

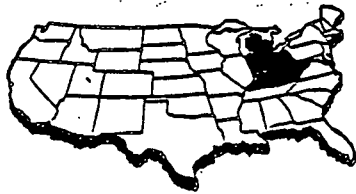


VOL. XIII

MARCH, 1982

NO. 1

MIDEAST REGION I.A.E.T. OFFICERS



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Notice





from
the "PRES"

We have survived the winter of 82, avoided the clash of the planets, spring must be near. Nice to have the Annual Conference in New York to look forward to.

Without stealing Ethel's thunder (I am sure she will have a written report) want to congratulate the members who made our past November Conference so educational and profitable.

We are not to worry about tax exempt status- until things are worked out at a regional level, we are covered by National. That relieved Jane-she was sure the IRS was coming to get her!

The list of regional members is on its way. They has been mailed prior to my talk with Fred.

Members have until March 30, 1982, to renew membership and pay dues so our share (regional level) of the dues will be after that.

Central office is working on National Directory to be published after dues deadline.

Am sure Fred, Debbie, Conference Committee, and many others have been extremely busy with the last minute change in Hotels in New York. A new conference contract was signed with the New York Statler. They feel the Statler will more adequately meet the needs of the conference offering better exhibit space and larger meeting rooms.

Am sure by the time the newsletter is out you will have received the hotel/air package information Fred developed. The conference flyers should also be in hand.

IAET Outreach Programs are scheduled for May 24, 1982, Boston, Mass. and November 1, 1982, in Kansas City, Mo.

The IAET Annual Conference in New York City will be June 23-25, 1982. Our regional meeting will be on Wednesday, June 23rd from 8:00 A.M. - 10:00 A.M. I feel that a morning meeting will be more productive. Am glad to see than change. Please be there. The certification exam will be given in New York Saturday, June 26, 1982, from 8:30 A.M. - 1:00 P.M.

Karen Granby, R.N., E.T. will be representing our region to assist with election of officers in New York.

Helen Arend and committee will have our Regional Pins for us (\$1.00) at the conference.

Looking forward to seeing old friends and meeting new members in June.

If there is any problem or question about upcoming conference please let me know and I will try to find solution, (513) 226-3200 is my work number.

Join us--work with us--to keep the Mideast Region strong. I really appreciate your support.

Joyce

****ATTENTION****

Board Meeting at Joyce Hawley's Suite -- June 22, 1982 at 8 P.M. to 10 P.M.

FROM THE REGIONAL TRUSTEE

Greetings from the snow state. It would not surprise me if there will still be snow in Michigan when you read this. By this time you have all received your J.E.T. and your conference program. Please note that the conference site has been changed to the N.Y. Statler. Location and facilities are just as good and even better in some respects. Also you will notice that many of the things you have requested have been addressed and changed. The regional meetings are not at night. There are tours offered. Arrangement of sessions appears to be good. It all looks good. Everyone, please come.

There will be some interesting things at our conference, like a presentation of the Strategic Planning Project. This is about our future in our profession.

The Youth Rally is go for July 4 - 9. Hope you have been looking around for some kids who will benefit from going. The new Ostomy Quarterly and the J.E.T. have information. I don't know if they have enough E.T. counselors or not. Our contact person is Jan Jester.

Hope you have all paid your dues. It is so easy to put that envelope on the side and forget it. I did and had a slight panic when the second notice came. Do it now to avoid embarrassment at the voting booth.

This is the time to think about serving on a national committee. We need lots of good workers on these committees. I can't recommend the pay, but I can assure you that it will be interesting, educational and rewarding. Contact either the committee chairperson or me.

See you in the "Big Apple"

Helen Arend



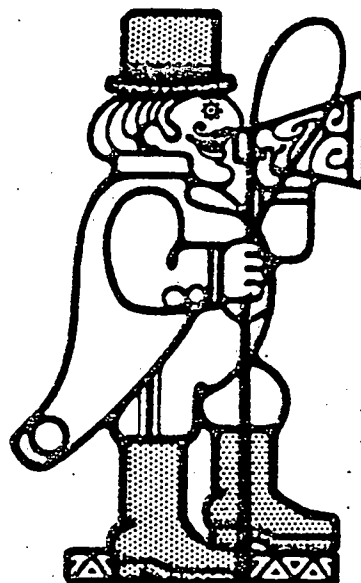
Detroit Conference Approved

The Continuing Education Committee of I.A.E.T. did approve our regional program, "Long Term Management of Ostomies" presented November 6, 1981 in Detroit for continuing education credit.

Members who require validation of CEU's should include in the request their Social Security number, nursing license number and their address. Send this information to:

Ethel G. Pryor, R.N.E.T.
2799 W. Grand Boulevard
Detroit, Michigan 48202
F. 4

Re: New York conference. People's Express Airlines flies Columbus - New York @ \$40.00 per person, one way, Saturday and Sunday after 7 P.M. \$65.00, one way, through week. Columbus is the only regional city served. No Detroit, Indianapolis, Cincinnati, etc. but this rate is enough to encourage people to drive to Columbus and leave cars there.



NOTICE

"CONGRATULATIONS TO US"
AS OF 3/9/82 THE MIDEAST
REGION HAS 173 MEMBERS
IN I.A.E.T.

PROPOSED BY-LAW REVISION

Outlined below is a proposed revision for Article III - Membership of our by-laws. This change is to keep our by-laws consistent with those of I.A.E.T. This proposed revision will be up for a vote at our regional meeting in New York City during the National I.A.E.T. conference in June.

It is also expected that the I.A.E.T. membership will be asked to consider a major change in the national by-laws that affects the way in which business is to be conducted: That is a change to a House of Delegates. The proposed amendment and rationale is reproduced for your consideration. This is an issue that requires our serious deliberation.

Ethel G. Pryor
By-laws

Mid-East Region

PRESENT BY-LAW	PROPOSED REVISION	RATIONALE
<p><u>Article III - Membership</u> <u>Section 1 - Classifications</u></p> <p>a. <u>Certified Member</u> Certified members shall be graduates of an accredited IAET educational program and certified in the field of enterostomal therapy. They are required to pay dues and shall have all privileges of membership.</p>	<p>a. <u>Active Member</u> An active member shall be graduated from an accredited IAET educational program. They are required to pay dues and shall have all the privileges of membership.</p>	<p>This is to accommodate all members, including graduates of accredited educational programs after February, 1979, who have not taken the certification examination. Board Certified is a professional designation rather than a membership category.</p>
<p>b. <u>Retired Member</u> Retired members shall be persons 62 years and older and not actively employed. They shall have full membership privileges, but are required to pay only 25% of the established dues.</p>	<p>b. <u>Retired Member</u> A retired member shall be anyone eligible to be an active member who is permanently retired from employment in the health care field. They shall have all the privileges of membership except those of making motions, voting and holding office. They are required to pay 50% of the established dues.</p>	<p>This is to eliminate age as a requirement. It also specifies that only those eligible to be active members may be retired members. The present by-law does not even say that they must be ETs. The old rate of 25% of the dues does not cover the cost of the journal and maintaining their membership records.</p>
<p><u>Article IV - Meetings</u> <u>Section 3 - Membership Vote</u></p> <p>All matters before a membership meeting shall require for passage a vote of the majority of the members present and voting.</p>	<p>All matters before a membership meeting shall require for passage a vote of the majority of the delegates present and voting. The <u>only exception</u> shall be the election of officers which shall require for passage a vote of the majority of the members present and voting.</p>	<p>Members of IAET expressed the desire to retain election of officers by popular vote.</p>

Article VIII - HOUSE OF DELEGATES

Section 1 - Composition

The House of Delegates shall consist of Representatives elected at large from each Region.

Ref. Pages 499-500 Robert's Rules of Order, Newly Revised.

Section 2 - Apportionment

- 1) The number of delegates from each Region shall be based on the number of Active Members as of September 1 of the preceding year.
- 2) Each Region shall be entitled to 5 delegates at large. An additional delegate shall be elected for every 50 members over 100 or a fraction thereof.
- 3) Each Region shall elect a minimum of two(2) alternate delegates. An alternate shall serve if any delegate is unable to fulfill their obligation.

Section 3 - Qualifications

A representative to the House of Delegates shall be an Active Member in good standing for at least one(1) year immediately prior to the election, and who has consented to serve.

Section 4 - Term

- 1) Each Delegate shall be elected for a term of one(1) year.
- 2) A member of the Board of Directors cannot serve concurrently as a member of the House of Delegates.
- 3) Election of delegates shall be completed 90 days prior to the Annual Conference.
- 4) Delegates will assume responsibility 90 days prior to the Annual Conference.
- 5) The Regional President shall provide the names of the elected delegates/alternates to the Secretary of the IAET 90 days prior to the Annual Conference.

Section 5 - Removal

A Delegate may be removed by appropriate resolution approved by the Regions Board of Directors.

Section 6 - Powers

The House of Delegates will serve to conduct the general business of the association.

The House of Delegates shall:

- a) Serve as representatives for the Region
- b) Vote on issues
- c) Assist in establishing policy
- d) Propose, amend and adopt by-laws

Section 7 - Voting

Each Delegate shall have one(1) vote and such voting may not be done by proxy.

Section 8 - Quorum

A quorum for the transaction of business by the House of Delegates shall consist of two thirds(2/3) of the total allotted delegate votes.

Delegates will be elected by each Region to represent them at meetings. This will allow for representation of members even though they may not be able to attend the meetings.

This will establish the number of allotted delegates before the Fall Regional meetings.

It will be the decision of the Region to determine their method of electing delegates. The apportionment figures were arrived at to allow for a minimal number of delegates to represent a Region, with increased representation being based on actual members in that Region. Each Region automatically has 5 voting delegates. In addition, They will receive delegates as shown:

- 100-150 members + 1 voting delegate
- 151-200 members + 2 voting delegates
- 201-250 members + 3 voting delegates
- 251-300 members + 4 voting delegates
- 301-350 members + 5 voting delegates
- etc.....

To comply with present IAET By-laws

To comply with present IAET By-laws

To comply with present IAET By-laws

To receive written notification of pending issues as required by IAET By-laws

As above

As above

To comply with present IAET By-laws

To provide a mechanism for equal and fair representation and participation for each region in conducting the business of the IAET.

The mechanism of delegates and/or alternates allows for complete representation at all times.

An established quorum guarantees a minimal number of members required to conduct the business of the organization.

E.T.'s and the U.O.A. VISITOR

In an effort to provide our clients with professional service, up-to-date techniques and equipment, as well as dealing with physicians, nurses, and other health care personnel, and continuing our own education, we may overlook the need for another source of support. That source is an ostomy visitor. We have all seen the effect of ostomy visitors, at times it is dramatic. We have also seen the devastating effect a poorly informed contact can be on an ostomate. We should remind ourselves of the Visitation Program sponsored by the U.O.A. U.O.A. visitors are required to attend information sessions, are given guidelines, kept updated yearly, and are able to be matched to the new ostomate before the visit. Beside being a source of support, the U.O.A. Visitor is a good introduction to the U.O.A. and its benefits. Every new ostomate does not want or need a visitor. But when the need is there the U.O.A. can provide a competent source of support, which is far better than the chance meeting between a new ostomate and a misinformed and/or non-accepting ostomate. The sooner an ostomate is exposed to the positive side of living with an ostomy the sooner his rehabilitation can begin.

There are many veteran ostomates who have been used by E.T.'s since long before a U.O.A. Chapter was formed in their area. These people may or may not be U.O.A. members. Only the E.T. can judge their effectiveness, and should continue to use their good support.

New ostomates who show interest in being a visitor should be encouraged to take advantage of the organized U.O.A. Visitation Program and guidelines. They provide a sound background and back-up for the visitor, and will give him the confidence that he will handle any situation which may come up. By working with and assisting in the training programs the E.T. can be confident that the visitor she arranges for can and will be most effective. The U.O.A. program also saves the E.T. the hours of one on one instructions previously required.

U.O.A. visitor guidelines were set down through a joint effort of E.T.'s and dedicated ostomates. They give both the E.T. and the visitor confidence and provide the new ostomate the support he needs.

Susan Buffin, L.P.N., E.T.

UOA - IAET YOUTH RALLY

AGES 12-17

JULY 4-9, 1982

(Staff will arrive by 1:00 P.M. Sat. July 3)

UNIVERSITY OF COLORADO CAMPUS

BOULDER, COLORADO

CHECK IN & REGISTRATION---12-5 P.M. SUNDAY July 4
CHECK OUT -----10 A.M. Friday July 9

PRICE---\$150 PER PERSON---This includes Youth,
Staff, or Parents

PRICE INCLUDES:

ROOM & BOARD

2 SPECIAL OUTINGS

--Barbeque on the Mountain

--Summer Nite at Ski Lodge with a band

FASHION SHOW

CLASSES & RAP SESSIONS

TRANSPORTATION ARRANGEMENTS TO & FROM AIRPORT

DANCE AND PARTY

SPECIAL SPORTS DAY WITH SPECIAL GUESTS

FREE TIME WITH SHOPPING (bring your money)

FIREWORKS ON THE 4th

FREE TIME (with supervision)

SPECIAL PARENT CLASSES

AVAILABLE ON CAMPUS FOR FEE:

SPORTS ARENA & PIZZA HUT

STAFF INCLUDES:

1 E.T. (Ostomy Nurse Specialist) &

1 UOA COUNSELOR PER EACH 10 YOUTH

1 EXTRA E.T. PER 3 HANDICAPPED YOUTH

PSYCHOLOGY COUNSELOR ON STAFF

EMERGENCY HEALTH CARE AT THE LOCAL HOSPITAL

FOR APPLICATIONS & FURTHER INFORMATION FOR
YOUTH OR COUNSELORS WRITE TO:

CAROL ANN WILSON

6420 GunPark

Boulder, Colorado 80301

303-530-3250

FOR E.T. APPLICATIONS WRITE TO:

JAN JESTER, RN, ET

BETHANY MEDICAL CENTER

51 North 12th Street

Kansas City, Kansas 66102

913-281-8400 (Page)

ILEOANOSTOMY (Reprint from "Northwest Notes", N.W. Region, IAET) Richard P. Billingham, M.D.

An alternative to ileostomy for patients with chronic ulcerative colitis has long been sought, and now surgeons are gaining experience with a new technique which shows promise in achieving that goal. This technique is the ileo-anal anastomosis, or ileoanostomy. Operations of this type have been attempted by surgeons since 1932, but most of these procedures failed to provide fecal continence. A totally unsatisfactory "perineal ileostomy" was a common result.

In recent years, however, two important advances in technique have made ileoanostomy a satisfactory alternative for selected patients. The first of these advances was the recognition that chronic ulcerative colitis and familial polyposis are diseases of the mucosa of the colon, and do not affect the full thickness of the bowel wall. This meant that if the mucosa alone were removed, the muscular layers of the anorectum could be preserved to maintain rectal sensation and control. The second technical advance was the development of a satisfactory method of creating a reservoir for feces, using the distal ileum. This permits the storage of a reasonable quantity of intestinal contents and improves continence.

The combination of mucosal proctectomy and anastomosis of the anus to an ileal reservoir has been successfully performed by several groups, with good results being reported. There are several variations of the basic technique, using different kinds of ileal reservoirs:

Peck has used a side-to-side ileal reservoir. Fig. 1

Parks, an S-shaped reservoir. Fig. 2

Utsunomiya, a J-shaped reservoir. Fig. 3

The operations are usually done in two or three stages, and most often involve a temporary loop ileostomy to permit healing of the ileo-anal anastomosis. Such loop ileostomies are closed in approximately three months.

Ileo-anostomy procedures are now being done by a few surgeons in almost all areas of the country. They may be considered in selected patients with chronic ulcerative colitis and familial polyposis; Crohn's disease, however, involves the full thickness of the bowel wall, including the muscle, so these patients are not candidates for this type of operation. As additional experiences with this procedure is acquired, and as results continue to improve, ileoanostomy may eventually replace conventional ileostomy and the Kock pouch for the management of these disorders.

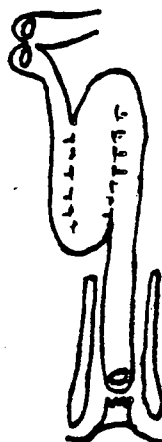
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2. Parks, A.G., Nicholls, R.J. and Belliveau, P. - Proctocolectomy and Ileal Reservoir and Anal Anastomosis Brit. J. Surg. 67:533, 1980
3. Peck, D. A. - Rectal Mucosal Replacement Ann. Surg. 191:294, 1980
4. Utsunomiya, J., et al. - Total Colectomy, Mucosal Proctectomy and Ileoanal Anastomosis Dis. Colon and Rectum 23:459, 1980.

Side to side
reservoir
Fig. 1



S-Shaped
reservoir
Fig. 2



J-Shaped
reservoir
Fig. 3



The following article on "Skin Problems and Treatments" was written by Kathleen Woods, ET

Kathleen Wood, E.T.
Director of Enterostomal Therapy
Lutheran Hospital, Fort Wayne, Indiana 46807

A little information on the author:

Following her ileostomy surgery in 1966, for Ulcerative Colitis she began working for the American Cancer Society eventually becoming their Patient Service Director.

