

ITNS

NEWSLETTER OF THE INTERNATIONAL TRANSPLANT NURSES SOCIETY SUMMER 2005 VOLUME 14, ISSUE 2

Partners in Collaboration



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President's Message

Frank Van Gelder, RN, BSN, ECTC
Senior Transplant Coordinator

For all of us, summer is mostly a period of holidays and being away from our daily job, to enjoy and to slow down; but for ITNS summer brings the final preparations for our upcoming annual meeting September 22-24 in Orlando, Florida.

The 14th Annual Symposium will guide you through various current topics in transplant nursing. For those of you who want to apply for the CCTN exam Sunday, September 25 in Orlando, we have created the opportunity to brush up on your knowledge during the different workshops and the meeting.

"...building bridges for the future."

We started in February with an overseas Board of Directors meeting in Leuven, Belgium, in combination with a day visit to Rotterdam to plan for the ITNS 2006 annual meeting.

In March, ITNS organized its first meeting in conjunction with the American Society of Transplantation (AST) at the winter meeting held in Banff, Canada. This meeting was ideal for building bridges for the future. ITNS plans to become a permanent partner in organizing educational initiatives for transplant professionals, particularly transplant nurses around the world.

The symposium caps off a productive and fruitful year for ITNS. Next, in September, EDTNA, the European Dialysis and Transplant Nurses Association (www.edtna.com), and ITNS will

hold their first collaborative initiative during EDTNA's annual conference. This targeted, one-day transplant workshop will be held September 11, 2005 in Vienna, Austria.

ITNS has become a true partner and a reference for transplant professionals around the world. Our unique international position has opened doors to different professional organizations requesting our input, experience and knowledge. By implementing our

mission and goals around the world, we have created a unique challenge that we need to fulfill. This is only possible if we can count on you and your professional experience. ITNS members, you have to share with your colleagues and others the benefits of being a part of ITNS. ITNS is expanding rapidly and bringing exciting initiatives to the forefront. Join us! •



ITNS Silent Auction

Registrants at this year's symposium will have an opportunity to participate in the fun and excitement of the ITNS silent auction. Members of the ITNS North-east Florida Chapter, under the direction of Gene Richie, RN, CCRN, have volunteered to coordinate the auction this year. All proceeds from the silent auction will directly benefit the on-going goals and objectives of both our international organization and the North-east Florida Chapter.

Please consider making a donation to the silent auction. All donations are tax deductible. Please make sure your donation is easily transportable – think of jewelry, music CDs, T-shirts, sweatshirts, sweaters,

chocolates, small pictures or books, handmade items, sports memorabilia, autographed or cultural items.

We would prefer to receive a description and an estimated value of your donation prior to the ITNS silent auction and we ask that you carry the item(s) with you to the symposium. If you cannot provide a description in advance, be sure to bring the description and its estimated value with the item. If you plan to donate an item but are not attending the symposium, send an email to itns@msn.com and we will provide you with a shipping address in Florida. Items should be sent no later than September 1, 2005. •



Plans are underway for the 2006 ITNS Symposium in Rotterdam, The Netherlands. Helping with the program are seven of our organization members shown from left Carlijn Bijl, Secretary, Liver Transplantation team, Erasmus MC, Rotterdam; Thea Bolten, Kidney Transplantation registered nurse, UMCL, Leiden; Marjo van Helden, Kidney Transplantation research nurse, UMCN, Nijmegen; Marry de Klerk, Living donor kidney transplant coordinator, Erasmus MC, Rotterdam; Lara Elshove, Liver Transplantation coordinator, Erasmus MC Rotterdam; Anneloes Wilschut, Erasmus MC, Rotterdam; and Albert Oosterom, Nurse Practitioner Heart transplantation, UMCU, Utrecht

The following members are not shown in the picture but are also very active in our committee. Jeanette Noordhuis, Kidney and Liver Pre-transplantation coordinator, UMCU, Utrecht and Petra Maris, Lung Transplantation coordinator, Erasmus MC, Rotterdam

15th Annual ITNS Symposium in Rotterdam

15th Annual ITNS Symposium
October 5-7, 2006
World Trade Center Rotterdam
Rotterdam Hilton
Rotterdam, The Netherlands

The 15th annual ITNS Symposium and General Assembly 2006 will take place in Rotterdam, the Netherlands. Rotterdam owes its existence to two rivers, the Rotte and the Maas. The city has grown to be the world's largest port. The history of the city dates back to the fourteenth century.

Rotterdam's most famous son Desiderius Erasmus, humanist, was born in 1467. Many important places and institutions in Rotterdam carry his name – the University Hospital, the University and Erasmus bridge, which connects the center with the area called "De Kop van Zuid." The Erasmus bridge forms the scenery of the flyer for the ITNS symposium 2006, "Building Bridges for Successful Transplantation."

The Rotterdam city center lost its heart during the bombardments in World War II. The young city center began a new life around 1950 and became the dynamic center of the city you can experience today. Rotterdam is an international and cultural city on the water with over 600,000 diverse inhabitants who have common sense and a decisive mentality.

The local organizing committee has already begun preparations for the 15th annual ITNS Symposium in 2006. The symposium will take place at the World Trade Center of Rotterdam. This venue is situated in the middle of the city center of Rotterdam and is located within walking distance of the symposium hotel, Hilton Hotel Rotterdam.

The local organizing committee consists of nine people. Our goal is to show you our European hospitality and our talents and specialities in the field of solid organ transplantation.

We are all working very hard to make the 15th annual symposium a success. Rotterdam is known as an open and hospitable city and we would like you to get to know our city and country.

