialized knowledge, indicates attainment of a practice standard, indicates a level of clinical competence and enhances professional autonomy.

Further, the study showed the nursing professionals felt that certification:

- promotes recognition from their peers;
- increases marketability;
- promotes recognition from employers and
- increases consumer confidence and salary or compensation.

Applying for certification is a simple process. Individuals can complete a paper application or apply for the examination online at our web site www.ABTC.net. Below are the steps individuals must take to get certified.

1. Complete the application either online or in hard copy from the candidate handbook. Include your form of payment with your application – CCTN is \$425.
2. Submit your complete application form and payment to ABTC's testing agency, Applied Measurement Professionals for processing.
3. Schedule your testing appointment – once you have received your eligibility confirmation notice and scheduling instructions from AMP you have ninety days to schedule your testing appointment.
4. Report to the testing center on your scheduled appointment date and time at approximately fifteen minutes prior to your scheduled appointment time.
5. Check in with the testing center supervisor, sign the login sheet and provide two forms of identification, one of which must be a government issued photo ID.
6. Complete the testing process, check in with the supervisor at the end of the session for your score report.

Helpful Hints for International Applicants

The ABTC CCTN examination was written by a group of content experts that included international representation. All measurements that are listed in the examination are listed in Standard International Units (SI Units). For information on how to convert the measurement system your facility uses into SI Units please visit the ABTC website at <http://www.abtc.net/exams.html> and scroll down to the links included on laboratory conversions.

Currently the testing agency's system does not allow individuals who do not have a US social security number to apply online. You should download the candidate application and fax the information to the ABTC office at 913.895.4652 or you can scan and email your application with payment to abtc-info@goamp.com. When you submit your application form, ABTC recommends submitting several possible dates and international locations in which you would like to test. Due to the differences in time zones, in most cases the testing agency will need to coordinate testing appointments via email with the international locations. This can take some additional time. Good Luck on the examination! •

My Views

By Rita Pool, RN | Pediatric Academic Multi-Organ Transplant/Renal Transplant Program | The Hospital for Sick Children, Toronto, Canada

Chronically Happy, Joyful Living in Spite of Chronic Illness

Lori Hartwell

ISBN Code: 0-9722783-0-3

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Publisher: Poetic Media, Inc.

Lori Hartwell had lived with end stage renal disease for two and a half decades at the time of writing this inspiring and affirming tome. Her kidneys failed completely at the age of 12 but her first encounter with dialysis happened when she was only two years old. Lori wrote this book to help anyone with a chronic illness face all the emotions, “and abandon the crippling mental barriers that go hand-in-hand with chronic disease.”

This well-annotated guide describes the emotional roller-coaster ride that is part of the journey that accompanies living with a chronic illness, whether kidney disease, fibromyalgia or any one of numerous chronic conditions. As Lori notes, at the time of publication, an estimated one hundred million people in the USA were living with a chronic illness. Add to that the countless others around the world faced with trying to live in spite of, or because of, diabetes, transplantation, chronic fatigue syndrome, etc.

The first five chapters deal with getting the diagnosis and then going forward. Very important chapters include what to do about work. One of the best pieces of advice is that a person shouldn't give up work unless a physician indicates that it is medically necessary. Work grounds us, whether we are homemakers, nurses, roofers or lawyers. Self-identity is intertwined with the work a person does. Lori offers suggestions on how to keep on working, perhaps working fewer hours or in a different way. One reason she recommends not giving up paid employment is related to insurance. That is very true for US residents but also for others living in countries such as Canada.

Lori draws on her own experience describing the numerous ups and downs she has experienced. She outlines strategies she has found helpful for overcoming 'down' times. She includes expert advice from therapists and others living with a chronic disease.

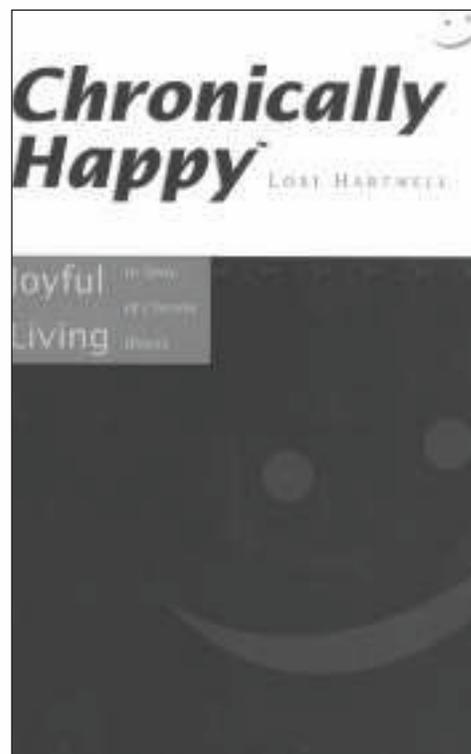
“The Four Principles of Chronically Happy Living” (the final chapters) outline Lori's philosophy: 1. connecting with others,