Kathleen started the Ostomy program at Lutheran in 1974 --then attended E.T. School at Harrisburg, PA in 1975. Her "team" at Lutheran now consists of herself and Lois Holloway, R.N.E.T. who also graduated from Harrisburg in 1978.

Treatment of skin problems due to excoriating drainage in areas where bags cannot be applied can often be a frustrating experience for an E.T. We are so tuned in to prevention, observing tissue already destroyed usually makes us very angry. Our objective is to restore the area as quickly as we can, and occasionally we find an unusual solution. If each of us would take the time to share these ideas, we all would profit.

"We" are two E.T.s, working together in one hospital, but on call for two other area hospitals. We will present three problems and the solutions we found, in the hope that you may be able to use them.

The 1st patient had an esophageal stricture and was unable to swallow food. He had a permanent gastrostomy tube sutured in place and was being nutritionally maintained by formulas alone. The Dr. requested our assistance to treat the skin around the gastrostomy tube which had necrosed due to residual drainage around the tube. The outer perimeter of skin was red, raw and moist.

We cleansed the area gently using half strength Peroxide and tried to dry the skin using a hair dryer set on cool and repeated applications of Amphogel. When we had a thin layer of Amphogel dry on the skin, we applied a layer of a mixture of Amphogel and karaya powder, applying this very thin. We dried this also with the cool air from the hair dryer. Over this we applied a full sheet of Stomahesive cut to fit the skin opening exactly, with a slit for the suture to fit snugly. Over this we applied 2 drain sponges, (later we switched to 2 non-sterile dressings, cutting the slits ourselves, to save the patient money) holding this in place with a small pair of Montgomery straps which we made up ourselves. We made our own Montgomery straps because we wanted some much smaller than those available, and incidently helped the patient save money. We used another set of Montgomery straps to hold the end of the tube up comfortably under his shirt and eliminated the need for tape. We also removed the clamp to close the tube, and used a heavy rubber band, which was much more comfortable for the patient. The patient went home in 1 week and we saw him as an outpatient for about 2 months, repeating the process weekly. His wife changed the dressings daily, but was unwilling to help him with the entire procedure. At this point the necrosis was all gone, the skin was clear and a stoma had formed around the tube. The wife then was willing to help him change the Stomahesive, and we stopped seeing him, instructing them to use the Stomahesive only as a protective measure. We saw this patient about six months later, and all has remained clear.

The 2nd patient was a 3 month old baby in Intensive care nursery. She was Spina Bifida with Myelomeningocele who was having many upper respiratory problems. She was having frequent periods of apnea and required bagging about 4-5 times per week. This baby had a gastrostomy tube for feedings with a baby bottle nipple holding the tubing up in place, and no suture to secure the location of the tube in place, only tape on the nipple and on the extra tubing on the skin. The tape had not caused any problem, but some backing up of the formula was draining around the outside of the tubing, causing the skin to be very inflamed and excoriated. We tried Amphogel, Stomahesive powder and Stomahesive and cleared the skin up, but a new rash developed periodically due to the drainage getting under the Stomahesive. We tried Hollehesive with the same results. We removed the Stomahesive and tried using Sween Cream and Sween Peri Care with an absorbent dressing and that worked for a while but periodically we would find a rash developing again. Finally, we went back to an old standby, used by mothers for years, Zinc Oxide, and that worked. After every feeding the staff would wait about an hour, cleanse the skin gently, apply Zinc Oxide and a very small dressing under the nipple, and the skin remained clear and lovely. The baby was eventually moved to Peds., and after several months finally went home. We taught the mother to care for the skin and it has continued to remain clear.

The third patient was at another hospital and we were first contacted by phone by the staff who were very upset and beside themselves for a solution. Later we were contacted to teach the patient. This patient had an unusual case of Cancer of the small intestine, and all but 10" was removed and the distal portion of the jejunum was brought out as a stoma. This was palliative surgery, with little hope of success. The patient was on Total Parenteral Nutrition, and did not have a great deal of discharge thru the stoma. The Dr. at this point did not want a bag on the patient (we never did discover why). The excretions were very excoriating and the staff called us asking for any solutions to try to preserve and heal the skin. They were changing the dressing hourly, but the skin was still breaking down. We advised the staff to cleanse the area gently, then use our faithful hair dryer on cool to try to dry the skin, applying Amphogel at the same time. This will usually help to heal and dry the skin so you can use some method that may need to stick to the area. In this case, we were not going to use a bag per Drs. request, so we were more concerned with healing and preventing further problems. Thru an error in verbal instructions, we discovered a fantastic solution! We instructed the staff to apply Zinc Oxide (falling back on our recent success) and talked about using Amphogel later with karaya powder. Somehow the instructions were mixed up, and after drying the Amphogel, the staff mixed the Zinc Oxide with karaya powder and applied this liberally, covering all with dressings, using Montgomery straps to hold it in place. This worked beautifully until the patient began to move around more and get sips of water and other liquids. At this point the Dr. requested our services to apply a bag and teach the patient to do self care (this patient was also taught home Hyperalimentation). When we saw the patients skin, we were amazed at how well they had maintained it, it was beautiful. We congratulated the staff, and

EDITOR'S NOTE

SKIN PROBLEMS AND TREATMENTS Cont.

they gave us full credit, saying they had only followed our instructions. Imagine our shock to discover what they were doing! I wonder how often terrific new ideas are actually a result of misunderstandings? This patient went home on TPN, and lived fairly comfortably about 8 months, getting along very well with the bag.

Innovative measures or mistakes, if it works we want to know it. If you have found a different or unusual use of a product, share it with us. Good patient care is what it is all about.

In keeping with our strong interest in cost containment, we thought it may be of interest to our readers to address insurance coverage. The following is an overview of insurance coverages on ostomy supplies according to each state. We hope that this article may provide you with more concrete information to offer your patients. Many times we have been confused by which company actually will pay what percent and the necessary requirements for reimbursement.

We would like to express our appreciation to the Enterostomal Therapists from each state who compiled the information. If after reading the article you have additional information to add please send to us any material and we will publish the information in the next newsletter.

WEST VIRGINIA

Name	Supplies Covered	E.T. Coverage	Requirements	Comments
United Mine Workers	100%			Out patient fees are usually covered thru surgical or medical clinic
Medicaid	100%			
Medicare	80%			Medicare will usually cover visits. All other visits will be private charge
Private Insurance Companies	most will pay some			

Information obtained from Juanita Jenkins, RNET

KENTUCKY

Name	Supplies Covered	E.T. Coverage	Requirements	Comments
Medicaid	100%		form MAP -248 completed return to Home Health Agency	Pick up supplies in person from agency presenting public assistance card. Card must be renewed yearly
Blue Cross Blue Shield	80% major medical		Physician completes form -- submit to Blue Cross/Blue Shield	Patients with medicare and Blue Cross will be reimbursed 80% by Blue Cross and 20% by Medicare
Medicare	80%		Signed statement from doctor	after \$60.00 deductible --if equipment prepaid enclose a copy of receipts. Irrigation equipment covered under prosthetic device (6109)

Information obtained from Pat Grizzle, RN BSN, ET

OHIO

Name	Supplies Covered	E.T. Coverage	Requirements	Comments
Aetna	covered - % depends on policy	possible (only if RN or LPN)	Doctor's prescription or statement of medical necessity	Yearly deductible depends on particular plan
Travelers	Covered -- % depends on policy	Not normally	Doctor's prescription or statement of medical necessity	Yearly deductible depends on particular plan
Nationwide	80%	Not covered	prescription <u>not</u> needed	Yearly deductible depends on particular plan
Blue Cross Blue Shield	Covered -- % depends on policy	Could be depending on policy	Prescription needed	
Goodyear Tire and Rubber	80%	not covered	Doctors prescription	After yearly \$100 deductible -- benefits paid directly to insured -- no assignment of benefits.
B. F. Goodrich	80%	80% for home, hospital and clinic with Doctors order	Doctors prescription	After yearly \$100 deductible -- benefits paid directly to insured -- no assignment of benefits
Medicare	80%		Prescription (must state diagnosis and whether ostomy is permanent)	Those Eligible: 1. Patients 65 & over who receive Medicare 2. Patients on Social Security Disability who also receive Medicare. Recipients of Social Security Disability automatically become eligible for Medicare after receiving Social Security Disability for twenty-four months.
General Relief and General Relief Medical	100%		Prescription and General Relief Health Card. No payment required from patient-- pharmacy presents the bill to County Welfare	General relief is a program of on-going financial assistance issued to families and individuals who are in financial need but are ineligible for a federal program (SSD, SSI, Medicaid). A temporarily incapacitated individual whose disability is expected to last less than one year or who is awaiting Medicaid authorization, may be eligible for assistance under this program.
Medicaid and Medical Spend down	100% (spend down may have to pay part).		Prescription	Medicaid is a federal and state funded program designed to meet the medical needs of low income individuals who meet all eligibility requirements, and who are 65 years old or older, disabled, legally blind, or for members of families on Aid to Dependent Children (ADC) Disability must be expected to continue at least 12 months.

Information obtained from Sally Thompson, E.T. and Gloria Langdon, Social Worker at Ohio State University Hospital

MICHIGAN

Name	Supplies Covered	E.T. Coverage	Requirements	Comments
Blue Cross (employed under U.A.W. - A.F.L. - C.I.O. contract)	100%	currently under consideration		
Medicare	80%	not covered		
Blue Cross - Blue Shield	80%	not covered		
Medicaid (medically indigent)	varies		Doctors prescription	
				<u>Hospitals providing E.T. services</u> a) charge patient direct b) "bury" fee for services c) Do not charge fee for service <u>Indepent E.T. Services</u> a) pharmacy pays E.T. b) E.T. Bills patient

Information obtained from Rose Marie VanIngen, E.T.

*** Cost Comparison Chart - Skin Barriers and Protectors**

	80	90	100	120	130	140	150	160	170	180	190	200	210
A. Skin Barriers - Unsterile													
ConvaTee (Squibb) #2712													
Stomahesive 4x4													2.09 each
Bard # 120000													
Reliasel 3 1/2" O.D.													1.42 each
Hollister # 7700													
Hollisessive 4x4													1.40 each
Mason Super-Thin													
Colly-Seel 4x4													.81¢ each
Bard # 6540													
Crixiline 4x4													1.94 each
B. Plasticized Skin Protectors													
United #4204													
Skin Prep Wipes													13.3¢ each
Hollister # 7917													
Skin Gel Wipes													9.9¢ each
Bard # 740013													
Barrier Film Wipes													9.7¢ each
C. Plasticized Skin Protectors - Bottle/Tube													
Mason													
Skin-Tac H													.88¢
Bard # 710144 Dabo-Plastic													
Protector Barrier Film													1.96
United #4204 Brush-On													
Skin Prep													2.45
Hollister # 7916 Tube													
Skin Gel													2.20

* Prices based on Manufacturer's Suggested Retail Price -- prices may vary.

EDITOR'S NOTE

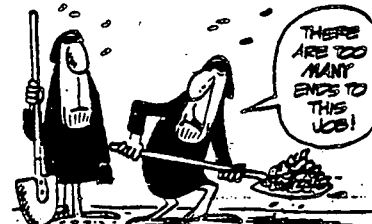
In the last issue of Mid Eas Dropper we published an article on cost comparison of Ostomy Supplies. The following graphs are additions to that article.

Closed Pouches - 1

Category	Brand	Each Pouch Price											
		40	50	60	70	80	90	100	110	120	130	140	
Closed-End, Adhesive-Backed Pouch	United #1150 Blue Bongort Bag	██████████											54¢
	Bard #961002 Coloplast Regular Pouch	██████████											57¢
	Greer #9040 Economy Pouch	██████████											46¢
Closed End, Adhesive-Backed, Odorproof/Odor Resistant Pouch	United #1155 Bongort Odorproof Pouch	██████████											89¢
	United #1801 → 1805 Colaset Pouch	██████████											58 - 70¢
	Martel #815 Beige Saf-T-Card Pouch	██████████											80¢*
	Bard #960101 → #960103 Coloplast Extra Pouch	██████████											72¢ - 83¢
	Greer #9045, 9046 Odorproof Economy Pouch	██████████											53¢
Same as above PLUS Gas Valves/ Gas Filters	Hollister #317 Series Filter Stoma Pouch	██████████											57¢
	Hollister #314 Series Filter Security Pouch #Micro porous Adh.	██████████											63¢
	Hollister #718 Series - #318 Series Stoma Caps	██████████											61¢ - 72¢
Closed-End, Adhesive-Backed Odorproof with Gas Valve/Filter Cont'd.	Bard #2352 Closed End Pouch #Micro Adhesive	██████████											68¢
	Bard #961013 Colo-Cap with Filterdor	██████████											79¢
Closed-End Odorproof/Odor Resistant Pouch with Adhesive and/or Skin Barriers with → without gas filters	Hollister #355 Series Premium Pouch #Micro pore, Kraya 5	██████████											1.33
	Hollister #412 Series Holligard, Micro pore	██████████											1.08
	Hollister #332 Series #Micro pore, Kraya Seal	██████████											94¢
	ConvaTec #2426 Series Sur-Fit Flange Cap #Sur-Fit Flange	██████████											92¢* + 2.40 flange
	Bard #237 Series #Micro pore - Criniline Ring	██████████											94¢
	ConvaTec #2562 Series 7" Closed Pouch #Sur-Fit Flange	██████████											73¢* + 2.40 flange
	ConvaTec #2577 Series 5" Activity Pouch #Sur-Fit Flange	██████████											72¢* + 2.40 flange

*-Can be reused

* Can be reused



A special "Thanks" to Sally Thompson for the Cost Comparison Charts -- a job well done!!!

THE INCIDENCE OF LARGE BOWEL CA IN JAPAN

by Taiso Tamura, M.D., E.T., Dept. of Surgery, Hiroshima, Univ. Sch. of Med., Japan.

My specialty is colon & rectal surgery & I serve at the Hiroshima Univ. Sch. of Med., Japan, where I have the concurrent assignment of Enterostomal Therapist.

It is estimated that there are 70,000 to 100,000 ostomates in Jap. most of whom are Colostomates. There are also 500 to 1000 ileostomates & 500 to 1000 with ileal conduits.

Colostomy, which is the procedure most widely used, was performed following abdomino-perineal (A-P) resection for rectal CA. As is well known, the incidence of colon & rectal CA in Jap. is low, but that for gastric CA is high. Therefore, the interest of most of the Dr's has been focused on the diagnosis & treatment of gastric CA, while no efforts had been directed towards early detection of rectal CA. Thus, when surgery for rectal CA is performed, in most cases the tumor is advanced, & even when the CA is located in the mid or upper rectum, such sphincter saving surgery as low anterior resection & pull-through procedures cannot be carried out in many cases & thus the ratio of A-P resections increased.

On the other hand, generally speaking, the incidence of large bowel CA is said to be lower in Jap. than Western countries, & the reason for this is reported to be due to the difference in dietary habit, the Japanese eating more rice, fish & vegetables & less meat.

Recently, however, Dr. T. Hirayama, an epidemiologist with the Jap. CA Center, has pointed out that the incidence of large bowel CA will surpass gastric CA incidence & become the most predominant CA among males, & second only to breast CA in females. The death rate due to large bowel CA between male and female is 1:0.9.

The increase in large bowel CA has been linked to the popularization of Western style diet, which has a large meat intake. The incidence has increased particularly in the high income class, whose switch to such diet has been prominent.

Comparative study on the bile acid content in feces of Americans & Japanese shows that secondary bile acid content is high in Americans, which is thought due to greater meat intake & high fat diet & also difference in intestinal flora. Further, there is a significant difference in the secondary bile acid volume between normal persons & those with large bowel tumors in both population groups.

These findings are felt to indicate that there is a relationship between high diet & large bowel CA incidence.

The frequency of inflammatory bowel diseases such as ulcerative colitis & Crohn's disease, is still low in the Japanese, but there are researchers who predict these, too, will increase with the increase in large bowel CA.

As described above, the number of ostomates in Jap. is not as large as those in Western countries, & the majority of colostomy cases. But there has been a definite increase in the incidence of large bowel CA, & opinions are being expressed that the incidence of inflammatory bowel disease will also increase. The increase in colostomy is said to contain factors which will induce increases in ileostomy. Also in the field of urology, the practice of surgery which involves the construction of an ileal conduit for urinary bladder CA is being widely applied. Thus, the need for enterostomal therapy is increasing.

At present, there are only four Enterostomal therapists in Jap., including myself. We have not been able to accomplish much, but those in the medical profession of Jap. & the people in general are starting to rapidly realize that those with stoma can still be returned to society, & efforts are now being devoted towards the establishment of an Enterostomal Therapists training school in the near future.