Let's meet in Rotterdam! •

ITNS Awareness Wristbands / Car Magnets Order Form



Wristbands

Quantity	Price each	Shipping*	Total Price
_____	\$1.50	\$_____	\$_____

*Shipping:

1-5 bands \$1.50
6-20 bands \$2.50
21-100 bands \$3.85
100+ bands \$5.00

Wristbands are green with laser engraved "LIFE-LIVE IT, THEN GIVE IT". They measure 7" Circumference, 7/16" Width, 1/16" Thick.

Car Magnets

Quantity	Price each	Shipping*	Total Price
_____	\$1.50	\$_____	\$_____

*Magnets are heavy and therefore postage is as follows:

1-5 magnets \$2.00
6-25 magnets \$3.85
26-100 magnets \$6.50
100+ magnets \$10.00

The car magnets are green with white lettering as shown. The middle can be removed and used elsewhere. They measure 3-7/8" W x 8" H.



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Orders may be placed by calling ++(412) 343-ITNS(4867) or fax this order to ITNS at ++412-343-3959.

Mail to: ITNS 1739 E. Carson Street, Box 351
Pittsburgh, PA 15203-1700, USA

Go to www.itns.org to place an online order or e-mail itns@msn.com for an order form.

Research and Chapter Development Resources on ITNS.org!

Cindy Hoekstra, RN, BScN, CCTN
University of Alberta Hospital
Edmonton, Alberta

Did you know that the ITNS website homepage offers valuable resources for transplant nurses interested in transplant nursing research? Developed by the ITNS research Special Interest Group (SIG), the information can be found under the “Resources” tab and includes:

- information for research grants available to successful applicants developing and carrying out transplant nursing research;
- a research SIG email list that allows for the sharing of ideas related to research. This list and information on how to become a part of this discussion group is posted in the Resources section under “Research”;
- an extensive list of research tools available to nurse researchers as well. This list was developed to assist in locating information about research instruments/tools that have been used with transplant subjects.

Another great website tool is the “Chapter” tab. For those interested in starting a chapter or for chapters currently up and running, a regular review of the Chapter section is highly recommended. For chapters looking to become chartered, the Chapter Resources section is a necessity containing useful tips and required forms and guidelines. The Chapter section also provides a listing of all chapters, US and international, and their presidents. Chapters are encouraged to email updates, newsletters and event information to help inspire new upcoming chapters in their development.

We are always striving to make the ITNS website better and welcome you to forward your suggestions and comments to the website director, Cindy Hoekstra at cmhoek@telusplanet.net. •

ITNS Awareness wristbands — keeping the focus on organ donation

1. Give a wristband to each of the staff on your unit as a thank you for their care of transplant patients. You could give this to them for nurses week, or their service anniversary.
2. Meet with the manager of the gift shop at your organization to see if they would be willing to sell the wristbands. Then make a sign for your family waiting area letting the families know how to purchase the bands.
3. Give patients wristbands for organ donation month.
4. Give a wristband to each transplant patient before discharge from the hospital.

ITNS Awareness Wristbands help keep the focus on the importance of organ donation and they help support ITNS.

New Organ Transplant Visual Med Scheduler® (OTVMS) due in July.

The Organ Transplant Visual Med Scheduler® (OTVMS) continues to gain momentum in the transplant community. This innovative program allows transplant professionals to quickly customize, document, and print patient medication charts for the purpose of helping patients understand their medication therapy. Tim Peters, President of MedActionPlan.com, LLC introduced the program at the ITNS symposium last fall. To date, over 125 transplant facilities have signed up to use the OTVMS. Users of the program are enthusiastic about its intuitive look and feel, but the biggest benefit comes from the time it saves the transplant professional. Another bonus is the printouts are easy for patients to understand.

Version 2.0 of the OTVMS will launch in July. In response to the needs of the user community this latest version includes a language translation function, email capability, and the ability to convert a patient chart into a wallet-sized schedule. There are also advanced patient search functions.

The first language option will be Spanish. Additional languages will be added in the future. Patients with email access will be able to receive their medication charts via a secure email. This will enable them to get updated medication regimens without marking up their existing charts, or making a trip to the clinic to pick up their new schedules. For patients on the go, a handy

wallet-sized schedule may be printed. Finally, advanced patient search functions will streamline the management of patient data and recalling saved regimens.

MedActionPlan exhibited OTVMS and provided demonstrations at the American Transplant Congress (ATC) meeting in Seattle, Washington, May 21-24. Tim Peters, President of MedActionPlan.com, LLC was at the ITNS Exhibit Booth answering questions and discussing the program with conference attendees. ITNS Board members assisted with the exhibits and demonstrations.

“...users are enthusiastic about its intuitive look and feel, but the biggest benefit comes from the time it saves the transplant professional.”

Version 2.0 will be presented at the ITNS Symposium in Orlando on September 22.

To see a demonstration of the OTVMS, please contact MedActionPlan at 800-543-2230 or send an email to OTVMSComments@medactionplan.com. •

ITNS 2005 Research Grants Available

ITNS Nursing Research Grants are sponsored in cooperation with Astellas Pharma US, Inc. These grants are available to ITNS members and are announced each year at the ITNS Symposium. At least two \$2,500 grants are awarded annually at the ITNS Symposium. Go to the ITNS grants website: <http://itns.org/resources/grants/defaults.html> for an application and further information. •

ITNS T-Shirts

Order Form

T-Shirts

Choose purple or black with green message: "LIFE-LIVE IT, THEN GIVE IT".
 Sizes available are: S, M, L, XL, 2XL, 3XL

