President’s Message
Paula Feeley-Coe RN, BSN, CCTC

I am sitting here at my desk contemplating all the things we have been doing since our last Board of Directors meeting in November. Time has gone by so quickly since our meeting in Cambridge, and we are well into the swing of things for the 2002 symposium to be held in Pittsburgh.

Beth Kassalen, our executive director, and I just returned from a visit to the proposed site of symposium 2003 in Phoenix, Arizona. I am sure those of you who have not been to the Southwest will be thrilled with the board’s decision to hold our annual symposium there in 2003. We toured a number of beautiful properties and are in the process of finalizing the details on the specific site. Look for more information in the next newsletter.

We held our fall Immunosuppression Workshop the first week of November in sunny Orlando, Florida. All those who attended this excellent workshop given by one of ITNS’s favorite speakers, Ali Olyaei, PharmD, found it educational and extremely beneficial to their clinical transplant nursing practice. For those of you unable to attend this meeting, I am happy to report that we were able to videotape it and will soon be able to offer these tapes to members who may view them and earn CEUs. See more about continuing education on videotape on page 9.

An exciting educational opportunity to be held this spring is our collaboration with the American Society of Transplantation (AST) to offer a Transplant Nurse and Coordinators Symposium on April 27 in Washington, DC. For those of you not aware, the AST/ASTS meeting has changed its name to the American Transplant Congress and its location from its usual venue of Chicago to Washington, DC. We are pleased to have been able to plan and coordinate this symposium with the ATC and hope you will join us there.

The latest and greatest initiative that is soon to begin is the revamping and total overhaul of our Web site. The board voted unanimously to accept the proposal of Anthony Janetti Inc. of New Jersey to completely redesign and manage our Web site. This is an exciting opportunity for ITNS. We will be able to offer many new services to you once it is up and running. We chose the Janetti firm because of their experience in designing and maintaining Web sites for other nursing organizations. Liz Good, one of our excellent ITNS directors who has been spearheading this initiative, and I traveled to the Janetti home offices in Pitman, New Jersey, in late January to sign the contract and get the ball rolling. Look for more information on this in upcoming mailings. I think you will be pleased with results, as we feel an improved Web site will increase our efficiency and benefit you, our members.

The deadline to submit abstracts for the 2002 Symposium has just passed. Our abstract submission form is new this year. Our goal was to make the form more user friendly as well as encourage novice presenters to give it a try. I hope each and every one of you submitted something for consideration this year. Our program topics depend on the abstracts submitted. I am pleased to say we have added a Cardiothoracic Preconference Workshop for the 2002 symposium. The popular Pediatric

ITNS has also been approached and has been delighted to accept an invitation to become a member of the National Exhibit Consortium.

Workshop will be back, and another new one, designed for the staff nurse, will make an appearance—Transplant 101: Bedside Care.

ITNS has also been approached and has been delighted to accept an invitation to become a member of the National Exhibit Consortium. This organization is coordinated through the United Network for Organ Sharing (UNOS) to provide organ and tissue donation education at designated meetings throughout the United States. The consortium is made up of approximately 11 other transplant-related organizations that use a common display
board with educational materials to provide organ and tissue donation information to selected professional organizations that can have an impact on increasing organ donation. You can look for more information about this group at the UNOS Web site at www.unos.org.

We are constantly busy behind the scenes and try to keep you informed of our endeavors to keep ITNS a leader in transplant nursing. The Call for Nominations for the Board of Directors will soon be coming to each of you. I ask you to consider running for office. Serving on the board is a wonderful way to get involved with the organization and become great friends with dynamic transplant colleagues. Get involved. We would love to have you on board.

11th Annual ITNS Symposium

Mark your calendars. ITNS will be going “Back to our Roots” in 2002 by holding its annual symposium in Pittsburgh, Pennsylvania.

11th Annual ITNS Symposium and General Assembly:
The Art of Transplant Nursing
September 18-21, 2002
The Westin Convention Center Hotel
Pittsburgh, Pennsylvania, USA

The symposium will begin with a full day of presymposium workshops on Wednesday, September 18. The symposium will open with a keynote address by Thomas E. Starzl, MD, and will include other high-profile speakers, satellite symposia, and abstract and poster presentations. The symposium will end at noon on Saturday, September 21.