Reprint from WCET Journal (World Council of Enterostomal Therapists)

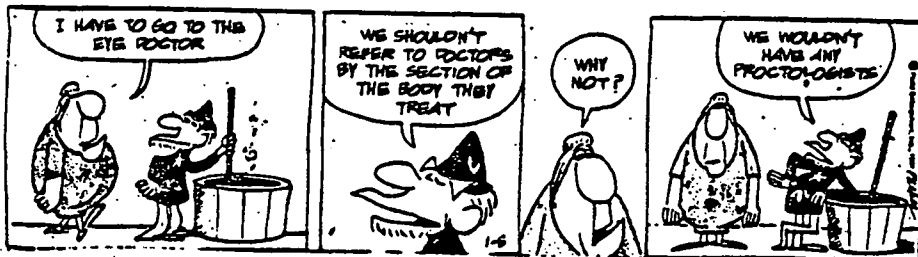
* * * * *

Kindness is a language which the deaf can hear and the blind can read.
— Mark Twain

Most of us will never do great things, but we can do small things in a great way.

A smile is an inexpensive way to improve your looks.
— Charles Gordy

WIZARD OF ID



HELPFUL HINTS

Sue Lochar, RN, ET of Childrens Hospital, Pittsburgh, Pennsylvania has developed a Colostomy Paste to use to prevent skin excoriation from frequent stooling. The formula is as follows:

Bismuth Subgallate	64gm (16)
Cottonseed Oil	425cc (100)
Zinc Oxide Powder	800gm (200)
Starch	800gm (200)
Hydrous Lanolin	960gm (240)

Mix the first four ingredients with mixer set on low. Add the Hydrous Lanolin and mix for three minutes until smooth. Apply thick layer of past onto buttocks after each movement.

Susan has also prepared a very informative patient education booklet titled "Your Child's Colostomy -- A Guide to Care". Anyone working with children will find this 17 page pamphlet a welcome addition to their handouts. Booklets may be purchased at a cost of \$3.00 from:

Children's Hospital of Pittsburgh
125 DeSoto St., Pittsburgh, PA 15213
Attn: Enterostomal Therapist

TERMINOLOGY TO USE IN APPLYING
FOR REIMBURSEMENT OF OSTOMY SUPPLIES

Pouch covers should be called "moisture barriers:."

Tape should be called "peristomal adhesive."

(Thanks for this tip from Jean Fitzgerald of Wilmington Medical Center).

IAET should have \$18,000 in the bank by December '81. Dues notices will be sent in January. (They were delayed a little.) Renewal form and update info is changed. Rebates will be sent to regions in January and June. Cut-off date for dues is March. After that, your name will be removed from active list and JET will be stopped for the rest of the year, along with other mailings. Only paid members will be listed in the directory. We now have 1600

Use this free hot line to get the answer. The University of Texas M.D. Anderson Hospital and Tumor Institute in Houston has just started a free nurse-to-nurse telephone service to give you access to its oncology experts.

The service is available on weekdays between 9 a.m. and 5 p.m. (CST). Call collect 713-792-3259 (Texas nurses dial 1-800-392-2041) and you'll reach a Cancer Information Service volunteer. She'll record your name, phone number and question. Within 24 hours, an oncology nursing specialist will call you back with an answer.

The specialist can give you information on every aspect of oncology nursing, from inpatient and outpatient chemotherapy to rehabilitation to continuing education programs. And it's all free

DIAL FREE FOR HEALTH ANSWERS

Got a health ?'s on any subject from hormones to hypnosis? Need to find a course on self-health care, a licensed midwife or the latest on zinc deficiency? Now there's a place that will give you the answers - The National Health Information Clearinghouse (NHIC), recently established by the federal government's Department of Health and Human Services. The NHIC was established in response to surveys that show consumers often don't know where to turn for health information. Call free, and its information specialist will tap resources, try to come up with the right health organization, support group, university program, journal article, textbook, etc., to help solve your problem. The toll-free number is (800) 522-2590, or write to National Health Information Clearinghouse, Box 1133, Washington, DC 20013.

members. The Conference in Chicago yielded \$99,000 and there were 57 exhibitors. New York is expected to be even larger.

Adler and Droz are donating \$100 grants to each region for use in the ET Foundation. The region can stipulate how the money is to be used.

ADDRESSES OF INTEREST TO ETS
(from Mid-Atlantic Newsletter)

ADDS sponsors GUTLINE, a telephone call in service that provides counseling by gastroenterologists and other health professionals.

LIFELINE FOUNDATION, INC. Two Osprey Road, Sharon, Mass. 02067 (617) 784-3250. Contact Lee or Marshall Kocnin, The Lifeline Foundation represents those who are fed parenterally or enterally, including victims of digestive diseases as Crohn's disease, Trauma and cancer patients and infants with birth defects. The group offers support through a call in service, newsletter and conferences where lifeliners share information and techniques. The foundation also informs the public and professionals of the special problems of lifeliners.

NATIONAL FOUNDATION FOR ILEITIS AND COLITIS (NFIC) - 295 Madison Avenue, New York, New York, 10017 (212) 685-3440. Contact George Theobald. NFIC supports research programs and provides literature and public services programs to educate the public about inflammatory bowel disease. It also instructs health care professionals through seminars, publications and exhibits at medical conventions.

AMERICAN DIGESTIVE DISEASE SOCIETY 420 Lexington Avenue, New York, New York, 10017. (212) 687-3088. Contact Marvin Hassner. ADDS distributes material on digestive diseases to its members and to the public, including information about functional disorders, diagnosis and treatment, nutrition and diet, emotional and psychological difficulties and their relation to health and research findings and advanced treatment techniques.

WOULD YOU LIKE TO BE ON THE MAILING LIST to receive materials from the Digestive Disease Education and Information Clearing House?

If so, send name, address, organization you work for and phone number (optional) to the following address:

National Digestive Disease
Education and Information
Clearing House
1555 Wilson Blvd., Suite 600
Rosslyn, Virginia 22209

The following is from the Mid-Atlantic Newsletter:

ET FOUNDATION

The lawyers are still working on having the Foundation incorporated in California. The Board must be expanded to include persons outside IAET.

David Abel presented a proposal to the Foundation whereby IAET could participate in a Telecommunication project via cable TV. The Board authorized seeking of funds for this.

JET

There will be a new clinical column in the Journal that will address product evaluations.

The Mosby Contract for publication of the Journal was approved.

PEP

The school directors requested that they receive copies of regional newsletters.

The following topics will be added to the ET curriculum: Wound healing, pressure ulcers and skin care.

ACCREDITATION

The next testing date for the certification exam will be June 26th.

CONTINUING EDUCATION

The application to ANA for accreditation has been submitted and we are awaiting a site visit.

LEGISLATIVE COMMITTEE

A legislative column has been initiated in the JET to keep members informed of activities with each state. Information re: reimbursement is being gathered and evaluated by the committee.

MEMBERSHIP

There will be an addendum to the directory printed every other year.

EXECUTIVE DIRECTOR

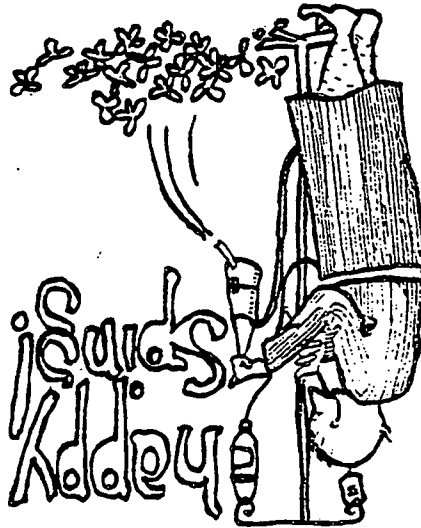
The contract with Adler & Droz has been presented to the Board and was recommended for approval. A new internal membership list has been devised and will be more detailed and complete.

THIS IS DIAL AN INSPIRATION
TODAY'S INSPIRED TREATMENT IS
...DO WHATEVER YOU FEEL LIKE
DOING TODAY.. HEED YOUR
INNERMOST DESIRES, BUT
REMEMBER ...
GOD WILL GET YOU FOR IT !!"

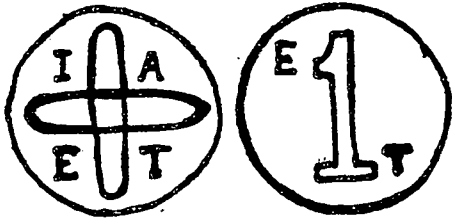


ZIGGY





Betsy Hewitt, RN, ET
Barbara Montgomery, RN, ET
Room 221
Ohio State University Hospital
410 West 10th Avenue
Columbus, Ohio 43210



MAUDE B. TIMMONS, RN ET
5319 Velle Vista Drive
Louisville, KY 40272

FIRST CLASS



VOL. IX

JULY, 1982

No. 2

MIDEAST REGION I.A.E.T. OFFICERS



PRESIDENT: Joyce Hawley
PRESIDENT ELECT: Sally Thompson
SECRETARY: Rosemarie VanIngen
TREASURER: Jane Beerck
REGIONAL TRUSTEE: Helen Arend



TRUSTEES: Ethel Pryor
 Ruth Bailey
 Patricia Freeman

COMMITTEES:
 Membership --- Nancy Rioux
 Budget & Finance --- Jane Beerck
 Education --- Susan Cecil
 By-Laws --- Ethel Pryor
 Publication --- Barbara Montgomery
 Betsy Hewitt
 Maude B. Timmons

HISTORIAN: Maude B. Timmons

PARLIAMENTARIAN: Trudy Blied

MEDICAL ADVISORS: Ananias C. Dickno, MD
 University Hospital
 Ann Arbor, MI

Victor W. Fazio, MD
 Cleveland Clinic
 Cleveland, Ohio

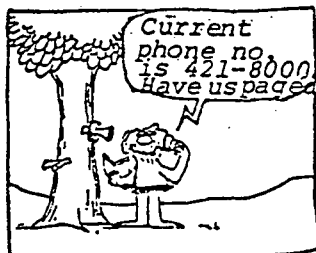
W. Patrick Mazier, MD
 Ferguson Clinic
 Grand Rapids, MI

Joseph Rinaldo Jr., MD
 Providence Hospital
 Southfield, MI

EDITORS

Betsy Hewitt, RN, ET
 Barbara Montgomery, RN, ET
 Room 221
 Ohio State University Hospital
 410 West 10th Avenue
 Columbus, Ohio 43210

Notice





The conference in New York was very informative, the attendance was good. Our regional meeting was well attended and I appreciate your continued support.

I feel very good about the establishment of the Bernadette Smith Scholarship. I am so happy to be able to say that Smitty was alert and appreciative on receipt of Helen's letter. She got the letter June 30 and died July 6. Our Mideast region did what she felt was a great honor to her -- and I'm glad she knew we did indeed honor her. \$500.00 was sent to establish the scholarship.

I sent Fred the names and addresses of those of you who joined I.A.E.T. and have not received the Journal. There were five of you at the conference who gave me this information. If there are others in the region who are having problems please contact Fred Droz, I.A.E.T. Central Office, 505 N. Tustin Ave., Suite 282, Santa Ana, California, 92705. If you get no response contact me.

As near as I can determine from reimbursement and checking the latest listing, 171 is the number of members we have in Mideast Region.

from
the "PRES"

I loved seeing us wear our regional badge at conference. I was able to speak to several of you I would not have met otherwise. Note to all members - the first badge is free, \$1.00 for replacement.

Please contact Helen Arend for your badge -- please get together with other E.T.'s in your area to cut down on mailing costs.

Please report to our Educational Committee (Susan Cecil Howard, St. Mary & Elizabeth Hospital, 4400 Churchman Ave., Louisville, KY, 40202) all educational meetings that pertain to stoma care that you have been involved with.

Our Membership Committee chaired by Nancy Rioux did a fine job in getting our Mid-east Directory out at conference. Those of you not at conference may obtain a copy by writing Nancy, Grant Hospital, 309 E. State Street, Columbus, Ohio, 43215.

Note to Sue, Joe, and Sue -- your committee, regarding the study to purchase and manage a Mideast exhibit booth did not report to me. Our members showed much enthusiasm over having this booth. Perhaps you will be able to report in November at the Regional.

We will be voting in November for President Elect, Secretary and one Trustee.

Our Nominating Committee is hard at work. When they call -- be ready to work for your region.

Note: Those appointed in each state to help Sally with "Ways to Finance Mideast Newsletter" please follow through.

Daniel Todd Wilson, a 17 year old male (ileo conduit) was sponsored by Mideast Region (\$300.00) and Dayton Ostomy Chapter (\$150.00) to attend Youth Conference in Boulder, Colorado, July 4-9. Todd has had a urinary diversion since age 3. His experience at the conference was wonderful. He loved every minute of it, and wished the conference had lasted longer. He flew for the first time and that was a thrill. Todd is coming to visit me soon and give me a full report. He is a fine young man and really benefited from the contact with other youths, counselors, and UOA members. Mideast members -- that was \$300.00 well spent!

Our 1983 Regional will be in Charleston, West Virginia. Plan ahead!

Hope South Bend, Indiana, will host 1984, and possible Akron, Ohio, 1985. Mideast Region through Helen, is bidding for 1991 I.A.E.T. Isn't that exciting?

I hope I have not forgotten too much of what I wanted to share with all of you. The "paperwork shuffle" is unbelievable after conference.

I do know we have much to do at our November Meeting. I am counting on all board and committee members arriving in Louisville on Thursday, November 4, (evening) by 8:00 p.m. for meeting in my room. We have a lot to vote on and discuss at our Regional Meeting so ya'll come.

See you in November. Enjoy the summer.

Fondly,

This story was presented to the Mideast Region I.A.E.T. Annual Meeting
June 23, 1982, Gold Ballroom, New York Statler Hotel.

Fifteen years ago there was a lone voice in Michigan and surrounding states telling health care professionals and individuals who had undergone ostomy surgery that a normal life was possible, and for some, a better life was probable with an ostomy.

Bernadette Smith, known to most as "Smitty", began helping ostomy patients, their families and those who cared for them in 1966 at the Ferguson Droste Ferguson Hospital in Grand Rapids, where many such surgical procedures were, and still are performed on persons from a widespread area.

Smitty saw great deficits in the post operative ostomy patients and worked tirelessly, speaking and demonstrating wherever and whenever she was asked, usually without extra compensation and always in addition to her regular duties. Physicians asked her to speak and then wondered why they had, because they heard what was best for the physical management of the patient who had a stoma. But they listened. This little nurse who spoke so fast she sometimes stumbled over her words was so intense, so sincere, so knowledgeable, she had to be right.

Bernadette Smith assisted in opening the Ferguson Droste Ferguson School of Enterostomal Therapy in 1970 and was the director until it closed in 1976. During that period 52 students received their education there. Students who attended her school remember Smitty best for these things:

- her total commitment to patients;
- her absolute honesty;
- her consistent sincerity;
- her snappy eyes;
- her ready laugh and quick wit;
- her constant energy;
- and above all her concern for her fellow man.

Bernadette Smith was active in the International Association for Enterostomal Therapy at the beginning. She supported and worked for the organization and attended all meetings and conferences until her retirement.

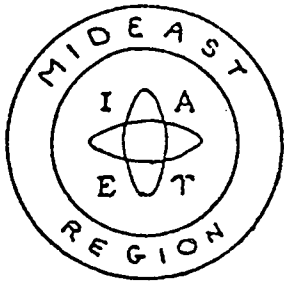
I propose the establishment of an ongoing scholarship to be called "The Bernadette Smith Scholarship" and administered by the Mideast Region I.A.E.T. to be given to an individual from the Mideast Region for Enterostomal Therapy Education.

Submitted by,



Helen M. Arend, R.N., B.S., E.T.
Mideast Region I.A.E.T.





MIDEAST REGION

INTERNATIONAL ASSOCIATION FOR ENTEROSTOMAL THERAPY, INC.
Indiana Kentucky Ohio Michigan West Virginia

copy

June 29, 1982

Bernadette Smith R.N., E.T.
2336 Ridgewood Ave S.E.
Grand Rapids, Mich.

Dear "Smitty,"

I have been requested to write you by Joyce Hawley, president of the Mideast Region.

On June 23, 1982, the Mideast Region, I.A.E.T. at their semi-annual membership meeting in New York City, voted unanimously to establish the Bernadette Smith Scholarship Fund. This on-going fund can receive donations from any individual either within or outside the organization and will be available to Registered Nurses going to an approved Enterostomal Therapy Educational Program from the Mideast Region--the states of Michigan, Indiana, Ohio, Kentucky and West Virginia.

As an initial donation, the Mideast Region has placed the sum of \$500.00 in this fund to be awarded this year.

The Mideast Region will manage the Bernadette Smith Scholarship; the I.A.E.T. scholarship committee will award the scholarship according to the criteria set down by that committee.

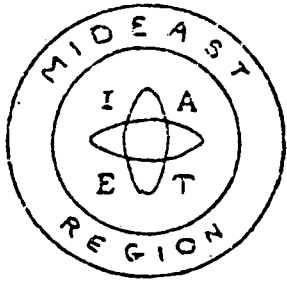
Enclosed is a copy of the proposal read at the meeting in New York. Your many friends who love you are happy to recognize and honor you in this way.