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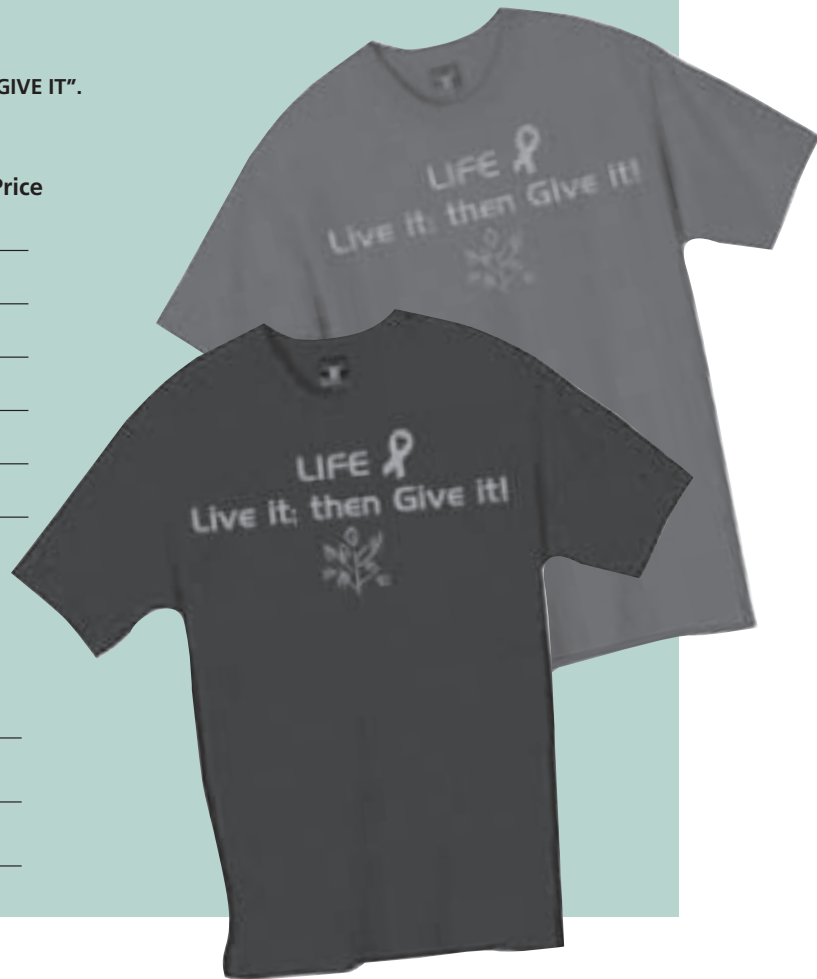
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Inaugural Certified Clinical Transplant Nurse (CCTN) Examination is a Complete Success!

The International Transplant Nurses Society (ITNS) and the American Board for Transplant Certification (ABTC) have spent the last two years preparing for the administration of the first Certified Clinical Transplant Nurse (CCTN) examination. The process consisted of implementing an international Job Analysis, creating an ABTC Board of Governor position to represent ITNS and the field of transplant nursing, the establishment of a CCTN

Examination Committee and a business plan for administering the inaugural examination.

The inaugural CCTN examination drew 176 individual applications. The first examinations were given on October 13, 2004, in Vancouver, British Columbia, in conjunction with the ITNS Annual Symposium. The four alternate examination test sites established by ABTC were determined by the volume of job

analysis surveys received. The October 16, 2004, sites and candidate volumes were:

Chicago	38 examinations
Los Angeles	9 examinations
New Orleans	21 examinations
Pittsburgh	33 examinations

There were also four additional alternate test sites established at the request of local groups:

Minneapolis	11 examinations
New York	12 examinations
San Antonio	14 examinations
Philadelphia	6 examinations

Of the 176 total candidates, 150 passed (85.2%); 24 failed (13.7%) and 2 (1.1%) were absent. The reliability of CCTN test scores was .84 and the standard error of measurement was 4.7 items. Candidates had to correctly respond to 106 items out of 150 to pass. The reliability of pass/fail outcomes was .93, which was well above the point of minimum acceptability. There were six (3%) international candidates among the 176, five from Canada and one from China.

The ABTC Board of Governors and the CCTN Examination Committee are in the process of working out the final details for CCTN recertification by education. Current CCTN professional title designations will remain in effect until December 31, 2007, after which candidates must apply for recertification. Watch the ABTC website for recertification updates and other pertinent information regarding this examination.

CCTN exam dates are still available

The 2005 Certified Clinical Transplant Nurse examination was administered on April 30, 2005 in Houston, Texas; New Orleans, Louisiana; New York, New York; and Toronto, Ontario. On September 24, 2005, the CCTN examination will be administered at Cleveland, Ohio; Las Vegas, Nevada; Seattle, Washington; and Toronto, Ontario. The final examination for 2005 will be administered on September 25, 2005 at the ITNS Annual Symposium in Orlando, Florida. Candidates in alternate locations may complete an Alternate Test Site form. For further information, please visit the ABTC website (www.ABTC.net).

The International Transplant Nurses Society and the American Board for Transplant Certification wishes to congratulate all of the candidates who passed the CCTN examination, and encourages everyone to continue to promote professional certification of transplant nurses.

If you have any questions, please send an e-mail to abtc-info@goAMP.com or call (913) 599-0198. •

ITNS collaborates with American Society of Transplantation (AST)

ITNS held its first collaborative event with AST this past March in breathtakingly beautiful Banff, Alberta, Canada. The workshop covered topics related to "Immunosuppressive Strategies: Determining Successful Outcomes for the Long-Term Survivor." Speakers included Donna Hathaway, PhD, FAAN; Linda Ohler, MSN, CCTC, FAAN; Nadya Nalli, BSc, Phm; Frank Van Gelder, RN, BSN, ECTC; Beverly Park, MSN, CRNP; Rakesh Sindhi, MD, FACS; and Mary Laura Beal, MSN, RN. Thank you to Astellas Pharma US, Wyeth Pharmaceuticals, Novartis Pharmaceuticals, and Genzyme for their generous support of this educational program.