Sponsor and Exhibit Opportunities 2002
An Exhibitor Prospectus for the 11th Annual ITNS Symposium is now available from the home office. Corporate sponsors can begin reserving their exhibit spaces and sponsorship of special events for 2002. Details regarding sponsorship options will also be available on the web at www.itns.org.
Identifying Case Study Possibilities
Think about your transplant nursing practice and all that you have observed and experienced. Begin to identify interesting and unusual patient or caregiver situations. Distinguish those transplant nursing experiences that exceeded the daily challenges you have with other transplant patients. Each case study will highlight a new or unique aspect of your transplant patient and nursing care. Consider the following suggestions:

• Identify any distinctive problems or issues that have arisen in your nursing area while caring for a transplant patient.
• Identify transplant patients who exceeded the daily challenges you have experienced with other transplant patients. Identify further the specific complexities that these transplant patients possessed that the others did not.
• Identify any interesting and less common family dynamic or psychosocial situations you have experienced with a particular transplant patient.
• Identify any unusual patient history or diagnosis resulting in a need for a transplant.
• Identify ethical considerations and complexities you have encountered in caring for a transplant patient.
• Identify any new or progressive treatment protocols that your transplant patients are receiving and identify a patient associated with these regimens.

Preparing to Write Your Case Study Abstract
A case study abstract distinctly differs in organization and content from a research or process-improvement abstract. Composing a case-study abstract is challenging because you must concisely summarize your topic in detail without revealing too much information about the patient and yet adequately tell your story. A number of important points to remember when writing an abstract include:

• Identify two learning objectives and references. Both are important in preparing to write your case-study abstract and are required of an ITNS abstract. A review of the literature will assist you in identifying reading materials that relate to your case study. If you have never done a literature review before, library personnel or a knowledgeable colleague can assist you.
  • Reading journal articles and book chapters related to your case-study topic will confirm your perspective on how common or uncommon your chosen case study is. You may decide to use a similar case study in the literature or focus instead on particular aspects of your case study, such as the patient’s diagnosis, medication regimen, or learning deficits.
  • Further reading will assist you in gaining additional understanding of the case study you are writing. Select your references for your abstract from your reading material.
  • Identification of your learning objectives prior to writing the abstract may assist you in organizing your case study abstract.

• Prepare a content outline to include in your abstract. Focus on the key elements and issues surrounding the patient. For example, when gathering background information, streamline the patient’s medical history to fit the focus of your abstract and use the facts most relevant to your case-study discussion. Meanwhile, don’t lose sight of your intended learning objective.

• Protect patient confidentiality, providing a pseudonym to keep your patient anonymous. Your hospital may have a process in place that you must follow when presenting on a patient. Contact your hospital’s Risk Management Program or Institutional Review Board (IRB).
Writing Your Case-study Abstract
If writing is not your strength or is anxiety producing, never fear; just follow your outline and work to get your ideas on paper in sentences. Your preparatory work will help you.
- Comply with the guidelines provided by the organization to which you plan to submit your case study. These guidelines are often specific and have limitations on font size, page set-up, and length of abstract. Set up your computer ahead of time to comply with these specific guidelines.
- Expect to create multiple drafts of your abstract. Whether you write a paragraph at a time or the entire abstract at once, put the document away for a while and look at it again a day or two later to make changes. Continue this process until your abstract is complete and you are happy with your work.

Consider including other multidisciplinary members, such as the social worker, physician, or pharmacist.

- Consider including other multidisciplinary members, such as the social worker, physician, or pharmacist. Their perspectives may be helpful as you write about your patient.
- Convey the implications and applicability of what you have learned from your case study in your conclusion. Discussing how your case study may apply beyond your own clinical setting to other transplant nursing settings is particularly helpful.
- Ask for editing assistance. A panel of experts will review your abstract once it is received by the organization. One of the best ways to ensure that your points are clear is to have two or three readers edit your final abstract draft. Trusted colleagues can help you to fine tune your case study. Other readers can provide you with valuable insights and suggestions for improvements.

Helpful Hints for Your Case Presentation
Once your abstract has been reviewed and accepted for presentation, the next step is putting together your talk to showcase your case study in more detail. Your abstract will be your template from which to expand your thoughts and ideas. Here are some helpful hints:
- Check on how much time is allotted for your talk and for audience questions. The time limits will help you gauge the length of your presentation.
- Include facts/figures or background information about your patient not included in your abstract. Help your audience understand your patient and the issues intended for discussion from the beginning.
- Tell a story with a beginning and an end. Ensure that you include patient outcomes or circumstances that have changed since writing the abstract.
- Refer to your abstract often to confirm your focus points and assure that you are not straying from your intended purpose.
- Define the impact of this patient on transplant nursing practice.
- Point out any social or ethical considerations unique to your patient and the involvement of multidisciplinary team members.
- Assist the audience to make the connections that you desire and apply what you have taught them. Encourage the audience to learn and “think.” Interactive presentations are fun and welcome.