Love from all of us,

Helen M. Arend

Helen M. Arend R.N., E.T.

c. Joyce Hawley
Sue Hughes



M I D E A S T R E G I O N
INTERNATIONAL ASSOCIATION FOR ENTEROSTOMAL THERAPY, INC.
Indiana Kentucky Ohio Michigan West Virginia

SEMI-ANNUAL MEMBERSHIP MEETING

JUNE 23, 1982

NEW YORK CITY, NEW YORK

TIME: 8:00 a.m.

PLACE: NEW YORK STATLER, NEW YORK CITY, N.Y.

PRESIDING: JOYCE HAWLEY, PRESIDENT

MEMBERS PRESENT:

Phoebe Alfke	Bonnie Bolinger
Kathleen Wood	Charlotte Gerbig
Joyce Hawley	Sue Wygant
Helen Arend	Dorothy Bess
Ethel G. Pryor	Sue Hughes
Shirley Altop	Joan Baptie
O. Ramos	Nancy Rioux
Catharine Jeffords	Pat Grizzle
Rita Stromick	Suzie Howard
Jan Joseph	Jean Hicks
Sally Thompson	Sherry Birdsall
Lana Smith	Betsy Duffy
Susan Brown	Barbara Montgomery
Joan VanNiel	Julianne Stroud
Ethel Beckwith	Debra McMahon
Ruth Baily	JoAnn Mok
Jane Beerck	Trudy Blied
Lucy Fortman	Judy St. John
Susan Smith	Ester Aszodi
Karen Granby	Kathy Lakey
Suellen Smith	Chris Wentler
Judith K. Powell	Marlene Brockmeier
Patricia Freeman	Judy Schaffer
Monica DeYoung	Peggy Valmassoi
Eleanore Higginson	Rosemarie VanIngen

Total: 50 members present

CALL TO ORDER:

Joyce Hawley, President, welcomed all members to the meeting. Officers were introduced to the membership. All new E.T.'s and the E.T.s who were attending their first meeting were asked to stand and identify themselves and their place of employment.'

A quorum was established. Trudy Blied, Parliamentarian passed out copies of "Roberts Rules of Order" which were read and applied to the meeting.

SECRETARY'S REPORT

The minutes of the last annual meeting held in Detroit, Michigan, were published in the last Mid-East Dropper. The minutes were accepted as published.

TREASURER'S REPORT

Copies of the financial report for all of 1981, including money from the seminar in Columbus, were passed out to the membership for review. Included was the financial report for October, 1981, to June 6, 1982, not including the rebate check. The treasury is in a very healthy position, mainly due to the Detroit Seminar, states Jane Beerck, treasurer. The treasurer's report was accepted as read.

COMMITTEE REPORTS

- a. MEMBERSHIP: Nancy Rioux reported 168 paid members, of which there are 5 retired, 7 associates, 2 agencies, and 1 honorary. There were 28 new members last year; 14 from Ohio, 3 from Michigan, 6 from Indiana, 2 from West Virginia, and 3 from Kentucky. So far, there are 4 new members this year 1982. A brief slide presentation of some of the "old E.T.s" was shown. There has been some delay and problems regarding getting a membership directory from National. A regional membership booklet was passed around and may be available to copy. It was stated that each regional member will get a regional booklet. However, the method of distribution has not been decided. A later point of clarification indicated that the directory will list members by state and city so as to facilitate finding E Ts in specific areas. The National membership directory will be out soon.
- b. EDUCATION: Susan Cecil Howard emphasized that the purpose of the Education Committee is to keep a written record of all programs done in the region. However she has not recieved any reports from anyone. She encourages everyone to send any reports of programs to her. She will write an article regarding this matter for the newsletter with her new name and address in case there has been some confusion. National reports that I.A.E.T. is now a provider for continuing education units from A.N.A. Anyone doing an ostomy program at your hospital, can submit the program to I.A.E.T. It must be submitted under your region, but does not have to be approved at region level. The program has to be submitted as sponsored by Mideast Region. I.A.E.T. has guidelines, contact central office for forms that must be filled out. Sue Hughes will write the procedure for applying for C.E.U.s to I.A.E.T. in the next newsletter.
- c. PUBLICATIONS: Barb Montgomery reported that 220 newsletters were sent out and that her hospital is still paying for the cost of printing. She stated that she recieved very good responses with articles since the Detroit meeting. She thanked Sally Thompson for the excellent job she did in presenting a cost comparison study in the newsletter and indicated that there will be another one in the next newsletter. Barb requested that any change of address or name be sent to her as soon as possible. Only 2 newsletters returned last mailing....returned mailings cost money. It was noted that Mideast newsletter will be sent to all Regional presidents, all E.T.schools, and all regional reps.

Discussion followed regarding some problems encountered in terms of costs and mailing of the newsletter. It was suggested that it should be sent out as 3rd class mail except when there is any issues to vote on at the next meeting: 1st class mailing will be utilized.

- d. HISTORIAN: Maude Timmons was not present. Sue Hughes reported on the super job Maude has done on the region scrapbook. She has kept it up to date and requests that you send anything you have for the scrapbook to Maude.
- e. BY-LAWS: Ethel Pryor stated that the proposed revisions as suggested by I.A.E.T. were published in the newsletter. A house of delegates was proposed. This would mean a major revision in the Mideast By-Laws. Advantages and disadvantages of going to a House of Delegates was discussed. Major concerns regarding selection of delegates and financial support of the delegates expenses were expressed. It was noted that the Mid-East Region would have 7 delegates. A possibility for selecting and funding delegates might be to follow I.A.E.T. guidelines; Committee members be selected as delegates, pay for meeting day \$20.00 + 1/2 room rate for meeting day. Advantage of House of Delegates is discussion of issues takes place at Regional level--voting only at National level. Officers of I.A.E.T. will not be elected by House of Delegates.

REGIONAL TRUSTEE REPORT:

Helen Arend read a beautiful tribute to Bernadette Smith ("Smitty") and submitted a proposal to have a scholarship fund established in her name and have it administered by the Mideast Region. It would be a growing, on-going fund. Individuals may contribute to it. A scholarship fund has already been voted on to be established to send a nurse for E.T. training from the Mid-East region for the Mid-East Region. Helen Arend proposes to call this fund the "Bernadette Smith Scholarship Fund". The motion was passed. Bernadette Smith will be notified.

(Editors note: Upon returning from our semi-annual meeting in New York, Helen Arend personally notified Bernadette Smith of the Scholarship Fund created in her honor. Bernadette Smith went to her eternal rest July 6, 1982.)

PRESIDENTS REPORT:

Joyce Hawley reported that there has been a 50% increase in membership of the I.A.E.T. Mid-East Region has 171 paid members. \$100.00 is being given to each region for a scholarship fund. Joyce proposed that this money be put into the Bernadette Smith Scholarship Fund. Joyce acknowledged a need to develop region guidelines and an operational manual. 2 regions allready have this set up & will share with us. A committee will be needed to work on this. Anyone having problems receiving to E.T. Journal should let Joyce know. MID-EAST WAS THE FIRST REGION TO APPLY FOR TAX-EXEMPT STATUS BUT WE STILL DON'T HAVE IT. We are checking into becoming incorporated, because of our growth. It was explained to us that we are a "not for profit" organization. We will be voting on maney issues at our November 82 meeting. There will be a large changeover of officers. We will be electing a secretary, By-laws trustee, and President-elect. Judy Schaffer was appointed chairperson of the nominating committee for November, and Karen Granby will also serve on the committee.

OLD BUSINESS:

Mid-East Pin: It had been voted to charge \$1.00 for the pin, however, each member attending the conference will receive a pin at no charge and you may take a pin for any member of the Mid-East Region from their area. In the future, if the pin is lost, there will be a \$1.00 charge for another pin.

Youth Rally: It had been voted upon to allocate \$500.00 to send a youth from the Mid-East Region to the Youth Rally for 82. The committee was not able to find a recipient. However, Joyce did find a young man, Todd Wilson, who is 16 and has an Ileal Conduit as a result

of Rhabdomyocarcinoma of the bladder. The Mid-East Region has paid \$300.00 towards this and local ostomy chapter has donated another \$150.00. The Youth Rally is July 4th and Todd is looking forward to this with great enthusiasm.

Helen Arend's 50 member ostomy chapter in the Kalamazoo area raised over \$2,000.00 and is sending 4 youths.

Communications between National and Regional are better and moving in positive directions. Debbie Broadwell has done a good job.

Financial support for Mid-Eas Dropper: Sally Thompson stated that the cost per year for the Dropper was \$1200.00. She discussed three alternative methods of financial support examined by her committee:

1. A one time per year dealer and manufacturer listing be incorporated in the newsletter. This would be a one line advertisement at a charge of \$25.00/year.
2. Manufacturers contribution or contributions only.
3. Newsletter advertising.

The committee recommends the one time per year dealer and Manufacturer listing. The motion was made and passed. Trudy Blied is chairperson of a committee that will work on soliciting dealers, and manufacturers. It was decided that this would be best accomplished by getting a list state by state. The committee will consist of a member from each state in the region, Indiana: _____, Kentucky: _____, W. Virginia _____

and Ohio: Barb Montgomery. The committee will out-line the details and have this information to pass out to prospective advertisers. This should cover the cost of the newsletter. Any additional costs will be taken from the region. It was also decided that the newsletter will be mailed as 3rd class mail, except at voting time.

Display Booth: The committee was not present and did not respond when contacted. Rosemarie VanIngen volunteered to chair this committee and will get information for a display booth for the Mideast Region. Bonnie Bolinger and Lana Smith will serve on this committee. Bonnie Bollinger recommended support for Pat Zollars, who has been through some rough times lately and would like to get back into active E.T. work again. Pat is a former president of I.A.E.T., and a member of our region. It was suggested we send her a note and get her involved with the region again.

Debbie Broadwell, I.A.E.T. president was present and read the following position statement from I.A.E.T. "I.A.E.T. Board of Directors maintains the position that an active member employed by a manufacturer of ostomy or E.T. related products, not run for office on the board of directors. The board chooses not to appoint active members in positions with manufacturers to represent the I.A.E.T. as national representatives or national chairpersons." There was also a discussion regarding problems with conference arrangements. Hopefully, these will be cleared up for future conferences. Send any comments or suggestions to the National Conference chairperson: Patricia Collins. Debbie offered her services at any time, please contact her if you need her help.

NEW BUSINESS:

1983 I.A.E.T. Conference will be held in Kansas City.

1982 Annual Regional Conference will be held in Louisville, Kentucky, Friday and Saturday, November 5 & 6. Thursday evening, November 4th, there will be a wine and cheese reception sponsored by local retailers. The speaker for this conference will be Mary Ann Ver Steeg R.N. Ph.D. Her subject will be: Sexuality Adaptations in Health and Illness. She does counseling in sexuality in New York City. She will not only speak on sexuality generally on Friday, but on Saturday, she will address specific problems of sexuality and ostomy patients. The accommodations are at the Executive Inn, airport. The room rate should be about \$35-\$46.

The 1983 Annual Regional Conference site has not been determined as yet.

National is suggesting that the Mideast Region host the 1991 National Conference.

Possible sites include Hyatt Hotel, Dearborn, Mich., Grand Rapids, Mich., Lexington, Kentucky, Cincinnati, Ohio. Helen Arend will take it to I.A.E.T. board.

Jane Beerck presented the proposed budget. It will be published in the newsletter.

The meeting was adjourned at 10:15 am.

Respectfully submitted;

Rosemarie VanIngen
Rosemarie VanIngen Secretary

MIDEAST REGION I.A.E.T.

FINANCIAL REPORT

From 1/1/81 through 12/31/81

INCOME:

Membership Rebate	\$ 1531.85	
Seminar, Columbus	1764.39	
Interest NOW Account	115.35	
Exhibitor, Detroit	200.00	
Total	\$ 3611.59	\$ 3611.59

EXPENSES:

Conference Expenses	\$ 409.30	
Postage	423.77	
Printing/Typing	198.57	
Miscellaneous		
Gill Foundation	250.00	
Campaign	200.00	
Recorder	99.43	
Accountant	30.00	
Bonding	21.00	
Other	160.69	
Total Expenses	\$ 1792.81	\$ 1792.81

(Income over expenses

\$ 1818.79)

ASSETS:

Checking NOW	\$ 3312.77	
Certificate		
(\$1179.47 + 131.52 int)	1310.99	
Total Assets 12/31/81	\$ 4623.76	\$ 4623.76



FINANCIAL REPORT

From 10/31/81 through 6/16/82

INCOME:

Membership Rebate	\$		
Detroit Seminar	2158.56		
Interest NOW	191.61		
Total	\$ 2350.17	\$ 2350.17	

EXPENSES:

Conference Expenses	\$ 284.30	
Postage	174.04	
Printing/Typing	102.00	
Other	270.16	
Phone	41.67	
Total	\$ 872.17	\$ 872.17

(Income over expenses

\$ 1478.00)

ASSETS:

Checking NOW	\$ 5055.31	
Certificate (1179.47 + 131.52)	1310.99	
Total	\$ 6366.30	



MIDEAST REGION I.A.E.T.

PROPOSED BUDGET

July 1982 - June 1983

REVENUE:

Membership Rebate	\$ 1900.00
Seminar	1000.00
Interest	200.00
Total	\$ 3100.00

EXPENSES:

Newsletter - 4 issues	\$ 500.00
Phone	50.00
General Printing/Typing	30.00
Conference Expenses	1000.00
Youth Program	300.00
Scholarship	500.00
Miscellaneous	500.00
Total	\$ 2880.00

(Revenue over expenses

\$ 220.00)



Did you ever have a week when:

1. One of your favorite patients is diagnosed with a recurrence of cancer?
2. The staff nurses think the patient who had a pelvic exenteration one week ago should be changing and emptying both of her pouches and irrigating her colostomy by herself all of the time; she isn't, therefore, you must be doing something wrong?
3. You take a vacation day to drive 100 miles to do an Ostomy Workshop in a small town, and after a two hour lecture, the audience can't tell you what equipment they use in their hospital, because they can't remember the last time they had taken care of an ostomy patient?
4. Your colostomy patient develops a vesico-cutaneous fistula right next to the stoma?
5. Your case load increases from 10 to 30 patients in 2 days?
6. Your monthly report to nursing service and your report to the TOC were due last week?
7. The transmission "dies" in your car because you didn't replace the transmission fluid?
8. The Public Health Nurse calls you to say that one your urostomy patients smells terrible, and he said that you told him not to change his pouch "until it fell off?"

Well, this just about sums up my week. I'm sure all of us have had weeks similar to this. How do we cope with all of this? I thought I might share with you some of the things that I do to cope with this type of anxiety.

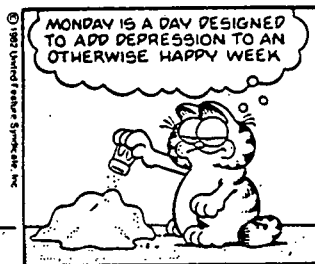
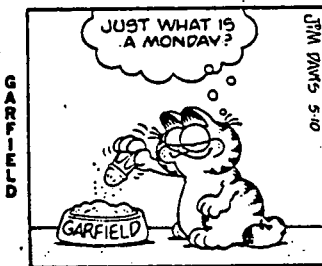
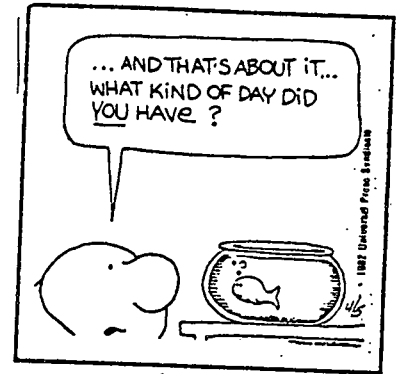
Realize that relentless anxiety leads to dysfunctional lifestyles, non- coping behavior, and feelings of powerlessness. So, be powerful, and relieve anxiety by:

1. Participate in extra-curricular activities! Get out and do something different. Everything will be waiting for you later, but you will be able to cope more effectively and do a better job.
2. List 10 things you like to do and think about the last time you did them. If it has been a while, then get busy with the list and enjoy yourself.
3. Learn some relaxation techniques and use them!
4. Practice vigorous daily exercise (or at least 4 times each week).
5. Use the decompression routine... spend at least 30 minutes each day without interruptions (reading, listening to music, etc.). If you like yourself, you owe it to yourself to take the time for this.

Well, I did all of these things, felt powerful, ready to cope...so, I went back to work and found this note on my desk:

"Mrs. Owens needs to be fitted now for her Kock pouch, please!"
It is gonna be another long week...
I'm ready for NEW YORK! HOPE TO SEE EVERYONE THERE!

P.S. This is a true story!
Carolyn Cuttino, RN, ET



PRAYER FOR THE AGED

"Lord, Thou knowest better than I know myself that I am growing older, and will some day be old.

"Keep me from getting talkative, and particularly from the fatal habit of thinking I must say something on every occasion.