Those interested in attending next year's ITNS Winter Nursing Workshop in conjunction with AST can mark their calendars for the week-end of February 16-20, 2006 in Cancun, Mexico and look for more information from ITNS in the near future.

Helpful Hints for Reviewing the Literature: Part 1

Cindy Russell, PhD, RN
Assistant Professor
University of Missouri - Columbia
Sinclair School of Nursing

The literature review is an essential component of a research grant proposal. A comprehensive literature review helps you:

- determine what is known in your research area
- build a case for the importance and significance of your study
- demonstrate the relevance of your study to the existing body of knowledge
- identify and describe your theoretical framework
- develop or refine your research design

Computerized searches are a key resource in locating pertinent literature. Useful databases include PubMed, PsycINFO, the Cumulative Index to Nursing and Allied Health (CINAHL), and Allied and Contemporary Medicine (AMED). Research librarians can help you access other useful databases such as the Cochrane Database of Systematic Reviews, ArticleFirst, Electronic Collections Online (FirstSearch), Database of Abstracts of Reviews of Effects (DARE), and the Social Sciences Index.

There are two major approaches to locating pertinent literature. The first is the “ancestry” method, whereby you use the reference list in a given article to find other articles written on a particular topic. The second method is the “descendency” method, whereby you (1) identify a seminal article in your area; (2) go to a citation index such as the Social Science Index or the Science Citation Index and look up the seminal article. The index will give you a list of all subsequent articles that have cited that seminal article.

Key principles to keep in mind when reviewing the literature are:

- (1) always use a primary source (the primary source is the original article in which the information was reported)
- (2) go back at least five years BUT, make sure you include classic articles, no matter when they were published and
- (3) include pertinent literature from other disciplines •

“Literature review is an essential component of a research grant proposal.”

Helpful Websites:

PubMed: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>

Social Science Citation Index: <http://www.isinet.com/products/citation/ssci/>

Science Citation Index: <http://www.isinet.com/products/citation/sci/>

Arts and Humanities Citation Index: <http://www.isinet.com/products/citation/ahci/>

The “You Can Do It!” Series: Write an ITNS Grant 2005 Symposium Workshop

This year we are offering another exciting “hands-on” workshop for ITNS members. The goal of the four-hour session will be to provide the information and support needed to develop an ITNS grant. The session targets intermediate to advanced practitioners with some research experience and a strong desire to develop an ITNS grant application.

The format for this workshop is based upon the evaluations from the 2003 and 2004 ITNS Symposia Research Workshop participants. During the workshop you will receive expert guidance and assistance on these topics from experienced researchers and scholars. Sandy Cupples, DNSc, RN, from Washington Hospital Center; Rebecca Winsett, PhD, RN, from the University of Tennessee-Memphis and Cindy Russell, PhD, RN, from the University of Missouri-Columbia will guide you through developing your ITNS grant.

Helpful Hints for Reviewing the Literature: Part 2

Cindy Russell, PhD, RN
 Assistant Professor
 University of Missouri - Columbia
 Sinclair School of Nursing

Now that you have amassed mounds of articles, it is time to organize them! There is no one “right way” to organize the literature, however; the following method is used by many researchers.

First, divide your articles into four categories:

- highly relevant and absolutely essential
- somewhat relevant; probably will use
- relevant; may use
- not relevant

Second, for articles in the first three categories, consider developing a “review matrix” in which you take specific notes on each article as you read it. This matrix allows you to consistently obtain key information regarding each article.

Sample Review Matrix

Author Title Journal	Year	Purpose	Variables		Subject Characteristics		Research Design	Data		Comments
			Dep	Indep	# of Subjs	Subj. Char.		Source of Instrument(s)	Yr. Data Collected	

When you sit down to write your literature review, organization again is key. You can organize your review chronologically by putting the oldest articles first. This helps to provide a historical perspective for your reader. Or, you can group your articles

according to your major research variables. Some researchers use a combination of the above methods: they discuss the literature for each major variable separately, and within these individual discussions, they order the review chronologically.

Third, developing an outline may also help you to organize your literature review. One strategy is to print out the abstracts of each article to be included in the review. Place these abstracts in one of the following three stacks: The Research Problem/Question; Research Done to Date; Gaps and Flaws in the Current Body of Knowledge. As you go through each stack, construct a detailed outline of key points you want to make in your literature review.

When you write your literature review, you want to proceed from what is known about a particular topic to what is unknown. Then, you want to show how your research study will help fill this gap in the current body of knowledge.

The amount of “space” available for the literature review in a grant proposal is small. Therefore, you want to succinctly (1) focus on key articles, (2) provide an overall synthesis and analysis, (3) show how the literature supports your proposal (4) identify the gaps in the current body of knowledge, and (5) show how your study addresses these gaps and systematically contributes to knowledge building. •

The first part of this workshop—translating your idea into a research question—will involve small group work with an expert leading each group. Through small group interaction, each expert researcher will lead a small group discussion to identify a research question and quantitative or qualitative methods for each participant. During the second part of this workshop, each participant will write a draft of their ITNS grant application using a template of the grant. Ideally, this will be accomplished on each participant’s laptop. Participants should bring a laptop to the workshop.

The goal of this workshop is to have each participant leave with a draft of their ITNS grant application which could then be submitted to ITNS the following year for review and possible funding. We hope to see you there!