2. be joyful, 3. fighting pain, 4. accepting and giving help. Lori wrote this book to help people discover how to live life to the fullest within the challenges imposed by a chronic condition. She has been around the 'medical block' a number of times so to speak and the advice rings true. The anecdotes, personal and others, used throughout her book are great vignettes to help explain and draw the reader in. “Lori's Toolbox” tips, interspersed throughout, offer a unique presentation of important information that is easily readable and doable. Another of my favorite features is the use of side-bar quotes such as this one by Helen Keller, “The world is full of suffering, it is true, but full, also, of the overcoming of it.”

The final sections of the book (Notes, Resource Guide and Index) allow the reader to navigate, at their own pace, to higher levels of knowledge and insight.

I've recommended and loaned this book to several patients and they all stated that it was helpful. It gives practical advice as well as tools that help in many situations. Much of it is 'common sense' but in the middle of living with a chronic illness what is common sense can easily be forgotten or not remembered. This book is full of wonderful reminders.

I was very privileged to meet Lori when she was a featured speaker at a Patient Education Symposium sponsored by the local branch of the Kidney Foundation. She was inspiring, not only to me, but especially the audience of patients and their guests. Lori Hartwell is an excellent role model and I thank her for writing this great book. •



ITNS Members Achieve Great Things

By Evelyn Jirasakhiran, RN, MS, ITNS Newsletter Director

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ITNS

This new section of the ITNS Newsletter will be for ITNS members who have submitted announcements to recognize their peers. To submit information, email me at evelyn.jirasakhiran@emoryhealthcare.org.

Congratulations to **Shawn Paschel, RN, BSN, CCTN** who accepted a position as Post Transplant Kidney Coordinator at the Cleveland Clinic, Cleveland, Ohio.

Congratulations to **Nancy O'Brien, RN, BSN, CCTC** from Children's Hospital of Atlanta who successfully passed the certification exam as Certified Clinical Transplant Coordinator.

Congratulations to **Kathy Schwab, RN, BSN, CCTC**, President of ITNS, who was selected to serve on Expert Faculty Planning Group for The Transplant Growth and Management Collaborative, the newest component of the U.S. Department of Health and Human Services Breakthrough Collaborative Initiatives. •

“This new section of the ITNS Newsletter will be for ITNS members to recognize their peers.”

National Health Observances

Mark your calendars for these observances during the upcoming months and plan ahead so you get all of the materials you need to acknowledge the occasion.

October

“Talk About Prescriptions” Month
Eye Injury Prevention Month
Healthy Lung Month
National Dental Hygiene Month
October 10 World Mental Health Day
October 15-19 National Health Education Week

November

American Diabetes Month
National Healthy Skin Month
Pulmonary Hypertension Awareness Month

December

December 2-8 National Handwashing Awareness Week

Cruise For Credits

By Beth Kassalen, MBA, Executive Director, ITNS



It's the beginning of the fall season and most of us are enjoying the cooler air, the start of school sessions and maybe even some beautiful fall foliage. But are you ready for the cold weather that follows? If you're not so sure, plan to join your fellow ITNS members aboard Carnival Cruiseline's *Inspiration* for a 4-night- CE cruise workshop, "Chronic Illness Management".

The *Inspiration* leaves its Port of Tampa, Florida on January 24 and heads for sunny Cozumel, Mexico. The ship returns on January 28. The total cost of \$418 per person for a four-night cruise covers your room, food, port charges, taxes and gratuities. Beverages are extra on board, with the exception of non-carbonated, self-serve beverages that are readily available in the ship's cafeteria all day long. The ITNS workshop registration fee is \$150. As you can see, cruising is a great value. Not only is it financially feasible, it also provides a form of relaxation and enjoyment. Who better than stressed-out transplant nurses to take time out of their hectic schedules, go to a quiet, peaceful venue, and hear what the evidence says about how to better care for their patients? That's what the Chronic Illness Management workshop is all about.

Our Itinerary

Chronic illness management is a daily issue for every transplant nurse and coordinator. This ITNS workshop will cover topics to help improve patient care and patient outcomes based on diet and exercise, reproduction issues, dental care, skin cancer and malignancies, diabetes management, reducing gastrointestinal side effects of medications and coronary artery disease. The workshop will also cover stress management techniques for nurses that will enable them to take better care of their patients.