"Release me from craving to try to straighten out everybody's affairs.

"Keep my mind free from the recital of endless details - give me wings to get to the point.

"I ask for grace enough to listen to the tales of others' pains. Help me to endure them with patience.

"But seal my lips on my own aches and pains -- they are increasing and my love of rehearsing them is becoming sweeter as the years go by.

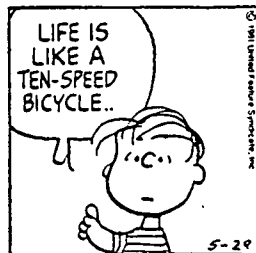
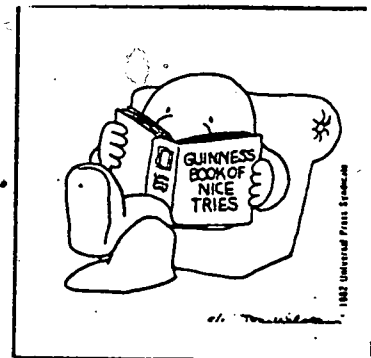
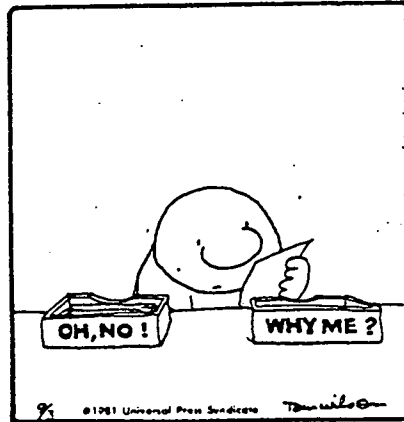
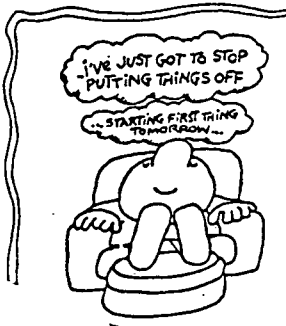
"Teach me the glorious lesson that occasionally it is possible that I may be mistaken.

"Keep me reasonable sweet; I do not want to be a saint -- some of them are so hard to live with -- but a sour old person is one of the crowning works of the devil.

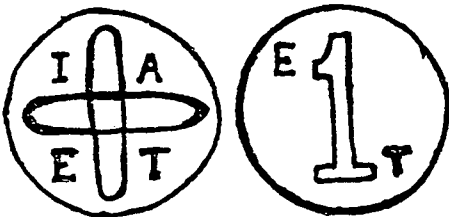
"Make me thoughtful, but not moody; helpful, but not bossy. With my vast store of wisdom, it seems a pity not to use it all -- but Thou knowest, Lord, that I want a few friends at the end."

-- AUTHOR UNKNOWN

Letters Welcome

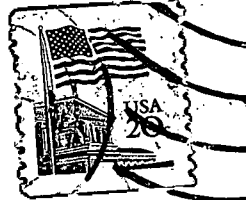


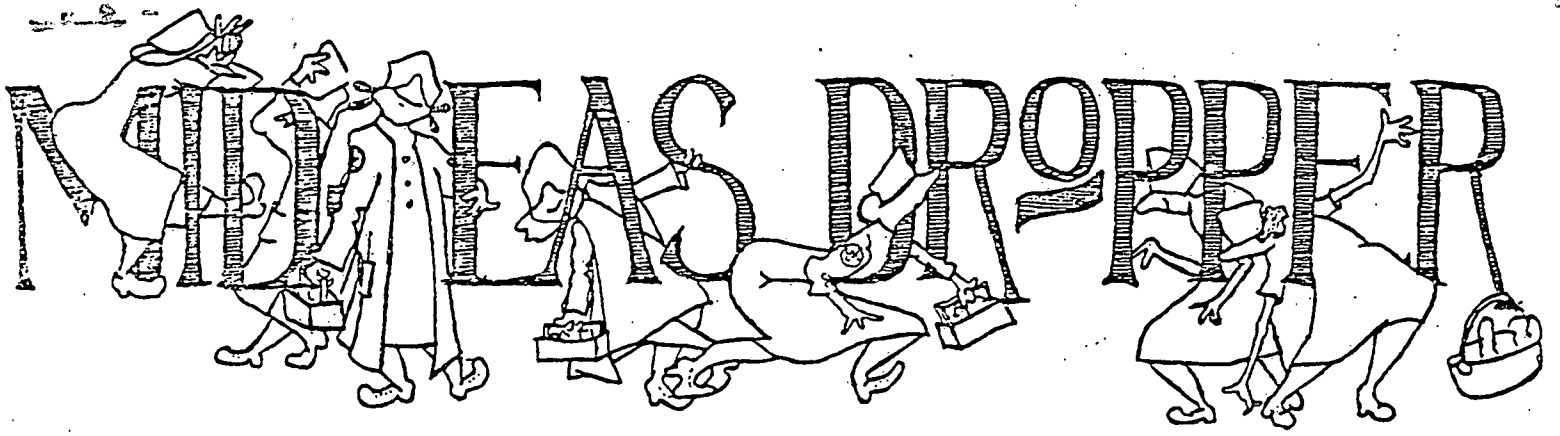
Betsy Hewitt, RN, ET
Barbara Montgomery, RN, ET
Room 221
Ohio State University Hospital
410 West 10th Avenue
Columbus, Ohio 43210



MAUDE B. TIMMONS, RN ET
5319 Velle Vista Drive
Louisville, KY 40272

FIRST CLASS





MIDEAST REGION I.A.E.T. OFFICERS



PRESIDENT: Joyce Hawley
PRESIDENT ELECT: Sally Thompson
SECRETARY: Rosemarie VanIngen
TREASURER: Jane Beerck
REGIONAL TRUSTEE: Helen Arend

TRUSTEES: Ethel Pryor
 Ruth Bailey
 Patricia Freeman

COMMITTEES:
 Membership -- Nancy Rioux
 Budget & Finance -- Jane Beerck
 Education -- Susan Cecil
 By-Laws -- Ethel Pryor
 Publication -- Barbara Montgomery
 Betsy Hewitt

HISTORIAN: Maude B. Timmons

PARLIAMENTARIAN: Trudy Blied

MEDICAL ADVISORS: Ananias C. Dickno, MD
 University Hospital
 Ann Arbor, MI

Victor W. Fazio, MD
 Cleveland Clinic
 Cleveland, Ohio

W. Patrick Mazier, MD
 Ferguson Clinic
 Grand Rapids, MI

Joseph Rinaldo Jr., MD
 Providence Hospital
 Southfield, MI

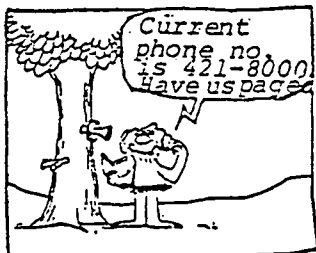
Editorial
 Stoph



EDITORS

Betsy Hewitt, RN, ET
 Barbara Montgomery, RN, ET
 Room 221
 Ohio State University Hospital
 410 West 10th Avenue
 Columbus, Ohio 43210

Notice



Will make this brief -- am running late -- Barb and Betsy have the presses ready to roll.

By the time you receive the Mideas-Dropper, I know you will have received the program from Louisville. Am sure it will be excellent. There were a lot of people who have worked very hard to get it together.

Have been in touch with West Virginia gals. They are already working on the 83 Regional.

Helen is working on the 1991 I.A.E.T. Conference -- hopeful to be held somewhere in the Mideast Region. Can't say we don't plan ahead.

The nominating committee did an excellent job in preparing a slate for November election. Thanks to the committee and all members who agreed to run for office.

Debbie Broadwell will be attending our regional meeting on the afternoon of November 5th and the 6th.

Don't forget the board meeting in my room on Thursday evening, November 4th at 8 P.M. We have much work to do so that our business meeting on Saturday can run smoothly and stay within our time frame.

Nancy Rioux -- Do you need to bring Regional Directories or does everybody have one. Ruth and Pat -- How are you progressing on your assignment for Operational Manual. Hope you have a report for us in November.

Ethel -- are the by-laws in order? We'll be voting on changes presented in June.

Can't believe my 2 years are almost over. Will be passing the gavel to Sally in November. I know you will support her as you have me.

I do feel I am going out of office defeated in gaining firm proof of Tax Exempt status and Incorporation for the Mideast Region. I've been slightly obsessed with these issues and have failed to date. Hate to pass them on to Sally with the gavel but _____.

Will be good to see you all in Louisville. Regional is always a little less hectic than National and gives us time to get reacquainted.

See you in November.

Fondly,

Joyce



from
the "PRES "

REGIONAL TRUSTEES REPORT

I have to apologize for not getting this detailed report into the last newsletter. I know you will all be interested even if it's a bit late, because it is definitely not stale.

I.A.E.T. Strategic Planning Project -- This study has been completed, and the results will be helpful in terms of present and future E.T. practice. It proves that the services of an E.T. are useful in the rehabilitation of the ostomy patient and it points some directions for job mobility both in scope of practice and geographical direction. The suggestion of the study is to use the term "E.T. Nurse". There will be publications in the JET soon.

Journal of Enterostomal Therapy -- Is now being published by the C. V. Mosby Co. The format looks great. V. Alterescu will remain the editor.

Canada -- The Canadian Association for Enterostomal Therapy is having their first conference in Toronto this fall. Everyone at the board level is most anxious that our close ties with Canada E.T.'s continue.

Dues Increase -- It had to happen, with everything going up. Starting next year dues will be \$65.00 with \$12.00 going back to the regions. Associate member dues are to be \$60.00.

Certification -- Over 600 members have passed the exam. The committee is looking at recertification plans now.

Continuing Education -- I.A.E.T. has received approval status from the A.N.A. This means we can have all continuing education programs approved for C.E.U.'s from our association. The regions need to submit the requests, individuals may not do so.

A.C.S. SURVEY -- The response to this survey was very poor, and it was not possible to arrive at any meaningful conclusions from this survey.

Semi-annual board meeting -- Will be in Kansas City, November 20 and 21. Any member can audit the national board meetings and if you want to become more informed about your national organization, that is where to do it.

Position Statement -- The I.A.E.T. Board of Directors adopted a position statement to the effect that "an active member employed by a manufacturer of ostomy or E.T. related products not run for office on the Board of Directors." The reason for this is to protect the national organization and to prevent interest conflicts.

By-laws change -- The I.A.E.T. has voted to change the way we conduct business at the national meetings. We will have a House of Delegates which is composed of elected representatives from each region, the number based on the number of regions members. All business with the exception of election of national officers will be conducted by these delegates.

Hope to see you all in Louisville.

Helen Arend

Election of Officers

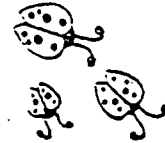
According to the by-laws of the MidEast Region the offices of President, Secretary, Trustee (for By-laws) are due to be elected at the November 6th business meeting in Louisville, Kentucky. Running for these offices we have:

President - Ethel Pryor, Detroit, Michigan
Barbara Ann Montgomery, Columbus, Ohio

Secretary - Brenda Kinder, Cincinnati, Ohio

Trustee (By-Laws) - Kathleen Wood, Fort Wayne, Indiana
Marilyn Spencer, Cleveland, Ohio

Elections!



Nominations for all these offices will be excepted from the floor.

We will also be voting on By-law changes at this meeting. -- After this vote is taken we will be voting for

Delegates to the National Conference -- we need six (6) delegates and 2 alternates. We have some volunteers and will be taking nominations from the floor. (This will take a commitment at the national convention of your time at the business meetings) -- (financial assistance will be decided at the Regional meeting).

Educational Information

Educational Poster:

Pressure Sores: What to do when prevention fails! The pressure sore identification chart enables you to classify pressure sore stages and select products and methods of care, all on one easy to visualize wall chart. Available from:

Rosemarie Van Ingen
Providence Hospital Stoma Clinic
P. O. Box 2043
16001 West 9 Mile Road
Southfield, Michigan 48037
Telephone: 313-424-3435

Cost of chart is \$18.00. This price includes mailing and handling.

JOB OPENINGS

There is a full time ET position available at Northwest Community Hospital, a 526-bed acute care medical facility in Arlington Heights, Illinois. They are looking for a clinically competent individual to serve a resource person to staff regarding technical management and instruction of the ostomy patient. The applicant must have capabilities and an interest in formal classroom teaching.

If interested, contact Joyce McComb, RN, Nursing Coordinator-Recruitment, Northwest Community Hospital, 800 West Central Road, Arlington Heights, IL, (312) 577-4015.

St. Vincent's Hospital in Birmingham, Alabama, a private hospital with 338 beds, has an opening for an E.T. Nurse - Board Certification preferred.

Contact: Beth Greer, (205) 320-7295 or send resume to: Beth Greer, St. Vincent's Hospital, P. O. Box 915, Birmingham, Alabama 35201.

Holmes Regional Medical Center, in Melbourn, Florida has a position available for a Board Certified E.T. Nurse. Holmes is a 300+ bed hospital, expanding to 500+ beds. For further information, contact: Monia Yust, Nurse Recruiter, Holmes Regional Medical Center 1350 South Hickory Street, Melbourn, Florida 32901; (305) 676-7110.

I.A.E.T. OFFICERS AND TRUSTEES

1982 - 1983

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COMMITTEE

Executive Committee

Executive Committee
Accreditation
N.F.S.N.O.

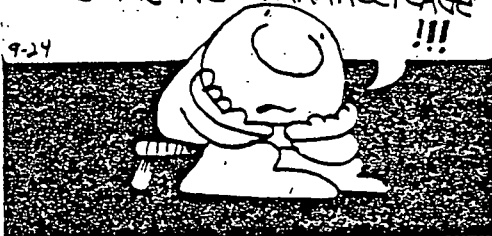
Executive Committee

Executive Committee
Budget and Finance



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... IT'S NOT EASY BEING
A CARTOON, NO ONE
EVER TAKES YOU SERIOUSLY,
YOU LIVE LIFE ONE DAY
AT A TIME, AND END UP
ON THE BOTTOM OF
SOMEONE'S PARAKEET CAGE



1982 - 1983

TRUSTEES

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Legislative

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206-722-3218
WORK: 206-292-2128/2766 (PAGE)

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Phoenix, AZ 85040
602-276-6568
WORK: 602-277-5551

Rocky Mountain Region
Nominations

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HOME: 57 Scenic Ave.
Pt. Richmond, CA 94801
415-235-4231
WORK: 415-428-5962/5770

Pacific Coast Region
Operational Manual

Marcy Poch MS, ET
HOME: 6603 Gilbert
Shreveport, LA 71106
318-861-3883

South Central Region
By-laws

ZIGGY



Free Professional Advice for Nurses...

ONCOLOGY NURSING CONSULTATIONS...

The Delaware Valley Chapter of the Oncology Nursing Society now offers free consultations to other oncology nurses or general-duty nurses caring for cancer patients. The service is available to any nurse in Delaware, New Jersey or Pennsylvania.

If you want to confer with a fellow professional, call the Cancer Information Service of the Fox Chase Cancer Center in Philadelphia, using their toll-free lines. Tell them the area of cancer nursing you'd like to discuss. A DVCONS member will call you back within 24 hours.

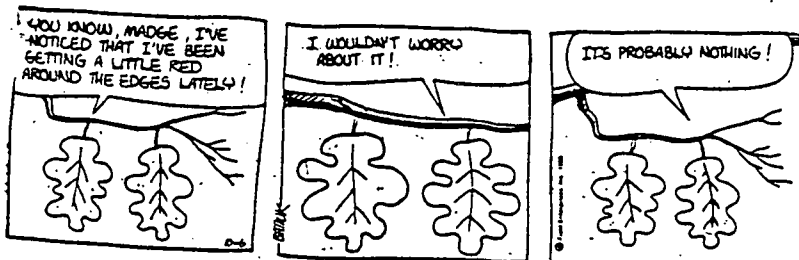
Here are the numbers to call:

from Delaware: 1-800-523-3586

from New Jersey: 800-523-3586

from Pennsylvania: 1-800-822-3963

There's no charge for the call, or the consultation.



Editors' Note

The following article was submitted by Pat Freeman, R.N., E.T. at Edward W. Sparrow Hospital. Pat is an Oncology Nurse Clinician in Lansing, Michigan.

Our Thanks to Pat for an excellent article. We hope that other Enterostomal Therapist in the Mid-East Region will share their expertise with us.

CHEMOTHERAPY AND ITS SIDE EFFECTS:

COLON AND BLADDER CANCER

An Improvement in the five year survival rate of 24% for patients with colon cancer involving the mesenteric lymph nodes of 57% using post-operative adjuvant chemotherapy has been described in a controlled study. All patients with Duke's classification C or D cancer who are in good general health should be offered treatment. Palliation of unresectable tumor or metastatic disease shows a relatively low response rate (20%) but for those who do respond there is a prolonged median survival rate of 18 months as compared to 6 months. At the present time we are treating a patient who presented a year ago with an unresectable recurrent adenocarcinoma of the colon. He has had ten monthly infusion of 5 FU without symptoms or observable tumor growth.