My Views in My Review

Joyce A. Overman Dube, MS, RN
Nurse Administrator
Mayo Clinic
Rochester, Minnesota

This column is the first in a series of columns intended to review the Transplant Nursing literature and highlight what our colleagues have put in writing to chart the course of Nursing in Transplantation.

Transplantation Nursing Secrets; Questions and Answers Reveal the Secrets to Successful Transplantation Nursing

Editors: Sandra A. Cupples, DNSc, RN
Linda Ohler, MSN, RN, CCTC, FAAN
Editor in Chief: Linda J. Sheetz, EdD, RN, CS, CEN

Are surgical outcomes better with single or double lung transplantation? Why are patients with alcoholic liver disease considered for liver transplantation? What follow up is required after a living donor has been discharged from the hospital? Describe the events of acute rejection.

These questions and many others are what keep transplant nurses up at night. The answers to these questions are found in this book which is a 'must have' for all transplant professionals.

"Transplant Nursing Secrets" is one in a series of books, "Nursing Secrets Series®" that employs a novel approach to informing and educating the reader on a specific topic or practice area important to nurses. The question and answer format

easily gets to the point. The book is well organized into 25 succinct chapters that provide a quick reference to all aspects of transplantation and nursing care of transplant patients. Questions range from basic for the novice transplant nurse to highly complex, and still unclear. For example, in response to "What is the optimal site for islet transplantation?" the published answer is "The optimal site for islet transplantation has not yet been determined." This leaves room for further theories in publications by our up and coming experts.

The author editors and contributing authors have done a nice job of describing the variance in practice between Transplant Centers. Sometimes there is more than one correct answer and they've done their research well as evidenced in their responses.

"Transplant Nursing Secrets" is an excellent resource to use as a supplement to orientation for new transplant nurses as well as a reference guide for the more experienced transplant nurse. Some of the thoughts provide a nice springboard for discussions that challenge the way we've always done things. This book provides Transplant Nurses with new ideas and reinforces their current "Best Practices." Sandra Cupples and Linda Ohler are to be commended for their outstanding work of pulling together this excellent resource for Transplant Nurses. They, along with 29 contributing author experts in the field of transplantation, highlight in detail what every transplant nurse needs to know—the secrets. •

Get Certified!

The American Board for Transplant Certification (ABTC), in collaboration with ITNS, developed a certification exam for transplant nurses. More than 50 ITNS members successfully sat for and passed the first written exam last October and more registered nurses are sure to add CCTN credentials after their names this year as well. ABTC has scheduled exams for the following dates and cities:

September 24, 2005

Cleveland State University, Cleveland, Ohio
Community College of S. NV, Las Vegas, Nevada
Renton Technical College, Seattle, Washington
Centennial College, Toronto, Ontario

September 25, 2005

The CCTN Examination will also be administered in Orlando, Florida in conjunction with the ITNS Annual Symposium. The ITNS Symposium will be held September 22-24 and the exam will be held Sunday, September 25 at the Caribe Royale Resort.

Registration deadlines for BOTH exam dates:

Early Application Deadline: August 1, 2005 (\$250)
Final Deadline: September 1, 2005 (\$300)

Alternate test sites may be set up for a fee. Please visit the ABTC website (www.abtc.net) to obtain an alternate test site form as well as the CCTN Examination Handbook and Examination Application.

If you have any questions, please send an e-mail to adtc-info@goAMP.com or call (913) 599-0198.

Transplant Nurse Mentoring/ Preceptorship Program (TNMP) for 2005

ITNS is excited to once again offer the TNMP at the 14th Annual ITNS Symposium on September 22-24 in Orlando, Florida. The program this year will provide 12 new transplant nurses (in transplant nursing less than three years either as transplant coordinators, clinic or inpatient nurse, or advance practice nurse) with the opportunity to attend the annual symposium and a pre-conference workshop dedicated to their learning needs as novices in the field of transplant nursing. This knowledge and growth opportunity fosters their future transplant nursing careers and fulfills the ITNS mission to nurture and educate nurses in transplantation.

ITNS supports the lodging and symposium registration fees for candidates. Round trip coach airfare is the responsibility of each participant selected.

Candidates have been asked to submit an application, a resume or CV, a statement of approval and support from the candidate's supervisor or director. In addition, candidates submit an essay outlining their objectives and goals for this selection and their intent and commitment to the field of transplant nursing.

A committee of two ITNS board members and two members-at-large will review the application submissions and announcement of candidates will be forthcoming.

All participants in the TNMP program will:

- (1) attend pre-symposium educational workshops and the annual symposium;
- (2) participate in small group debriefing or discussion with preceptor/program faculty on content presented in pre-symposium workshops, symposium plenary sessions, abstract and poster sessions; and
- (3) review six poster presentations outlining their clinical impact and applicability to transplant nursing.

TNMP participants will connect with ITNS Board Members and their mentors and faculty for this year's program at a private reception on Wednesday, September 21 and at the Welcome Reception on Thursday, September 22. All new nurses and transplant coordinators are invited to participate in any of the learning options and sessions along with the TNMP participants.

After attendance and participation in the program at the annual symposium, TNMP candidates are required to provide evidence of the following course completion objectives within four months after the symposium.



TNMP: Fostering transplant nursing careers

- (1) Present one educational program to their transplant unit, based on aspects learned at the symposium;
- (2) Provide two written sequential updates of how participation in the TNMP changed or enhanced their clinical practice; and
- (3) Complete a course program evaluation and needs assessment.

Congratulations, in advance, to the candidates who will be selected to participate in Orlando. ITNS looks forward to meeting and working with each candidate to foster and develop their dedication to transplant nursing.

Preceptors/mentors and faculty will be selected from the membership-at-large. If you are interested in mentoring a TNMP candidate please contact the ITNS office at 412-343-4867 or email itns@msn.com or go to the web site at www.itns.org to examine the criteria.