Useful Resources
Fellow ITNS members, nursing colleagues, social workers, physicians, pharmacists, and transplant patients help us to define a case study. Transplant nurses look forward to hearing about the clinical practice of other transplant nurses. Abstract presenters share their clinical experiences for professional growth but, more important, they enjoy the opportunity to impart what they have learned to an interested audience of transplant nurses. Included below are a list of useful resources to assist you in identifying, preparing, writing, and presenting a transplant case study.
As health-care costs in the United States continue to rise with decreasing reimbursements from governmental and private insurance, many top U.S. medical centers are exporting their medical expertise internationally.

The University of Pittsburgh Medical Center (UPMC) Health Systems, along with Harvard, Mayo Clinic, Texas Medical, and Stanford are a few of the medical centers currently engaged in health-care globalization. Additionally, the health-care centers that are investing abroad are interested in further establishing their global reputations, which is important from both academic and business points of view, allowing the top centers to attract some of the brightest and most innovative scientists and physicians.

The Istituto Mediterraneo per i Trapianti e Terapie ad Alta Specializzazione (IsMeTT) is one of the six national Experimental Management Projects in Italy and the only one aiming to create a multi-organ transplant center. The location of Sicily was chosen due to the fact that south of Rome, the nearest liver transplant center to Palermo, Sicily, was in Naples, which is more than 200 miles away. In addition, surgeons in Naples performed only three liver transplants in 1994.

IsMeTT is one of the six national Experimental Management Projects in Italy and the only one aiming to create a multi-organ transplant center.

In 1995, 600 Sicilians applied for transplants, and the Sicilian Government spent $170 million sending its citizens out of the country for transplantation and other advanced tertiary health-care, all of which are standards of care at UPMC. In 1996, 58 Sicilian patients needing transplants and follow-up care went to other European centers costing the region more than $50 million in medical and travel costs. In Sicily alone, about 2,200 people die each year from liver diseases that could be treated through transplantation. In addition to the liver program at IsMeTT, the living related kidney transplant program has greatly expanded the care available to those with end stage renal disease. Among the other highly specialized therapies also offered at IsMeTT are Intro-arterial liver chemotherapy, Transjugular Intrahepatic Portosystemic Shunt, liver resections, pancreatic surgery, and thermal ablation of liver tumors. These facts convinced the Sicilian authorities and Italy’s Minister of Health that a multi-organ transplant program was urgently needed to serve Sicily and its 5.2 million citizens, as well as the surrounding Mediterranean basin, which includes North Africa, the Middle East, Turkey, Egypt and other countries.

The most important goal of this venture, the largest international public/private partnership ever undertaken by a U.S. academic medical center, is to improve the health of Italian citizens. The Italian government saw the goals of IsMeTT consistent with its own as described in the National Health Plan. This type of partnership is also encouraged and supported by the European Union, which, as seen in most European countries, has a comprehensive but overextended public health care system.

Ignazio R. Marino, MD, professor of surgery at the University of Pittsburgh’s Thomas E. Starzl Transplantation Institute and director of the UPMC Health System’s European Medical Division, oversees the program. Marino was born and grew up in Italy and...
trained at the Catholic University of the Sacred Heart in Rome before coming to Pittsburgh in 1987. As director, Dr. Marino oversees, among many things, the education and training of Palermo physicians, nurses, technicians, and other professionals and paraprofessionals. Although Italians primarily staff the facility, UPMC provides physicians, nurses, physical therapists, respiratory therapists, pharmacists, and other professional staff as required to work along with the employees of Civico and Cervello hospitals.

As part of the agreement with the Italian government, UPMC is managing the facility as it would an American medical center, incorporating the most advanced technologies, clinical training, education and research.