Fluorouracil (5FU) is the drug of choice for colon cancer. It can be administered orally by IV push or infusion, intra arterial or topical, or through a catheter directly into the liver for treatment of hepatic metastasis. A series of six monthly infusions over a five day period in this manner side effects are minimized.

Nausea and vomiting are controlled by the administration of antiemetic drugs either routinely or on a prn basis in most patients. Small attractive servings of food, an environment free of clutter, odor and noise also play an important role and must be provided by the nursing staff. Food supplements should be available to him. A patient receiving antiemetic drugs during chemotherapy who exhibits any form of involuntary muscle spasm should be suspected of an acute dystonic reaction. A patient's complain of a stiff neck, difficulty swallowing, protrusion of the tongue or lips or facial grimacing should alert the nurse. The drugs most likely to cause symptoms are droperidol (Inapine) and prochlorperazine (Compazine). This is not an allergic reaction but a dose related side effect. When symptoms are first noted the antiemetic should be withheld until the doctor is contacted. The nurse may suggest diphenhy-

dramine (Benadryl 50 mgm) IV push, if the reaction persists for thirty minutes after the administration of Benadryl the dose may need to be repeated. The antiemetic responsible may be discontinued or given at a lower dose level.

Diarrhea (Frequent bowel movements or watery stools) are another common side effect of 5 FU. If the patient has a colostomy the appliance will need to be emptied frequently to prevent leakage and skin irritation. Irrigation of the colostomy should be discontinued as long as the diarrhea persists but may be resumed when the stool is of normal consistency.

Five to eight days after administration of 5 FU stomatitis and ulceration of the mucus membrane of the mouth and esophagus may occur and cause acute discomfort for the patient. The Oncologist or attending physician should be notified. Rinsing the mouth with a solution of salt and baking soda in water several times a day is very soothing.* Soft, bland foods and fluids will prevent further irritation and pain.

Leukopenia (WBC under 3500) follows each course of therapy reaching its lowest point from nine to fourteen days after treatment. The count usually returns to normal range by the 30th day. Two weeks after treatment laboratory tests are ordered which will determine if the bone marrow depression caused by the treatment is subsiding.

Treatment will be delayed until counts are in the normal range. The patient should be cautioned to avoid all exposure to infection: crowds, persons with cold or flu like symptoms, breaks in the skin etc.

Thrombocytopenia (platelets under 100,000) is another result of bone marrow depression which can cause serious problems for the patient. Bleeding may occur from any site. The patient should be observed carefully while in the

*Salt-Soda Solution:

¼ teaspoon soda
¼ teaspoon salt
1 cup water

Rinse the mouth well with this solution after every meal and frequently during the day.

hospital and instructed to notify the doctor if any bleeding occurs after discharge. Blood in the urine or stool, from the nose or mouth, any unusual bruising should not be ignored. The patient should avoid any injury or trauma.

Alopecia, another side effect of 5 FU treatment, may occur. The patient should be told that if it does the loss will be temporary. Wigs purchased before there is substantial hair loss will allow the female patient to match her hair style and color more easily. Scarves are usually worn by the hospitalized woman. Men usually handle the transition without any head covering though some feel more comfortable with a cap. Regardless of age or sex, the distress caused by this change in body image is real and devastating. The patient needs emotional support and encouragement as he/she grieves this loss.

Dermatitis of the extremities and less frequently of the trunk sometimes causes discomfort. It is a pruritic maculopapular rash which responds to symptomatic treatment.

Dry skin, photosensitivity, photophobia, lacrimation, epistaxis, euphoria, acute cerebellar syndrome and nail changes have also been reported but are less common.

Bladder cancer is most commonly diagnosed in males, 50 to 70 years of age and is the most frequent malignant tumor of the urinary tract. Gross hematuria is the presenting symptom in 75% of patients with bladder cancer and thus requires evaluation whenever it occurs even when intermittent.

Cystoscopy and fulguration of bladder tumors is the treatment of choice for those patients with superficial lesions with a slow recurrence rate and for those patients who are considered poor operative risks or whose tumor is far advanced.

Instillation of triethylenethiophosphoramide (Thio-TEPA) into the bladder follows surgical resection of these tumors. Sixty milligrams of Thio-TEPA in 30 to 60 ml. of distilled water is instilled into the bladder via catheter and retained for two hours. Positioning of the patient every fifteen minutes will give maximum area contact.

The side effect of most concern is bone marrow depression which may become more severe after subsequent treatments. Leukopenia, thrombocytopenia and anemia are serious complications of excessive Thio-TEPA therapy or sensitivity to its effects. If the white blood cell count falls to 3000 or less or the platelet count falls to 150,000 or less the doctor should be notified and the therapy will be discontinued. Deaths from septicemia and hemorrhage have been noted in the literature.

At the present time no standard effective chemotherapy regimen has been developed for treating invasive cancer of the bladder. Total cystectomy with urinary diversion combined with a course of radiation therapy has been the regimen found most effective.

Post urinary diversion patients are now being treated in our Oncology Center with a combination of CisPlatinum and Cytosan.

Careful records are being kept as the effects of this combination of drugs in the treatment of bladder cancer is studied.

The side effect of CisPlatinum of most concern to the enterostomal therapist is prolonged constipation. Stools should be monitored daily, stool softeners administered as ordered, ambulation and increased fluid intake encouraged. Enemas (irrigations if the patient has a colostomy) should be given as ordered.

Cytosan (Cyclophosphamide) may cause hemorrhagic cystitis. The patient whose urinary diversion is functioning properly should experience no difficulty as the urine will be expelled from the conduit frequently. His appliance should be attached to a bedside drainage collection bag and the urine should not be allowed to pool over the stoma. Fluid intake is usually increased to three liters per day for three days. Constipation may occur one to two weeks following treatment. The patient should be informed and instructed in methods of prevention and treatment of constipation prior to discharge.

Chemotherapeutic treatment of bladder cancer is geared to each patient's individual condition and tolerance of the drugs used. Interferon is being used in some cases.

Not every patient will experience all side effects. Some experience nothing more debilitating than malaise or flu like symptoms while others may become too sick to continue treatment. With good nursing care and emotional support most patients are able to complete their course of treatment with minimal trauma.

COST COMPARISON CHARTS

I. Disposable Urinary Post-Operative Pouches

Each Pouch Price /1.30/1.40/1.50/1.60/1.70/1.80/1.90/2.00/2.10/2.20/2.30/2.40/2.50/2.60/2.70

#961005 Coloplast Stone Urine Bag* (anti-reflux)	=====	\$2.40 each
#MUPO Marlen Urinary Post-Op Pouches	=====	\$2.25 each
#9021 Greer Disposable Stone Urinary Drains*	=====	\$1.90 each
#142 Series Hollister** Lo-Profile Ur. Pouches*	=====	\$2.05 each
#1075 United Bongort** Urinary Pouches*	=====	\$2.35 each
#825 Series Nu-Hope** Post-Op Urinary Pouch	=====	\$2.62 each
#827 Mason Disposable Urology Pouches	=====	\$1.32 each

* = anti-reflux incorporated
 ** = pre-cut openings available

Note: Some of the above pouches are available with an anti-reflux valve for an extra charge.

II. Reusable Urinary Pouches

Each Pouch Price /1.90/2.00/2.10/2.20/2.30/2.40/2.50/2.60/2.70/2.80/2.90/3.00/3.10

#E-ZD-36-218 Marlen Clear E-Z Drain Pouches	=====	\$2.10 each
#3406 United Featherlite Urinary Diversion Pouch	=====	\$2.81 each
#3606 United Dri-Flo Urinary Diversion Pouch*	=====	\$3.08 each
#2423 Series Squibb Sur-Fit Urostomy Pouch*	=====	\$1.93 each
#1027 Mason Regular Adult Urology Pouch	=====	\$1.97 each
#1047 Mason Regular Adult Urology Pouch*	=====	\$2.64 each

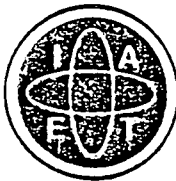
* = Anti-reflux valve incorporated

Based on manufacturers' suggested retail prices as of 6/1/82.

Mideast Region
International Association
For
Enterostomal Therapy
And
American Cancer Society
Kentucky Division Inc.

presents

SEXUALITY ADAPTATION
WITH
HEALTH LIMITATIONS



Speaker:

Mary Ann Versteeg Halbert
R.N., M.S.N., PSY.D.

November 5, 1982
8:30 AM to 4:30 PM

Executive Inn
Watterson Expressway at Fairgrounds
Louisville, Kentucky

General Information

Registration: 7:45 AM to 8:30 AM.

Program: 8:30 AM to 4:30 PM (Exhibit viewing prior to program, during lunch and break, and at programs end.)

Sponsors: Mideast Region IAET
American Cancer Society,
Kentucky Division Inc.,
Jewish Hospital

Requirement for Identification: State Nursing License.

Fee: \$25.00 (includes luncheon, breaks and materials). Students—\$15.00.

Cancellation Policy: Registrants will be notified and money refunded by mail.

Refund Policy: Cancellations must be received by October 29, 1982. To cancel, notify:

Rosalie Bush-Ryall, Secretary
Educational Services
Jewish Hospital
217 East Chestnut Street
Louisville, KY 40202
(502) 587-4375

Contact Hours: Six hours approved by Kentucky Board of Nursing and IAET.

For successful completion:

1. Attendance at all sessions of program.
2. Completion of Evaluation Form.

Provider Number: 4-00005-83-031-2-2-2

Expiration Date: Jan. 1, 1983

HOW TO TELL WHEN YOU'RE
OVER THE HILL

Everything hurts, and what doesn't hurt doesn't work.

You need your glasses to find your glasses.

Your back goes out more than you do.

Your little black book contains only names that end in "M.D."

You have too much room in the house and not enough in your medicine cabinet.

Your children begin to look middle-aged.

The police officers look too young to be police officers.

The little gray-haired woman you help across the street is your wife.

You can't take yes for an answer.



SEXUALITY ADAPTATION WITH HEALTH LIMITATIONS

Level and Scope

This is a practical program designed to provide an understanding of sexuality for professionals in health care settings, human services, and educational systems.

Target Audience

R.N.'s, L.P.N.'s, Physicians, and Allied Health Professionals.

Speaker: Mary Ann Versteeg Halbert
R.N., M.S.N., PSY.D.

Dr. Halbert received her Diploma in Nursing from Abbott Hospital School of Nursing in Minneapolis, Minnesota, her Bachelor of Science in Nursing Degree from the University of Iowa in Iowa City, her Masters of Science, Maternal-Child Nursing Major, University of Colorado, and her Doctorate in Clinical Psychology from the University of Denver. She has presented many lectures, conferences, and consultations to interdisciplinary health care professionals in the treatment of sexual dysfunction in the urologic cancer patient, the chronically ill, and the alcoholic. Currently, she is the Nurse-Psychologist on the Psychiatric Liaison Team of Gouverneur Hospital in New York, is in private practice in Manhattan, and is a national speaker and consultant.

Seminar Objectives

This is an intensive one-day seminar designed to increase participants' abilities to:

- Define sexuality and intimacy.
- Identify unique sexuality behaviors, decisions, and/or problems for specific populations.
- Identify the difference between sexual variations and dysfunctions.
- Identify options of intimacy expression.
- Identify facilitative techniques available to assist with sexuality concerns and/or problems of clients/patients/self.

Seminar Outline

WHAT IS SEXUALITY? FOR SELF AND OTHERS

- Attitude Check List
- Definitions
- Developmental Life Cycle

OPTIONS OF ADULT EXPRESSION

- Differences between variation and dysfunctions
- Review of physiological-psychological model
- Sexually Mature Adult
- Options
- Aging and Sexuality
- Developing a Sexuality Assessment

SEXUALITY ADAPTATION INCORPORATED INTO HEALTH CARE PLAN

- Information specific to health limitations, i.e., medical, surgical, genetic, psychological.
- Education, counseling, therapy assistance.

SEXUALITY ADAPTATION WITH HEALTH LIMITATIONS

November 5, 1982
8:30 AM - 4:30 PM
Executive Inn, Louisville, Kentucky

Fee \$25.00—includes luncheon, break and materials.
(Students \$15.00)
Registration deadline is October 21, 1982

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Nursing License Number _____

Employed by _____ State _____

_____ Enclosed is a check or money order payable to MIDEAST REGION IAET

Detach and mail this form with remittance to: Educational Services Department
Jewish Hospital
217 East Chestnut
Louisville, Kentucky 40202
(502) 587-4375
(Registration form may be duplicated.)

NURSE nurses burned-out nurses

by Carol Krucoff
Washington Post News Service

Pamela Patrick entered intensive-care nursing because it promised the excitement and challenge of helping people through dramatic, life-and-death situations.

She quit for the same reasons. "Granted, nursing is a stressful job. You're dealing with people in crisis. You see peak emotions--high and low-- and it can get very intense. That's one reason people are attracted to the field."

But in addition to the unavoidable stresses inherent in the work, nurses--and other health professionals--are subjected to numerous "avoidable" stresses that make things worse.

"It's common for nurses to work rotating shifts (switching frequently from day to night) and double shifts (16 hours straight), so you're constantly fatigued, and your body clock is always mixed up. Usually, nurses get no say in their own scheduling."

"There often aren't enough nurses, so you have more patients than you can reasonably handle. And you wind up running errands, doing paperwork, being pulled away from patient care. Sometimes it seems like you're doing everything but nursing."

Coupled with low pay -- "street cleaners earn more than starting nurses" -- and "lack of professional respect," these stresses are prompting thousands of nurses to turn in their caps. "Nurses are burning out and dropping out in epidemic proportions, Ms. Patrick says."

Gets psychology doctorate

But unlike other victims of "nurse burn-out," she didn't leave the health care field when she quit clinical nursing ten years ago. She went on to earn a doctorate in psychology and establish "a burnout prevention and treatment" program for staffers at a Mid-western hospital.

She now presents workshops on health-care worker burnout throughout the country and has completed a book on the subject for Blue Cross and Blue Shield Associations. The insurance company's interest in the problem stems, she says, from the "billions of dollars" association officials claim it costs the health-care industry.

While burnout affects other professions--from teachers to business executives--Ms. Patrick says it's particularly severe among health-care workers in general and nurses in particular.

"A hospital is a highly stressful environment," she says. "It's like a self-contained city that's working 24 hours a day, 7 days a week. You're constantly dealing with people in crisis...a patient in pain, a family member in emotional distress."

"Nurses tend to start out very idealistic. They tend to work through breaks, stay overtime, even cancel vacations because patients who need them seem much more important than their own tired feet."

But this idealism, exploited by hospital stress-inducing practices "leads in one direction"...burnout."

Ms. Patrick, 35, says her own experience was typical. "In my first week as a critical-care nurse, I was responsible for three patients in a unit where I should have had one, or at most two."

"Patients would come in directly from surgery or an accident and need constant monitoring. On a routine case, you'd have to take critical measurements every five minutes, in between which you'd dress wounds, give medication, stop a bleed. Caring for one patient can be exhausting. Three is next to impossible."

Then there were the long hours. "It's common to work 12 days in a row, get one day off, then start an evening shift. It messes up your sleep pattern and your family life. You're chronically fatigued, emotionally drained."

And nurses are still fighting "the old, traditional battles with doctors and administrators," she says. "There's a lot of lip service paid to the idea that you're an important member of the health-care team, but nurses get little professional respect."

While few doctors today snap their fingers to order nurses about, "many still consider nurses nothing more than their assistants," she says. "The nurse has so much more patient contact than the physician. Yet one of the chronic complaints among nurses is that they still are not getting that recognition from doctors."

"If a doctor and a nurse have a disagreement, hospital administration usually takes it for granted that the doctor is right, and the nurse is wrong. And, too often, hospital administrators won't listen to them. That's what leads to strikes... It's an effort to try and get the administration's attention."

It is low pay, however, that is often the issue when nurses strike. The median income of registered nurses (97 percent of whom are female) is \$297 per week, according to the Bureau of Labor Statistics. By contrast, telephone installers and repairers (91 percent male) earn \$379 weekly, and electricians (99 percent male) earn \$397.

NOTE FROM THE EDITORS

We believe we all have experienced the feeling of "burnout". If you have had this problem, it would be appreciated if you would share how you coped and what mechanisms for stress reduction you used. We will print your thoughts and ideas. Send them to

Judith Skolnick RN ET
43 W. Sheffield St.
Oakland, N.J. 07436 or
Cathy Stewart RN ET
148 W. Lakeshore Drive
Rockaway, N.J. 07866

"Lord, Thou knowest better than I know myself that I an growing older, and will some day be old.

"Keep me from getting talkative, and particularly from the fatal habit of thinking I must say something on every occasion.

"Release me from craving to try to straighten out everybody's affairs.

"Keep my mind free from the recital of endless details -- give me wings to get to the point.

"I ask for grace enough to listen to the tales of others' pains. Help me to endure them with patience.