The ITNS has applied for an educational grant from Wyeth Pharmaceuticals to support this educational endeavor. •

Optimizing Long-Term Outcomes in Renal Transplantation: Chronic Allograft Nephropathy

Amber M. Blank
Project Manager
CTI - Clinical Trial and Consulting Services
Blue Ash, Ohio

Significant improvements in 1-year graft survival in the last two decades have not translated into the same improvements in long-term graft survival. Histologic evidence of irreversible injury to the allograft is termed chronic allograft nephropathy, or CAN. CAN is a primary cause of graft loss after 1-year post-transplant. Many factors, both immunologic and non-immunologic, can contribute to CAN, including acute rejection, cardiovascular disease and nephrotoxicity. Identifying and managing those factors that are controllable is key to preserving long-term renal function and graft survival.

In the last ten years, transplant donor and recipient patient populations have changed significantly, with an increase in living unrelated donors, older donors and recipients, and the use of expanded criteria donors. These changing trends may indicate that more renal transplant recipients are now at risk for CAN, cardiovascular disease, and possibly poorer long-term outcomes. Immunologic injury to the allograft from the production of cytokines, growth factors and acute rejection episodes can lead to tissue damage. Non-immunologic causes of CAN include calcineurin inhibitor toxicity, hypertension, hyperlipidemia, infections, preservation injury and donor vascular disease. Some risk factors for the development of CAN, such as acute rejection, cardiovascular disease and preservation of renal function can be partially mediated by modification of immunosuppressive regimens based on patient risk factors and medical history. Patient outcomes can be optimized by proper medical management of risk factors and immunosuppressive medications.

Acute rejection remains the single most damaging event to the transplanted kidney and the most important predictor of CAN. An acute rejection episode can increase the risk of CAN more than 6-fold, and the risk is even greater if the rejection episode occurs after the first month post-transplant. Managing acute rejection episodes post-transplant with effective immunosuppressive regimens may improve long-term outcomes. The introduction of new immunosuppressive agents in the last two decades have dramatically reduced the rates of acute rejection episodes and improved 1-year survival rates. Several studies comparing tacrolimus and cyclosporine regimens have demonstrated significantly less acute rejection with the use of tacrolimus. Studies comparing these agents in maintenance regimens indicate that the combination of tacrolimus and mycophenolate mofetil (MMF) provide the lowest rate of rejection compared to cyclosporine/Azathioprine, cyclosporine/MMF or tacrolimus/Azathioprine. Other studies utilizing sirolimus have shown reduced rejection rates when the agent is used in combination with tacrolimus or MMF, and similar rates of rejection when utilized as the primary agent compared to tacrolimus regimens. Thus, utilizing newer immunosuppressive agents has minimized acute rejection rates while maintaining efficacy. The overall reduction in acute rejection rates and severity may lead to less long-term CAN.

Although decreases in acute rejection rates with new immunosuppressive agents have led to improved short-term graft survival, long-term data are still being accumulated with some data showing promise in the preservation of renal function and prevention of CAN. Two studies with 5 year follow-up demonstrated significant advantages with tacrolimus versus cyclosporine in renal function and rejection, with similar survival rates. Studies have also demonstrated an advantage with MMF versus Azathioprine, as MMF has demonstrated renal protective effects.

Only recently has renal function been identified as a predictor for CAN and long-term graft survival. Therefore, maintaining good renal function throughout the post-transplant period is imperative in improving long-term effects on the graft. Numerous studies have evaluated serum creatinine and calculated creatinine clearance as a surrogate marker for long-term graft survival, and renal function is being recommended as an endpoint in current renal transplant trials. One study demonstrated that higher serum creatinine levels were associated with shorter graft half-life, independent of the occurrence of acute rejection episodes. Several studies have indicated an advantage in renal function outcomes with tacrolimus versus cyclosporine, with studies demonstrating lower serum creatinine in patients long-term, converted from cyclosporine and in patients at high risk for chronic renal allograft failure. In addition, a protective effect against declining renal function has been noted with continuous use of MMF. Sirolimus has also shown significant improvements in renal function in patients converted from cyclosporine to sirolimus at 6 months post-transplant. Overall, it appears that early renal function has an impact on long-term graft survival and function. The determination of the optimal immunosuppressive regimen may largely impact renal function long-term.

CAN is a primary cause of late renal allograft loss. Recent studies have focused on the many risk factors for CAN, including immunologic and non-immunologic risks. The reduction of risk factors for CAN may improve long-term outcomes. Data would suggest that acute rejection, renal function, CAN and graft loss or survival are strongly linked together. Although some factors impacting CAN are not controllable (including some immunologic risk factors), certain risk factors are controllable and should be managed appropriately to reduce the risk of CAN. Recent advances in immunosuppressive therapies allow the benefit of tailoring regimens to fit the needs of individual patients and reduce the risk of CAN. •

Reference:

Tomlanovich SJ, *Optimizing Long-Term Outcomes in Renal Transplantation: Part 1 of 2: Chronic Allograft Nephropathy*. 2005. [Monographic Series]. Available From: CTI Clinical Trial and Consulting Services, Blue Ash Ohio.

Join ITNS in Orlando



**14th Annual
ITNS Symposium**
Orlando, Florida
September 22-24, 2005

**Look for the new ITNS display
booth at the following meeting:**

NATCO meeting in Atlanta, Georgia,
July 31 - August 3, 2005

Keynote: Evidenced-Based Practice

Brochures are out and registrations are coming in quickly. The 14th Annual ITNS Symposium has a broad spectrum of educational topics for transplant nurses and coordinators. Our keynote speaker will be Mary Krugman, RN, PhD, FAAN, who will provide keen insight on "Celebrating Our Practice: Building the Specialty of Transplant Nursing through Evidenced-Based Practice."