The need was so great for such a facility in this area that it was decided to open IsMeTT in a renovated wing of a small, already existing pavilion within Civico Hospital with only 16 floor beds, four ICU beds, and four recovery room beds. Meanwhile, construction had begun on the permanent facility of the Istituto, which should be ready in 2002. It will have 69 beds, including 14 ICU beds, 12 recovery room beds, four operating rooms, along with its own clinical laboratories and a complete radiology suite. IsMeTT also takes advantage of the EDIT electronic medical record system through the 30 workstations throughout the hospital. This is the same computer system used in Intensive care units in Pittsburgh. In the 30 months since IsMeTT opened its doors, there have been 53 liver transplants, including the first living related liver transplant done in Sicily, which was performed on January 22, 2002. There have also been 34 living related kidney transplants, and 11 cadaveric kidney transplants performed, as well as more than 900 other surgeries and other specialty services.

As part of the agreement with the Italian government, UPMC is managing the facility as it would an American medical center, incorporating the most advanced technologies, clinical training, education, and research. UPMC will also work with Sicily's organ procurement agency to improve the island's donation rates, which have been reportedly among the worst in Europe. In the first six months of 2000, the Italian average for donation increased from 13.8 to 14.5 donors per million inhabitants, but the rate in Sicily fell from 3.1 to 2.7 donors per million people. Internationally Italy is the fourteenth highest country in organ donation per million, but the statistics of Sicily remain discouraging.

Italy currently practices Presumed Consent or “Opting-Out” as the means for organ donation, meaning that you are an organ donor unless you have completed an exemption form supplied by the government declaring your intention NOT to be a donor. In recent times, a “soft” version of the original concept seems to be the norm, meaning that people are required by law to advise the government whether they will or will not donate organs, and that the next of kin are advised prior to organ retrieval. A national campaign is underway to encourage all Sicilians to register at designated offices.

While cultural barriers are often blamed for the low organ donation rate, the health-care system is more at fault. In Sicily, continued on page 8.
there are only 208 ICU beds throughout 29 resuscitation divisions and ICUs. Only two of the 29 resuscitation divisions consistently perform organ recoveries. Two possible explanations are that no brain injury patients are admitted to the hospital, and that most brain injuries suffer cardiac arrest. Very little data has been kept on these statistics, but as part of the new laws on Health Reform and Transplantation, improvements will be made in existing neuro-ICUs and new ICUs will be established where they currently do not exist. It is well known, however, that these improvements must be carried out in conjunction with donor awareness and education programs, not only to the general public, but to workers directly involved in the transplant field. To aid in this endeavor the Regional Government has seven such projects underway in the area.

IsMeTT combines the best of both worlds. On one hand, it includes the Italian tradition of open access and preventive care that gained the World Health Organization’s number two rating for health system effectiveness. On the other, it has the advantage of the business discipline and technological focus of the UPMC Health System (where more transplants have been performed than any where else), one of America’s leading health care systems and top-10 research centers.

While cultural barriers are often blamed for the low organ donation rate, the health care system is more at fault.

Perhaps the most famous organ donation in history took place in Italy on September 29, 1994, when Nicholas Green, age 7, was shot while asleep in the back seat of his family’s car, the innocent victim of a botched highway robbery. Nicholas’s parents donated his organs to change seven other lives at a time when Italy’s organ and tissue donation rates were much lower than most other European countries. The Greens’ decision caused an explosion of coverage from the media and jolted the public into action with requests for organ donor cards quadrupling overnight. More importantly, this trend continues. Organ donations in Italy are twice as high today as they were in 1993, the year before Nicholas’s death. The Italians call this “The Nicholas Effect.” Years from now I hope to be able to read about “The IsMeTT Effect” on transplantation and organ donation in Italy.
Not everyone can get time off from work to attend educational meetings that can enhance their training, skill, and knowledge as transplant professionals. Therefore, ITNS has just started a library of educational videotapes on transplant-related topics. The first set available for purchase pertains to the lectures that were presented at the ITNS Winter Workshop held in Florida. Ali Olyaei, PharmD, from the Oregon Health Sciences University is the speaker for the following topics:

- Immunology Update on Acute Rejection
- Overview of Immunosuppressive Drugs
- Pharmacodynamics and Pharmacokinetics of Immunosuppressant Agents
- Management of Post-Transplant Infections
- Managing Post-Transplant “Immunosuppression Disease”
- Generic Drugs in Transplantation

Both CEU and CEPTC continuing education credits are available through the purchase and viewing of each of these tapes. Videotapes, containing one lecture per tape, will be available for $25 to cover shipping, handling, and one set of handouts and evaluation forms. These tapes can be purchased and viewed by an individual or by a group, such as a local chapter, nursing in-service department, etc.