"But seal my lips on my own aches and pains -- they are increasing and my love of rehearsing them is becoming sweeter as the years go by.

"Teach me the glorious lesson that occasionally it is possible that I may be mistaken.

"Keep me reasonably sweet; I do not want to be a saint -- some of them are so hard to live with -- but a sour old person is one of the crowning works of the devil.

"Make me thoughtful, but not moody; helpful, but not bossy. With my vast store of wisdom, it seems a pity not to use it all -- but Thou knowest, Lord, that I want a few friends at the end."

-- AUTHOR UNKNOWN

A SOLUTION TO THE "BLUE BAG",
MYSTERY (Reprint from "Network",
N.E. Region)

Susan Stuart has graciously provided the Newsletter with the following information found in Urology, February, 1978.

Periodically we may see an in or out patient who experiences either consistent or transient blue bag syndrome. Although the patient's urine remains the normal yellow or straw color, the bedside collection bag, or ostomypouch becomes stained a bright blue - almost purple - and does not fade with routine cleansing procedures.

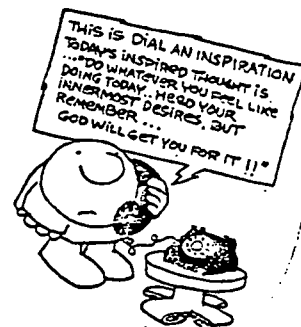
Mothers may notice that the baby's wet diaper, on exposure to air, will also stain blue.

A study of 138 children with ileal conduits performed by the Urology Service in a St. Paul, Minnesota, children's hospital revealed 5 patients reporting episodic blue

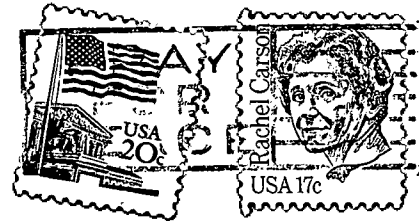
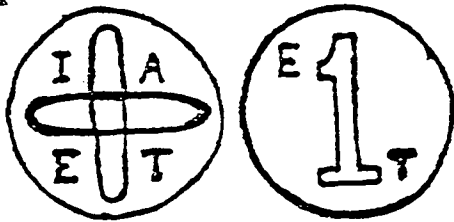
staining of the urinary pouch. Of these 5, all were asymptomatic with positive urine cultures (but only 2 had greater than 100,000 E. Coli per ml.)

Tryptophan is an amino acid set free by tryptic digestion. It is believed that bacterial degradation of tryptophan in the GI tract leads to excessive indole production and absorption resulting in indicanuria. The indican, on contact with air, oxidizes to indigo blue causing staining of diapers, urinary collection bags, and gravity drainage bags.

The occurrence of indicanuria is believed to be a transient, benign occurrence, and not indicative of underlying pathology in the patient who presents no other symptoms.



Betsy Hewitt, RN, ET
Barbara Montgomery, RN, ET
Room 221
Ohio State University Hospital
410 West 10th Avenue
Columbus, Ohio 43210



MAUDE B TIMMONS, RN ET
5319 Velle Vista Drive
Louiseville, KY 40272

FIRST CLASS



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- COMMITTEES:
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 - Budget & Finance -- Barbara Montgomery
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 - Publication: -- Marilyn Spencer



EDITORS

Betsy Hewitt, RN, ET
 Barbara Montgomery, RN, ET
 Room 221
 Ohio State University Hospital
 410 West 10th Avenue
 Columbus, Ohio 43210

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Providence Hospital
Southfield, MI

Notice



Dear Friends:

It was great seeing so many of you in Louisville. There were 56 members present for an excellent educational seminar! Many thanks to all the Louisville E.T.'s and the other Louisville friends who helped make the meeting so enjoyable.



The Region has had a few resignations. Helen Arend has resigned as Regional Trustee due to personal health reasons. Jane Beerck was elected to fill this vacancy, which left the office of treasurer vacant. The Board appointed Barbara Montgomery to fill the vacancy of treasurer. Barbara Montgomery and Betsy Hewitt have resigned as the Publications Committee as of this newsletter. Marilyn Spencer at Cleveland Clinic agreed to take over the Publications Committee. Harriett Johnson May has resigned as the Mideast I.A.E.T. liaison to the Indiana State Nurses Association. I have sent letters out to all the R.N., E.T.'s in Indiana seeking a replacement for Harriett.

Thank you to Helen, Barb, Betsy and Harriett for all their hard work on these committees. Thanks also to Jane, Barb, Marilyn for accepting their new positions.

Joan VanNiel has agreed to formulate and be chairperson of an Ad Hoc Research Committee on Sexuality of the Oostomate. Anyone interested in helping Joan with this committee, please contact her at Cleveland Clinic. Thanks Joan.

Debbie Broadwell visited our meeting in Louisville. Highlights of Debbie's announcements are as follows:

1. I.A.E.T. is encouraging regions to sponsor a Counselor to the Youth Rally in July in Boulder, Colorado. Interested? Write me. We will be voting on this at our regional meeting in Kansas City.
2. The I.A.E.T. Booth is available for any E.T. function -- contact Bonnie Cunningham if you would like the booth.
3. The National I.A.E.T. meeting will be in Kansas City in June (dates to be announced).

Last, but never least, a big THANK YOU to Joyce Hawley, our immediate past-president, for all of her hard work during the past two years. She's a hard act to follow. (By the way, Joyce just became a grandmother -- congratulations!)

Best wished to all for a wonderful holiday !!!

from
the "PRES"

Sally



From our past Pres:

A special thanks to all the members of the Mideast Region for their support during my term in office. It was exciting to see new members becoming active and involved.

I wear my charm with pride -- it has very special meaning.

Have wonderful Holidays.

X-Pres.

Joyce



OFFICERS OF MID-EAST REGION OF I.A.E.T.

November 6, 1982

President: Sally Thompson
 President Elect: Ethel Pryor
 Secretary: Brenda Kinder
 Treasurer: Barbara Montgomery
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 Nancy Rioux
 Margie Dreffer
 Betty Gerth
 Jean Hicks
 Rosemarie VanIngen
 Ethel Pryor
 Alternates: Patricia Freeman
 Patricia Grizzle



MIDEAST REGION

November 6, 1982

COMMITTEES

Membership: Nancy Rioux
 Budget/Finance: Barbara Montgomery
 Education: Susan Cecil
 By-Laws: Marilyn Spencer
 Publication: Marilyn Spencer
 Legislation: Bonnie Bolinger, Ohio
 Rosemarie VanIngen, Michigan
 Vacant at present, Indiana
 Historian: Maude Timmons
 Parliamentarian: Bonnie Bolinger

Who's Who



SPECIAL COMMITTEES

Region Procedural Manual: Pat Freeman
 Ruth Bailey
 Research: Joan VanNiel
 1983 Regional Conference: Nancy Martin
 Juanita Jenkins

\$\$

MIDEAST REGION I.A.E.T.

FINANCIAL REPORT

6/16/82 - 10/31/82

INCOME:

Membership Rebate	\$1690.14
Interest NOW Account	98.82
Total	<u>\$1788.96</u>

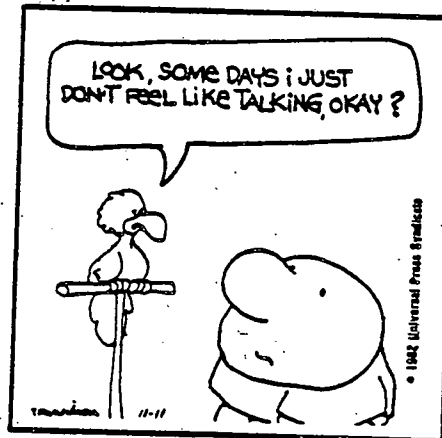
EXPENSES:

Conference Expenses	\$ 611.25
Postage	132.95
Printing/Typing	98.28
Scholarship	500.00
Phone expenses	10.00
Youth Rally	300.00
Accountant	30.00
Miscellaneous	87.18
Total	<u>\$1769.66</u>

(Income over expenses \$ 19.30)

ASSETS:

Checking NOW Account	\$5074.61
Certificate	1310.99
Total	<u>\$6385.60</u>



PLEASE NOTE:

In the 82-83, IAET Membership Directory Barbara Montgomery's address and phone number are incorrect. The correct address is: 4808 Smoketalk Lane, Phone 421-8897.

ANNUAL MEMBERSHIP MEETING

November 6, 1982

Louisville, Kentucky

TIME: 10:15 A.M.

PLACE: Louisville, Kentucky

PRESIDING: Joyce Hawley, President

MEMBERS PRESENT:	Ethel Pryor	Rosemarie VanIngen	Kathleen Wood	Glenna Altzer
	Jo Marion	Lois Jean Holloway	Pat Freeman	Chrisbell Wentler
	Marjorie Rose	Phyllis Helmereck	Lucille Haines	Darlene Murphy
	Patricia Martin	Marilyn Spencer	Joan VanNeil	Pat Grizzle
	Donna Wilkins	Mary Angela Lamb	Brenda Kinder	Betsy Hewitt
	Barb Montgomery	Sr. Consolata Wolking	Norma Huesman	Sherry Birdsall
	Bonnie Bolinger	Joan Baptie	Darcy Sevo	Lana Smith
	Sherry Randolph	Anne Ward	Pat Hurd	Susan Brown
	Phoebe Alfke	Sally Thompson	Nancy Martin	Charlotte Gerbig
	Margie Dreffer	Mary Lou Walker	Ruth Bailey	Susan Howard
	Betty Gerth	Trudy Blied	Joyce Hawley	Helen VanSweden
	Peggy Valmassoi	Juanita Jenkins	Joan Hick	Maude Timmons
	Mary Bowling	Pamela Stilger	Jane Beerck	Rosemary Steele
	Nancy Bean	Joe Hancock		

GUESTS:	Linda Vulhop	Sharen Ballard	Sue Smith	Helen McMurtry
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TOTAL: 56 members present

POSITIONS OFFERED:

Hospital/Home Health Care Agency
23228 Hawthorne Boulevard
Torrance, CA (213) 373-6373

- 1 Position -- Torrance Office
- 1 Position -- St. Vincents Office
- 1/2 Position -- O.C. Office in Fullerton

Harbor/UCLA Medical Center
100 West Carson Street
Torrance, CA 90501
(213) 533-2345

WANTED:

ENTEROSTOMAL CLINICAL NURSE SPECIALIST

A major 600 bed medical center in a beautiful part of the Western U.S. is seeking an ostomy-surgical clinical specialist. You will do staff development, patient education, and physician liaison. Referral and consultation service procedures have already been established -- the docs rely heavily on this person and are anxious to fill the vacancy.

If you have a Masters and love to sail, ski, backpack -- generally enjoy the beautiful outdoors as well as some big-city life -- then please immediately contact me for further information and consideration!

Editor's Note

*Congratulations to Norma for her appointment. It is through written communications that we can share our expertise with others. We encourage you to help Norma to advance the field of Enterostomal Therapy.

I recently was appointed as a member of the Editorial Staff of the A.U.A.A. Journal (American Urology Association Allied). It occurred to me that our Mideast E.T.'s could contribute to this magazine in a unique way.

There is a column called "Readers Ask/Readers Tell" that the Mideast could contribute. Could all of you write either a problem or how to solve a problem related to the urinary stoma or similar type? We could then combine these together as the Mideast E.T.'s contribution to the A.U.A.A. Journal.

Please send questions and/or solutions to:

Norma Gill, C.E.T.
c/o 926 E. Tallmadge Avenue
Suite C
Akron, OH 44310

Roberta Borer
Assistant General Manager
Roth Young Personnel Service
6133 Bristol Parkway, Suite 100
Fox Hills, CA 90230
(213) 670-0521

Thank you!

CALL TO ORDER:

Joyce Hawley, President, welcomed all members and guests to the annual meeting of the Mid-East Region of I.A.E.T. Officers were introduced to the membership. All new E.T.s and guests were asked to stand and identify themselves and their place of employment.

A quorum was established. Trudy Blief, Parliamentarian, identified the procedure to use when proposing and making motions on the floor.

I.A.E.T. Presidents Report: Debra Broadwell

New I.A.E.T. Membership Directory is in the mail to membership. Regional meetings will be prior to I.A.E.T. business meetings at the I.A.E.T. national conference. This will facilitate regions discussing their feelings on votable issues before delegates attend I.A.E.T. business meetings. There will be no concurrent educational sessions during the I.A.E.T. business meetings: Delegates will not have to miss any educational sessions. All I.A.E.T. members are encouraged to audit I.A.E.T. business meetings. Business meeting room will be set-up so delegates can sit with their region during I.A.E.T. business meetings.

I.A.E.T. Strategic Planning Project will be printed in J.E.T. in its entirety: over several issues of the J.E.T.

I.A.E.T. has a new Exhibit Booth. It was shown for the first time recently at the College of Surgeons Conference in Chicago, Ill. It is a 3-panel exhibit; 2 panels are explaining the role of the E.T. directed to doctors. The third panel explains the role of the E.T. directed to Hospital Administrators. The I.A.E.T. Exhibit Booth is available to all regions of I.A.E.T. to use at appropriate conferences. Contact Bonnie Cunningham for availability and shipping arrangements.

I.A.E.T. is considering changing the name of our Specialty. No decisions have been made at this time. Your input is welcome.

Less than 2% of E.T. membership are not R.N.s.

The region is asked to sponsor a E.T. counselor to the Youth Rally next July 1983 in Boulder Colorado. Exact dates are not available at this time.

The Canadian Association of Enterostomal Therapy is a reality. They had their first meeting in Toronto the end of October. 89 of 112 membership attended. Marie Bouroughs is their first president.

Debra Broadwell sincerely welcomes and encourages your input and concerns, both personnel and/or regional level. E.T.s are specialists who help one another: this sharing is seldom demonstrated in other nursing specialties.

SECRETARY'S REPORT

The minutes of last semi-annual meeting held in New York City were published in the last Mid-East Dropper. The minutes were corrected and accepted.

TREASURER'S REPORT

Copies of the financial report were passed out to the membership for review. The treasurer's report was recieved and placed on file.

Jane Beerck read a letter of contribution to the Bernadette Smith Scholarship Fund. \$50.00

A review of financial re-embursement for officers and delegates of the Mid-East Region:

Officers: 1/2 of double room rate & \$20.00 per dium. Business meeting day only.

Delegates: \$50.00 to help defray expenses at I.A.E.T. business meeting day.

The region needs to raise funds to help defray these costs.

COMMITTEE REPORTS

a. **MEMBERSHIP:** Regional Directory is available to any attending members who do not have one.

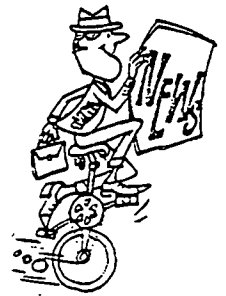
b. **EDUCATION:** Susan Howard thanks the membership for reporting educational activities to her. Continuing reporting is necessary to keep region up-to-date.

c. **PUBLICATIONS:** Barb Montgomery reports if any members have not recieved their region newsletter, please notify the region newsletter editor. The region mailing list comes from I.A.E.T. office; If you have not paid your annual I.A.E.T. dues, your name and address does not appear on the I.A.E.T. membership list; consequently your name and address is not on regional membership list. Barb Montgomery and Betsy Hewitt can no longer produce the newsletter. They will help the new editor/s get started. These two girls have done an excellent job and are to be commended.

Articles for the newsletter are always needed. There are 4 issues a year.

d. **HISTORIAN:** Maude Timmons asks anyone who has any historical data concerning our Mid-East Region, please get it to her soon for the region scrapbooks.

CONFERENCE REPORT: Sue Hughes commended conference committee on work they have done. Weather and accomodations were great and a quality program; SEXUALITY ADAPTATION WITH HEALTH LIMITATIONS Speaker: MARY ANN VERSTEEG HALBERT, was well attended.



The Golden Rule is of no use to you whatever
unless you realize that it is your move.
—Dr. Frank Crane

REGIONAL TRUSTEE REPORT:

With great regrets, Joyce Hawley read a letter of resignation from Helen Arend as current regional trustee, due to health problems at this time. Telegrams, expressing love and concern, were sent to Helen from the officers of the region and the membership.

OPERATIONAL MANUAL REPORT: Pat Freeman and Ruth Bailey, committee chairpersons report they have written to other regions for samples of their operational manuals. They have arrived at a format appropriate for our region. They are asking experienced officers and committee chairpersons to document their past jobs and return this information to Pat Freeman no later than March 1, 1983. They plan to have a rough draft of an operational manual ready to present to the region at the semi-annual meeting in Kansas City.

EXHIBIT BOOTH REPORT: Rosemarie VanIngen has distributed information sheets on purchasing and managing regional exhibit booth. Whole idea was discussed and tabled due to difficulty of managing exhibit booth idea.