Dr. Krugman is director of professional resources at the University of Colorado Hospital with oversight of clinical orientation, education and training, nursing research and evidence-based practice and operational programs. She lectures and is widely published on the subject of leadership, developing Magnet status and evidenced-based practice in nursing.

Her keynote presentation will provide symposium attendees with knowledge about evidenced-based practice and strategies for how the transplant bedside nurse incorporates evidence-based practice as the foundation for nursing practice and the mechanism to design and change practice. •

ITNS '05 Research Listserv

Cynthia L. Russell, PhD, RN
Assistant Professor
University of Missouri – Columbia
Sinclair School of Nursing

With the help of Cindy Hoekstra, RN, BScN, CCTN, we have improved the International Transplant Nurses Society (ITNS) Research Special Interest Group (SIG) email list. This list was developed to aid dialogue and assist networking of ITNS Research SIG members that are interested in sharing ideas related to research!

If you have indicated you were interested in being a member of the ITNS Research SIG, you are automatically signed up to be on the list.

As chairperson of the ITNS Research SIG, I invite you to read, reflect, and respond to the research-related postings. The Research Committee will post informative research-related information on a monthly basis, but please post any research-related questions or comments you might have. The first research-related topic was posted in February.

The server will distribute email to all members of the list. If an individual replies to any message, the response will automatically be directed to the entire list (this is the easiest method of responding). If anyone wishes to direct a response to an individual rather than the list, they will need to do this manually. To send a message to the list, simply direct an email to: research@inurse.com Please add this to your email address list. •



Calendar of Events

**National Kidney Foundation (NKF)
2005-15th World Transplant Games**

July 16 - 24, 2005
London, Ontario, Canada

NATCO 2005 Annual Meeting

July 31-August 3, 2005
Hyatt Regency Atlanta
Atlanta, Georgia, USA

**3rd Congress of the International Pediatric
Transplant Association (IPTA)**

August 6-9, 2005
Innsbruck, Austria

**34th EDTNA/ERCA Conference
European Dialysis and Transplant Nurses Association
European Renal Care Association**

September 10-13, 2005
Vienna, Austria

14th Annual 2005 ITNS Symposium and General Assembly

September 22-24, 2005
Caribe Royale All Suites Resort and Convention Center
Orlando, Florida, USA

**AMSN 2005 Annual Convention
The Many Faces of Medical – Surgical Nursing**

September 22-25, 2005
New Orleans, Louisiana, USA

**ANNA Fall Meeting for Nephrology Nurse Managers,
Advanced Practice Nurses, and Clinicians**

September 24-26, 2005
Hyatt Regency Crown Center
Kansas City, Missouri, USA

TRANSPLANT IMMUNOSUPPRESSION 2005:

Improving Recipient Outcome

September 28-October 1, 2005
Radisson Hotel Metrodome, University of Minnesota campus
To be added to the mailing list contact Continuing Medical Edu-
cation, University of Minnesota,
190 McNamara Alumni Center, 200 Oak Street SE, Minneapolis,
MN, USA
(612) 626-7600; toll free 1-800-776-8636
FAX (612) 626-7766;
CME website at www.cme.umn.edu

ESOT/ETCO Congress

October 15-19, 2005
Geneva, Switzerland

Future Annual Meetings:

NATCO 2006 Annual Meeting

August 27-30, 2006
Marriott Chicago Downtown - Chicago, Illinois
2007 - New York
2008 - Boston

15th Annual ITNS Symposium

October 5-7, 2006
Rotterdam Hilton - Rotterdam, The Netherlands
For more information email itns@msn.com.

Patient Education as a Caring Dimension

Barb Schroeder, MS, RN, CNS
Organ Transplant CNS
Mayo Clinic
Rochester, Minnesota

The goal of patient education is to assist patients in the improvement of their own health. – Freda, 2002

Patient education is the process of changing patient knowledge, attitude and skills with the goal of influencing their behavior and improving their health.

The nursing profession has embraced patient education as a central factor in the nursing process, and it is also a dimension of nurse caring.

Nurses serve as advocates or the person who stands alongside the patient to empower them. We are their voice when they are weak and vulnerable.

Caring is an integral part of our nursing practice, but how does it look in your daily practice? In several studies describing the process of caring the following are identified:

- shared vulnerability between the patient and nurse
- active listening
- comforting
- setting goals
- getting to know the patient as a person
- respecting the patient
- touching the patient
- providing information to the patient to help with decision-making
- recognizing that patients know themselves best
- perceiving patient needs
- and providing good physical care

(Wolf, Giardino, Osborne & Ambrose, 1994).

Caring includes being a patient advocate so that patients make informed decisions, which also promotes their autonomy. The nurse through his/her actions helps to make the patient feel safe, comforted, and valued.

Patient education is a dimension of caring in which we consider the best interests of the patient. Caring becomes a balance between caring and also challenging the patient.

Changing needs and mandates have increased the visibility, involvement and expertise of nurses as patient teachers. Nurses have taken leadership in assisting the patient with informed consent, discharge planning, medication education, health

maintenance education as well as education for the improvement of transplant outcomes. As a transplant nurse you have the opportunity to make a significant difference in your patients' outcomes. Ask yourself these questions:

- What is your involvement in patient teaching?
- How do you bring the caring dimension to your practice as a professional nurse?

Take the time to learn more about patient education, adult learning principles and teaching strategies for effective behavior changes. You can empower patients with your expertise and knowledge to help them make informed decisions that will influence their health along the continuum of life. •

Excerpts taken from:

Rankin, SH et al (2005) *Patient Education in Health and Illness*
Lippincott, Williams and Wilkins.