Each person viewing the educational lectures can complete an application form, include a check for $15 payable to ITNS, and receive CEU or CEPTC credits. Please note that there is a charge for the initial purchase of each tape and its accompanying handouts ($25). A separate fee to apply and receive continuing education credit from ITNS ($15) must be submitted by each person requesting credit for his/her viewing of each lecture.

All videotaped presentations are between 1.25 and 1.5 hours of lecture time. Tapes are available in both USA standard and PAL formats. Go to www.itns.org for more information on how to purchase the videotapes.

Pill Identification Stickers

“Wonderful”….“Useful beyond belief”….“A valuable teaching tool.” These are just some of the many favorable comments received at ITNS headquarters with new orders and reorders of ITNS pill identification stickers.

ITNS thanks Roche for providing an unrestricted educational grant to develop and print these stickers. You can request a sample sheet or order the pill identification stickers by contacting ITNS at 412-488-0240 or via email at itns@msn.com. Each sheet includes 56 pill pictures with the pill name and size on each sticker. The cost to order pill identification stickers is $25 per 100 sheets to cover shipping, handling, and storage.
COLORADO CHAPTER REVITALIZED
President Darlene Long reports, “We are very excited about the revitalization of the Colorado Chapter of ITNS. After participating in the June 2001 ITNS regional conference in Denver, Colorado, interest was rekindled in once again developing a local chapter.”

Interested transplant professionals held an organizational meeting October 10, 2001, with 23 people present, including representation from all four transplant centers in the Denver area. Fugisawa, Inc., sponsored dinner. After reviewing and accepting the bylaws, 23 members joined. New officers were elected and plans were discussed for future meetings, which will include both networking and educational opportunities. Chapter meetings offering CEU credits are planned. Members discussed adding a Journal Club to their list of activities in the near future. Long is very pleased that each transplant center in the Denver area is represented among the chapter’s officers.

CHICAGOLAND AND NORTHWEST INDIANA
President Melissa Zinnerman reports that the Chicago chapter held a lecture meeting on January 31, 2002.

BUCKEYE CHAPTER
Chapter President Tracy Evans Walker reports that the Buckeye Chapter will hold their spring dinner meeting on March 18, 2002. The guest speaker will be Sophie Wimberely, PharmD, transplant science liaison, Wyeth-Ayerst Pharmaceuticals. The topic will be “Transplant Immunosuppression Pharmacology.”

NORTH CAROLINA
President Tricia Thompson reports that Soloman Epstein, MD, professor of medicine and geriatrics and clinical director of osteoporosis of Mt. Sinai Hospital, presented a lecture on October 23, 2001, at Four Square Restaurant in Durham, North Carolina. The topic was “Transplantation Osteoporosis.” Kristin Wachsmuth of Roche Pharmaceuticals sponsored the meeting.

At their January 22, 2002, meeting, Barbara Alexander, MD, associate professor of medicine, Division of Infectious Disease, Department of Medicine, was the guest speaker. Her topic was “Bugs and Drugs in the Post-transplant Patient.” The meeting was sponsored by Lyn Dixon of Fujisawa Healthcare at Aurora’s Restaurant in Chapel Hill, North Carolina.

UPPER MIDWEST HEARTLAND CHAPTER
Chapter President Lynn Pearson reports that the chapter held a dinner meeting with a one-hour panel presentation on November 8, 2001, in Rochester, Minnesota. Thirty-five members from the Minnesota area attended the meeting and participated in the panel discussion with Kevin Praska of Lifesource; Chaplain Warren Anderson; and Deb Niedfeldt, a donor family member. The topic discussed was “The Bridge Between the Loss of Life and the Gift of Life.”

At the next meeting, held in Minneapolis, Minnesota, in January 2002, Elizabeth Santas-Kratz, professor of nursing at the University of Minnesota, Fairview, presented a discussion of living-donor quality of life.

GREAT LAKES CHAPTER
Chapter President Patrice A. Garland reports that a chapter dinner meeting was held October 18, 2001, at the William Beaumont Hospital with 20 members in attendance. Joan Armstrong, RN, CNS, presented “Highlights from the 2001 National ITNS Conference.”

At their next meeting on January 24, 2002, Jim Garnick, PharmD, of the University of Michigan Medical Center presented “Delayed Graft Function.”

The annual Christmas party dinner was held at Buca Di Beppo’s Restaurant on December 5, 2001. Thirty old and new members attended the dinner sponsored by Sangstat.

The annual Great Lakes Spring Conference is planned for June 11-12, 2002, to be held in Livonia, Michigan.