The workshop will take place on Friday and Sunday, January 25 and 27, during our 'fun days at sea.' No educational sessions will be held in the evening or on our day in the port of Cozumel. The itinerary is as follows:

Thursday, January 24

- Noon-4:00 PM Board Ship in Port of Tampa, Florida.
- 4:30 PM..... Muster drill; Mandatory participation by all on board.
- 5:00 PM..... Embark for the Western Caribbean.
- 6:15 PM..... Formal dinner seating for our group. Meet those you will be dining with for the next four nights and get acquainted with your wait staff. Otherwise, eat at the cafeteria or outside casual buffet anytime.
- 8:00 PM - ?..... Enjoy everything Carnival's *Inspiration* has to offer.

Friday, January 25 ITNS Workshop/Fun Day at Sea

- 7:00 AM..... Breakfast, coffee and tea on your own
- 7:30 AM..... Registration
- 7:45 AM..... Maintaining a Healthy Lifestyle Post Transplant
- 8:00 AM..... Dietary Consideration
- 9:00 AM..... Exercise
- 9:45 AM..... Break
- 10:00 AM..... Stress Management
- Noon Lunch on your own
- 1:15 PM..... Reproductive Issues
- 2:15 PM..... Skin Cancer and Malignancies
- 3:30 PM..... End of Day 1

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Cruise

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Saturday, January 26

There are no ITNS lectures today as we visit the beautiful Port of Call – Cozumel, Mexico. Optional excursions are available, with advanced reservations, for a variety of activities at an additional fee. Visit www.Carnival.com to see the excursions available for our particular cruise. Search using our date of departure — January 24, our embarkation port — Tampa, and our ship's name, *Inspiration*.

Be sure to be back on board before the ship sails this evening. Anyone left behind is responsible for costs incurred in flying back to the originating port and will not be able to continue the cruise.

Sunday, January 27 (ITNS Workshop/Fun Day at Sea)

7:00 AM	Breakfast, coffee and tea on your own
7:30 AM	Registration
7:45 AM	Maintaining a Healthy Lifestyle Post Transplant
8:00 AM	Coronary Artery Disease
9:00 AM	Post-Transplant Diabetes
9:45 AM	Break
10:00 AM	Stress Management
Noon	Lunch on your own
1:15 PM	GI Side Effects
2:15 PM	Dental Care
3:30 PM	End of Workshop

Monday, January 28

8:00 AM	Debarb ship between 8-10 AM Clear Customs Shuttle to airport
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The unbeatable cost

Cruising is surprisingly inexpensive. Your price of \$418 per person for a four-night cruise covers your room, food, port charges, taxes and gratuities. Beverages are extra on board, with the exception of non-carbonated, self-serve beverages that are readily available in the ship's cafeteria all day long. The ITNS workshop registration fee is \$150.

\$250	Cruise room and board (food) per person/ double occupancy (Note: 3rd and 4th person in the same cabin pay \$90 each plus port charges, taxes, and gratuities = total \$258)
\$ 99	Port charges/Cozumel
\$ 29	Taxes
\$ 40	Pre-paid gratuity
\$418	Total per person/double occupancy

\$150.....ITNS Registration Fee

\$568..... Total cost of cruise, food, entertainment, and CE workshop

If you need a 3 or 4-person room, please book early so that your accommodations can be reserved. There are no connecting rooms on the *Inspiration* but rooms may be requested side-by-side or directly across the hallway. ITNS has reserved a few suites, category 12B, that are available for \$858 per person double occupancy including room, port charges, taxes and gratuities. Third and fourth persons in the suites are an additional fee. Those wishing to bring family members who are not registering for the ITNS workshop are encouraged to do so. Single travelers may request a roommate to be assigned or may double the rate for a single room to \$836.

What's Included?

Meal options are either sit-down, cafeteria style, and buffet for breakfast, lunch and dinner. Each group has an assigned sit-down dinner time and the ITNS time is 6:15 pm (18:15). You are required to 'dress' for sit-down dinners, and dresses, jackets and ties are recommended. No shorts, tanks or beach clothing is permitted in the formal dining rooms. Should you not wish to dress for dinner, the cafeteria on the Lido deck is always open and available for meal times, as is the poolside buffet.

All entertainment onboard Carnival's *Inspiration* is included in your cruise price. Enjoy yourself in either of the two main theaters which have Vegas-style shows nightly, try your luck at the onboard casino, dance the night away at the ship's disco, relax at the piano bar or library or watch the moon rise over the sea. If shopping is your pleasure, the ship boasts many gift shops, jewelry stores and clothing boutiques. You will be amazed at the number of options you have to keep yourself entertained.

Airfare is not included and must be purchased on your own or through Carnival Cruiselines.