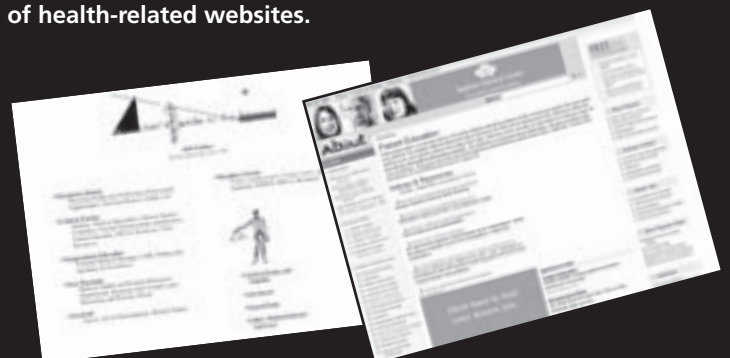
Patient Education Resources Section Surfing the Web

<http://nursing.about.com/od/patienteducation/>

This site provides resources on a variety of topics. It contains links for you to connect with other areas of interest.

<http://physiciansguide.com/ptedec.html>

This site contains a comprehensive listing of a variety of health-related websites.



Writing Your Research Question

Cynthia L. Russell, PhD, RN
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Sinclair School of Nursing

It seems like everyone has a great idea for a research study. However, translating your idea into a research question that can be studied scientifically can be a challenging undertaking, especially if you are fairly new to research. The goal of this brief is to provide you with guidance on how to get through this important first step in completing a research study.

A well-written research question is very focused and specific. If you make the analogy that a research study is much like the human skeleton, you will understand the importance of linking all the parts together for a successful study. The research question is the “spine” of the study since it supports the study design (arms) and methods (ribcage), which then direct the statistical methods (legs). If your research question (spine) is not well constructed, then the entire study (skeleton) collapses. (Think of the review of the literature as the “head” of the skeleton since it leads to the spine and must have a strong connection! Do you think that the study’s theory is the “skin”?)

A well-written research question contains the key variables, the relationship between the variables, and the population to be studied (Norwood, 2000; Polit & Beck, 2004). For example, “What is the correlation between hope and uncertainty in individuals awaiting renal transplantation?”

Can you identify the problems with the following research questions:

- 1. What are the levels for individuals awaiting renal transplantation?** (Answer: the variables to be studied are not identified. Levels of what?)
- 2. Is there a correlation between length of time on the renal transplant waiting list and hope and uncertainty?**

(Answer: the population to be studied is not identified. Who is being studied?)

3. What is the relationship between medication noncompliance in adult renal transplant recipients? (Answer: the variables are not all identified. What is the other variable to be examined in relationship to medication noncompliance?)

4. What is the effect of information and support in those waiting for a renal transplant? (Answer: all the variables to be studied are not identified. The effect of information and support on what?)

5. What are the levels of hope and uncertainty pre- and post-intervention for individuals awaiting renal transplantation? (Answer: if the focus of the study is examining the impact of the intervention to change hope and uncertainty, then the relationship between the variables and the intervention is not clearly stated. Are there (statistically) significant differences between hope and uncertainty pre and postintervention in these individuals?)

There are several good resources for helping you develop your research question. Probably the best resource is an experienced researcher who can ask you questions about your idea to assist you in narrowing the focus and making sure that your research question has all the important components for success. •

References

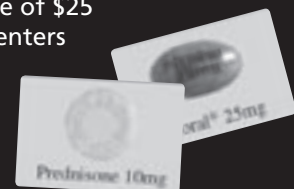
1. Polit, D., & Beck, C.T. (2004). *Nursing Research: Principles and Methods*. 7th ed. Philadelphia, PA: Lippincott, Williams, & Wilkins.
2. Norwood, S. L. (2000). *Research Strategies for Advanced Practice Nurses*. Upper Saddle New Jersey: Prentice Hall Health.



Novartis sponsors updated Medication Sticker Sheets

ITNS has updated its medication sticker sheets. View these sheets at www.itns.org to see pictures of the many medications used by recipients daily in their post-transplant regimen. These stickers, available for a nominal charge of \$25 for 50 sheets, are being used in transplant centers throughout the USA and Canada.

Thanks again to Novartis for its support of this valuable patient education tool.





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ST. LUKE'S-ROOSEVELT HOSPITAL CENTER RENAL TRANSPLANT COORDINATOR NEW YORK, NEW YORK

New growing renal transplant unit needs dynamic "take charge" person for pre- and post transplant care. We offer competitive salary and comprehensive benefits.

The Transplant Coordinator is responsible for the delivery of health care services necessary for transplant patients from the time the patient is first considered for transplantation, through inpatient and outpatient work-up transplantation, meeting acute health care needs and continuing after discharge to insure adequate health maintenance. This transplant nurse coordinator is responsible for delivering direct and indirect patient care, for organizing the health care resources and for assuring the patient's hospitalization is efficient and smooth. Acts as the liaison person during the course of the patient's transplantation therapy, and for developing and assisting in the implementation of the standards of nursing care for St. Luke's-Roosevelt Hospital Center's transplant program. Organizes, schedules, and coordinates pre-transplant evaluations including coordination with nephrology, urology, surgery and other departments as necessary. Presents evaluations to the team at Interdisciplinary Conference.

Qualifications: RN License, Certified Clinical Transplant Coordinator Certificate, BSN preferred. Needs 3/5 years experience, with superb organizational and communication skills.

Contact: Dennis Murtagh
Dmurtagh@chpnet.org or
By Fax (212) 523-3938



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