The Great Lakes Chapter has voted to help their Michigan Transplant team members with transportation and lodging for the annual Transplant Games this year.

LOUISIANA CHAPTER
Aimee Fortier, RNC, BSN, reports that the Louisiana Chapter had a meeting on November 30, 2001, that included a presentation on kidney pumping presented by Leslie Batson, RN, BSN,
and Debra Rockwood, CST, of the Louisiana Organ Procurement Agency. More than 35 participants attended the program (worth 1.2 CEUs) held at Andrea’s Restaurant in Metairie, Louisiana.

The chapter has completed a local chapter directory that was given as a Christmas gift to each member.

The chapter made a monetary donation to the founding of Northeast Florida Chapter of ITNS.

Funds are available through the Betty Kessler Memorial Educational Fund for members to attend transplant-related events.

The chapter is pleased to report that at the ITNS International Symposium in Cambridge last September, members Jamie Blazek and Alice Bordelon presented abstracts. In July of 2001, Julie Hahn presented an abstract and poster at the NATCO conference in California, and Debi Dumas-Hicks was on the planning committee for and presented at “Advances in Transplantion” held by Contemporary Forums September 27-29, 2001, in Washington, DC.

ITNS Chapters Under Development

ITNS members are organizing chapters in the following areas. For information on these developing chapters, please contact ITNS Headquarters at itns@msn.com or 412-488-0240.

CANADA
ALBERTA
EDMONTON/CALGARY
OTTAWA
QUEBEC
VANCOUVER

EUROPE
PALERMO, ITALY

UNITED STATES
DC/MARYLAND/VIRGINIA
JACKSONVILLE, FLORIDA
NEBRASKA
NEW YORK CITY
ROCHESTER, NEW YORK
SAN ANTONIO, TEXAS
WEST VIRGINIA

ITNS Listserv: When you want to consult your peers

The ITNS Listserv has already been the forum for many exciting interchanges of information and ideas. The listserv provides an fast, easy way to get feedback from fellow transplant professionals. Questions discussed to date include: visitation issues regarding visitor age (children), use of nurse practitioners in transplantation and follow-up care, infection control post-heart transplant, job inquiries, job postings, and advanced nursing degree opportunities.

To subscribe, type in the following email address: macjordomo@mail.utmem.edu. Type only the following four words: subscribe ITNS Jane Doe (enter your own name in place of Jane Doe, of course) in the message area. Keep the welcome message that you receive. The instructions to unsubscribe are included in that email.

To post something to the listserv, send it to ITNS@mail.utmem.edu. Remember that when you post to the listserv, everyone who subscribes will read your message.

When you wish to unsubscribe to the ITNS send a message to: ITNS-request@alien.utmem.edu
In the body of the message just type the word unsubscribe.
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Be a frequent visitor to the ITNS website at www.itns.org to keep up to date with society happenings, ITNS local chapter information, patient education projects, upcoming educational events and more. All ITNS forms and brochures should be available to download in .pdf format using Adobe Acrobat. If you do not currently have the Adobe Acrobat Reader on your computer, simply download a free copy from www.adobe.com.
ITNS on the Move

Is there something you want to tell us? Have you received an award, been published, been given a promotion, received a degree, or added credentials to your name? Let us know about your accomplishments and share the information with other ITNS members. We are also interested in publishing information about your local chapters. Just write, fax, or email us.

Name________________________________________

Email________________________________________

Phone_______________________________________

Accomplishments/Change____________________________________________________

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Send information to ITNS Newsletter
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Congratulations to Jeffery Arnovitz, RN, MSN, ANP, Treasurer of the Buckeye Chapter, who passed the ABTC Clinical Coordinator Certification exam in November 2001.

Lou Farquhar, RN, BSN, of the Buckeye Chapter, has accepted a position as a Living-Donor Liver Transplant Coordinator at Inova Fairfax Hospital in Falls Church, Virginia.

Kelly Hendrix, RN, BSN, of the Great Lakes Chapter, received her certified Nephrology Nurse Certification (CNN).
Articles should be submitted to Mimi Koral, editor, ITNS Newsletter. Email submission is preferred. Hard-copy submissions should be typed and double spaced and should be accompanied by a disk if possible. Deadlines for receipt of materials are as follows: April 15, June 15, September 15, and January 15.

Research reported in the ITNS Newsletter has not been peer reviewed. Findings and opinions are the authors’ only.

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Advertising
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 412-488-0240 regarding fees for display ads.

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