Travel Details

Boarding from Carnival's port in Tampa will begin around noon on Thursday, January 24 and all passengers should be on board by 4 PM. The *Inspiration* will embark around 5 PM so make sure you book flights that will allow you to get to the port and onboard in time. Some passengers may choose to fly in the day before the cruise and stay at a Tampa hotel for the evening, particularly if weather from your home city may be a factor in air travel, to insure they arrive at the port on time.

On Monday, January 28, the *Inspiration* will return to Tampa and passengers may begin debarking as early as 7:30 AM if they had their luggage picked up the evening before and taken to the Customs area. There is no need to rush off the ship, and many people choose to enjoy a nice sit-down breakfast on their last morning. It is not recommended that you book your return flights until after noon on January 28. Remember that all passengers must retrieve their luggage, clear US Customs, and often shuttle to the airport. Make sure that you allow enough time to arrive back at the airport without being rushed.

You can arrange transportation from Tampa's airport, or other Florida-area airports to the Port of Tampa at www.Carnival.com or simply when you arrive at the airport. Transfers may be around \$20 per person. •

The chart below details the cost of this workshop compared to a similar program in a standard hotel.

	Cruise	Standard Hotel
Room	\$250 for 4 nights	\$150 x 4 = \$600
Food	Included	\$60 x 5 days = \$300
Entertainment	Included	\$20 x 5 days = \$100
Port charges	\$99	Not applicable
Gratuities and Taxes	\$69	\$20 x 5 days = \$100
Total:	\$418	\$1,100

Payment Plan- ¼ Payment Installments

Initial Booking	Sept.20	Oct. 20	Nov. 20
\$100 plus \$150 ITNS Workshop	\$100 or at least a total of \$200	\$100 or at least a total of \$300	\$118 or payment in full \$418 plus \$150 ITNS Workshop

MedActionPlan for Organ Transplant Version 4.0 Now Available

What is MedActionPlan for Organ Transplant?

Most users describe the Organ Transplant Visual Med Scheduler (OTVMS) as MedActionPlan, which describes a more active and collaborative role for the patient and the Healthcare Professional. For this reason, we have renamed the program MedActionPlan for Organ Transplant.

As you know, MedActionPlan for Organ Transplant is a web-based application that can be used from any browser connected to the Internet. This program was created, and continues to be developed in close cooperation with transplant professionals across North America. This program is available to you at no charge.

MedActionPlan Version 4.0 has been expanded to include these helpful functions:

- Find a Pharmacy. This useful feature helps providers locate a pharmacy near the patient.
- Inactive patient function. Separates inactive patients from active patients. This feature is especially helpful when a patient goes on a long leave of absence. Patient can be reactivated with their last saved regimen intact.

- Separate patients by group. Requested by pharmacists, this feature allows the user to sort patients by a designated group type. E.g., kidney, heart, lung.
- Quick Find patient. Locate patients faster.
- Patient Education. These useful tips round out your complete MedActionPlan. Written on a 5th grade reading level and combined with patient friendly art work, the sheets are available in English or Spanish.
- Insulin medicines. Insulin medicines now appear on the same page as the oral medicines. The Insulin Daily Schedule has been expanded to include both the Sliding Scale for Insulin, and the Insulin/Carb Adjustment Scale.
- Change Password. This security feature allows the user to change their password regularly.
- Appointment Calendar. The feature has been added to schedule follow-up appointments.

You will immediately see all of your existing patient data when you sign into the new 4.0 version

Presentations and Panel Discussions

Many of you have been on industry panels or make presentations about medication adherence and are sharing MedActionPlan for Organ Transplant as a great resource. Some have asked for visuals or brochures to support these presentations. You will find a Media link on our web site at www.medactionplan.com. Please feel free to download these files into your PowerPoint slides for your presentations. •



The ITNS Newsletter

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Articles should be submitted to Evelyn Jirasakhiran, clinical editor, ITNS Newsletter. Email submission is preferred at evelyn.jirasakhiran@emoryhealthcare.org. Deadlines for receipt of materials are as follows: January 15, April 15, July 15, and October 15.

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Classified advertising is available in the *ITNS Newsletter*. Copy should be typed and double spaced. Classified ads will be accepted at any time and will be placed in the next newsletter if possible. A check or voucher to cover the cost at \$1 per word (minimum \$15 per ad) must accompany the ad. Display advertising is also available. Camera-ready ads are preferred (half-page size is 7-1/2" wide x 4-3/4" deep; quarter-page size is 3-5/8" wide x 4-3/4" deep). Contact ITNS Executive Director, Beth Kassalen, at 412-343-ITNS (4867) regarding fees for display ads.



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