NEWSLETTER ADVERTISEMENT REPORT: Trudy Blied reports letters to ostomy dealers are going out in November & December. We expect a good response to fund production of the newsletter. We are offering once a year advertising to the dealers at a cost of \$25.00

PRESIDENTS REPORT: I.A.E.T. has not notified the Mid-East Region of our tax status. The region has contacted a C.P.A. to fill out forms in order to gain a tax-exempt status. The 1983 annual Mid-East Region conference and business meeting will be in Charleston, West Virginia, around the first week of November. Dates are not finalized for Kansas City. The conference will probably be in the beginning of June.
Future annual Mid-East Region meetings: 1984 South Bend, Ind.
1985 Cleveland, Ohio

BY-LAWS: Ethel Pryor, Trustee presented the following issues for membership to vote upon.

PRESENT BY-LAW	PROPOSED REVISION	RATIONALE
<p><u>Article III Membership</u></p> <p><u>Section I Classifications</u></p> <p><u>a. Certified Member</u> Certified members shall be graduates of an accredited I.A.E.T. educational program and certified in the field of enterostomal therapy. They are required to pay dues and shall have all privileges of membership.</p>	<p><u>a. Active Member</u> An active member shall be graduated from an accredited I.A.E.T. educational program. They are required to pay dues and shall have all the privileges of membership.</p>	<p>This is to accomodate all members, including graduates of accredited educational programs after Frebruary, 1979.</p> <p>This is to accomodate all members, including graduates of accredited educational programs after February, 1979, who have not taken the certification examination. Board Certified is a professional designation rather than a membership category.</p>
<p><u>b. Retired Member</u> Retired members shall be persons 62 years and older and not actively employed. They shall have full membership privileges, but are required to pay only 25% of the established dues.</p>	<p><u>b. Retired Member</u> A retired member shall be anyone eligible to be an active member who is permanently retired from employment in the health care field. They shall have all the privileges of membership except those of making motions, voting and holding office. They are required to pay 50% of the established dues.</p>	<p>This is to eliminate age as a requirement. It also specifies that only those eligible to be active members may be retired members. The present by-laws do not even say that they must be E.T.s. The old rate of 25% of the dues does not cover the cost of the journal and maintaining their membership records.</p>
ARTICLE V OFFICERS		
<p><u>Section V Vacancy</u> If the office of any officer becomes vacant, the Board of Trustees shall elect a person to fill such vacancy who shall serve until the election and qualification of his successor.</p>	<p>If an office shall become vacant, the Board of Trustees shall elect a person to fill such vacancy until a regular election for that office is held.</p>	<p>Rewritten. No change in meaning.</p>

If you find a path with no obstacles, it probably doesn't lead anywhere.

Don't let yesterday use up too much of today.



Just remember — when you think all is lost, the future remains.

<p>ARTICLE VI REGIONAL TRUSTEE</p>		
<p><u>Section III Term</u> The Regional Trustee shall assume a term of two years and no Regional Trustee shall assume this office for more than one consecutive term.</p>	<p>The Regional Trustee shall be elected for a term of two years and shall not be elected for more than two consecutive terms.</p>	<p>The Regional Trustee could serve a total of 4 years instead of just 2. It is consistent with terms of officers in I.A.E.T.</p>
<p><u>Section IV Vacancy</u> If the position of Regional Trustee becomes vacant, an election by the members of the region will be held to fill such vacancy within thirty(30) days after notification of said vacancy. The ballots shall be sent by registered mail, and the President shall appoint the necessary tellers for such election. The tellers shall count and record all votes and give a written report to the Secretary, who, in turn, will notify the membership of the results of said election.</p>	<p>If the position of Regional Trustee becomes vacant, the Board of Trustees shall elect a person to complete the term within thirty days.</p>	<p>Cumbersome. Impractical because of size of our membership.</p>
<p>ARTICLE VII BOARD OF TRUSTEES</p>		
<p><u>Section IV Term</u> Each trustee shall be elected for a term of two years and no person shall be elected to such office for more than one consecutive term.</p>	<p>Each trustee shall be elected for a term of two years. No person shall be elected for more than two consecutive terms.</p>	<p>Allows for re-election.</p>

Most of us will never do great things, but we can do small things in a great way.

<p>ARTICLE VIII DELEGATES</p>	<p>RATIONALE</p>	
<p><u>Section I Composition</u> Delegates shall represent the region at meetings of I.A.E.T.</p>	<p>Delegates will be elected by each region to represent them at meetings. This will allow for representation of members even though they may not be able to attend the meeting.</p>	
<p><u>Section II Apportionment</u> a. The number of delegates from the region shall be based on the number of active members as of September 1, of the preceeding year. b. The region shall be entitled to 5 delegates at large. An additional delegate shall be elected for every 50 members over 100 or a fraction thereof. c. The region shall elect a minimum of 2 alternate delegates. An alternate shall serve but vote only if an elected delegate is unable to fulfill their obligation.</p>	<p>This will establish the number of allotted delegates before the fall regional meetings. The apportionment figures were arrived at to allow for a minimal number of delegates to represent a region, with increased representation being based on actual members in that region. Each region automatically has 5 voting delegates. In addition, they will receive delegates as shown:</p> <p>100-150m - 1 voting delegate 151-200m - 2 " " 201-250 - 3 " " 251-300 - 4 " " 301-350 - 5 " " etc.</p>	

Section III Qualifications

A representative to the House of Delegates shall be an active member in good standing for at least one year immediately prior to the election, and who has consented to serve.

To comply with present I.A.E.T. by-laws.

Section IV Election

Delegates shall be elected at large. Nominees receiving the largest number of votes in descending order until the required number of delegates and alternates is reached shall be declared elected.

Any active member including elected officers and trustees except the Regional Trustee are eligible to be elected as delegates. The nominating committee will prepare a slate for the election of delegates each year.

Section V Term

- a. Each delegate shall be elected for a term of one year.
- b. A Regional Trustee cannot serve concurrently as a delegate.
- c. Election of delegates shall be completed 90 days prior to the I.A.E.T. annual conference.
- d. Delegates will assume responsibility 90 days prior to the I.A.E.T. annual conference.
- e. The regional president shall provide the names of the elected delegates and alternates to the secretary of the I.A.E.T. 90 days prior to the I.A.E.T. annual conference.

A member of the Board of Trustees of I.A.E.T. cannot serve concurrently as a regional member of the House of Delegates. To receive written notification of pending issues as required by I.A.E.T. By-Laws.

*A smile is an inexpensive way to improve your looks.
— Charles Gordy*

Section VI Removal

A delegate may be removed by appropriate resolution approved by the regional board of trustees.

To comply with present I.A.E.T. By-Laws.

Section VII Responsibilities

- A delegate shall:
- a. Serve as representative for the region.
 - b. Vote on issues.
 - c. Assist in establishing policy.
 - d. Amend and adopt by-laws.

To provide a mechanism for equal and fair representation and participation for each region in conducting the business of the I.A.E.T.

Section VIII Voting

Each delegate shall have one vote.

The mechanism of delegates and/or alternates allows for complete representation at all times.

Section IX Quorum

A quorum for the transaction of business by the House of Delegates shall consist of two-thirds of the total allotted delegate votes.

An established quorum guarantees a minimal number of members required to conduct the business of the organization.

ARTICLE IX COMMITTEES	PROPOSED	RATIONALE
Section I Appointment All committees, with the exception of the Nominating Committee, shall be appointed by the president and shall consist of a chairman and at least two other members.	All committees with the exception of the nominating committee shall be appointed by the president.	Flexibility. Less restrictive.
Section II Nominating Committeecertified memberactive member	Consistent wording.

HAVE A LOVELY DAY!!



Section IV Term

The term of service of each committee member shall terminate the second annual Regional membership meeting following their appointment.

Each committee member appointed or elected shall serve two years.

Clarity. No change.

Section V Committees

The standing committees shall be as follows:

a. Membership

It shall promote the growth of the membership of the region, and it shall prepare and submit a regional membership list to the members annually.

It shall promote the growth of the membership of the region and it shall submit a list of active members as of September 1 of each year to the president of the region.

Quantity of delegates will be determined by the number of active members Sept. 1. Nat. Dir. is q 2 yrs.

b. Program

It shall plan and promote programs relating to the purpose of this region; the purpose being to enhance and develop educational skills of the professional members of this region and others concerned with the care of the ostomate.

It shall plan and promote programs to achieve the educational purpose of the region.

Clarity. No change.

d. Nominating

It shall submit the names of nominees for officers and trustees to the membership at least thirty days prior to the annual regional membership meeting.

It shall submit the names of nominees for officers, trustees, and delegates to the membership at least thirty days prior to the annual meeting.

Consistency..necessary to elect delegates.

e. Budget & Finance

It shall prepare and submit to the Board of Trustees a prepared budget; it shall recommend accounting procedures for this region, and it shall advise as to investment of the funds of this region. The treasurer shall be a member and chairperson of this committee.

The treasurer shall be chairperson and the Budget & Finance Committee shall:
1. Submit an annual budget to the Board of Trustees.
2. Recommend accounting procedures.
3. Advise as to investments of funds.

Clarity. No change.



Section VI Additional Committees

Additional committees advisable for carrying on of the business of this region may be established by the board of trustees.

Additional committees may be established by the board of trustees.

Clarity. No change.

ARTICLE X NOMINATIONS

Section I Nominations

Nominations for officers and trustees shall be made by the nominating committee not to preclude any nominations from the floor by any member in good standing.

Nominations for officers, trustees, and delegates shall be made by the nominating committee. Nominations from the floor, by any member in good standing, shall be accepted.

To accomodate election of delegates.



ARTICLE XI ELECTIONS:

Section VI Election of Delegates
Delegates shall be elected each year.

Delegates shall be elected each year.

New

Section VI Secret Ballot

Section VI becomes Section VII

Section VII Tellers

Section VII becomes Section VIII

The following proposed By-Laws were presented and voted upon, passed and accepted:

Article III Membership Section I Classifications a. & b.
Section V Vacancy

"What's in a Word"

Article VIII Delegates Section I Composition
Section II Apportionment a., b., & c.
Section III Qualifications
Section IV Election
Section V Term a., b., c., d., e.
Section VI Removal
Section VII Responsibilities a., b., c., d.
Section VIII Voting
Section IX Quorum

It had been decided that once the surgeon concerned had given his consent to teach the art of irrigation to an elegant 74 year old lady, due to intermittent skin problems. The patient was informed of this new therapy and being a very impatient lady she rang the nurse, ward and her visitors and neighbors inquiring about her ejaculation appointment! There were a number of people in West Sussex, London waiting to hear more of Mrs. X's new ejaculation therapy. The word used by the doctor was evacuation Therapy.

Article IX Committees Section V Committees b., c.

Article X Nominations Section I Nominations.

Article XI Elections Section VI Election of Delegates
Section VI Secret Ballot
Section VII Tellers

Elsa Mitchell Goodman

The following proposed By-Laws will be voted upon by mail, before the semi-annual Mid-East Region meeting in Kansas City in June 1983:

Article VI Regional Trustee
Section III Term
Section IV Vacancy

Article VII Board of Trustees
Section IV Term

Article IX Committees Section I Appointment
Section II Nominating Committee
Section IV Term
Section V Committees a.

In accordance with the By-Laws, elections were held for the following positions:

Remainder of Regional Trustee position: Jane Beerck
Regional Trustee 2 year term beginning June 1983: Jane Beerck

President-elect: Ethel Pryor
Secretary: Brenda Kinder
Trustee, By-Laws: Marilyn Spencer
Remainder of Treasurers term: Barbara Montgomery
(Jane Beerck was Treasurer, but moved into Regional Trustee position.)

Delegates: Lois Holloway Betty Gerth Ethel Pryor
Nancy Rioux Jean Hicks
Margie Dreffer Rosemarie VanIngen

Alternates: Pat Freeman
Patricia Grizzle

The meeting was adjourned at 2 pm.

Respectfully submitted:

Rosemarie VanIngen
Rosemarie VanIngen Secretary



Diet has been linked with diverticular disease and colon cancer, specifically diets low in fiber. We thought it may be of interest to you what foods are considered high in fiber.

Reference Broadwell, D.C., Jackson, B.S.: Principles of Ostomy Care, C.V. Mosby pg. 133. 1982.

The value of fiber is twofold:

1. It forces the colon to deal with larger volumes of feces and is consequently helpful in maintaining a wider colonic lumen and decreased intra colonic pressures. (diverticular are most numerous in the sigmoid colon, the narrowest portion of the colon).
2. It increases motility, thereby, speeding stool transit time and allowing one to pass a moister, softer stool. There is much research that corroborates this effect of fiber on the large bowel.

ON THE HUMOROUS SIDE

Are you pondering how to measure spaghetti for a specific number of people:

Spaghetti measuring devices are available but cost \$2.50 to \$6.00.

Instead, try a "stoma measuring guide". The following are correct guides:

SERVING	MEASURE
1	7/8 in.
2	1 & 1/4 in.
3	1 & 1/2 in.
4	1 & 3/4 in.

(Tip from Jean Fitzgerald)
from Mid Atlantic Region, Fall, 1982.

Fiber in foods

Information from charts by James W. Anderson, M.D., "Diabetes: A Practical New Guide to Healthy Living," Arco Publishing, Inc., New York.

FIBER	FOOD	SERVING SIZE	CALORIES PER SERVING
9.7	Kidney beans, cooked	1/2 cup	94
8.3	Lima beans, cooked	1/2 cup	63
7.9	White beans, cooked	1/2 cup	79
6.7	Peas, canned, cooked	1/2 cup	63
3.7	Lentils, cooked	1/2 cup	97
3.0	Popcorn, popped	3 cups	62
8.4	All Bran	1/2 cup	70
2.9	Oats, whole dry	1/2 cup	71
2.8	Shredded wheat	1 biscuit	70
2.3	Rye wafers	3 wafers	64
2.1	Wholemeal (Graham) bread	1 slice	56
1.4	Graham crackers	2 squares	53
1.3	Whole-wheat bread	1 slice	59
1.1	Cornbread	1 square	58
9.2	Raspberries, red, fresh	1 cup	42
3.7	Dried figs	1 medium	46
3.1	Strawberries	1 cup	45
2.0	Apples, fresh	1/2 large	42
2.0	Pears, fresh	1/2 medium	44
1.5	Bananas	1/2 medium	48
1.6	Cantaloupe	1 cup	39
1.4	Watermelon	1 cup	35
4.0	Cranberries, raw	1/2 cup	31
3.5	Broccoli, cooked	1/2 cup	18
3.5	Winter squash, cooked	1/2 cup	41
3.5	Asparagus, cooked	1/2 cup	18
2.6	Corn, fresh	1/2 medium ear	72
2.5	Eggplant, raw	1/2 cup	16
2.1	Cabbage, white, cooked	1/2 cup	10
2.0	Summer squash, cooked	1/2 cup	8
1.9	White potato, baked	1/2 medium	72
1.8	Carrots, raw	1/2 cup	15
1.6	Cauliflower	1/2 cup	14
1.5	Bean sprouts	1/2 cup	13
1.1	Celery	1/2 cup	8
0.8	Lettuce	1 cup	5

From Pacific Coast Comments:
Summer, 1982

Helpful Hints:

Before applying Op-Site to the sacral --coccyx region -- a small amount of Stomahesive paste in the cleft and then sprayed with Hollister adhesive will give an excellent seal. I usually apply an extra piece of tape too!

Betty Razor

TERMINOLOGY TO USE IN APPLYING FOR REIMBURSEMENT OF OSTOMY SUPPLIES

Pouch covers should be called "moisture barriers".

Tape should be called "peristomal adhesive".

(Thanks for this tip from Jean Fitzgerald of Wilmington Medical Center).

EDUCATIONAL EVENTS

Dynamic Dimensions in Health Care has developed a synchronized slide/tape presentation based on the workshop, Pressure sores: A Management Approach. It is comprehensive 25 minute presentation which includes 77 descriptive slides, synchronized tape, program script, assessment form, flowsheet and instructions for suggested treatments.

The complete package price - \$150.00
Send check or money order to:

Dynamic Dimensions in Health Care
A. V. Department
8729 Hayshed Lane
Columbia, Maryland 21045
Phone: 301-992-5480

TO GIVE ONESELF OVER TO A RECONSIDERATION OF ONE'S VIEWS IS NOT NECESSARILY TO ABANDON THE OLD AND EMBRACE THE NEW, NOR DOES A PERSON ALWAYS NEED TO SUPPRESS WHAT IS NOVEL IN ORDER TO CONSERVE WHAT IS FAMILIAR.

George A. Kelly*

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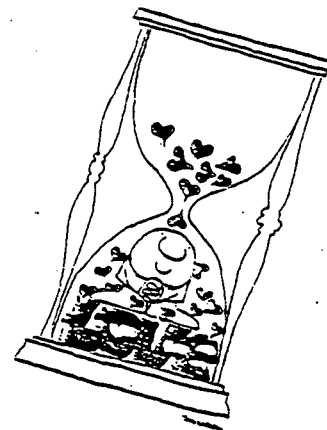
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* Kelly, George A. A Theory of Personality. New York: Norton, 1963, p.xii.

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The George Washington University
1828 L Street, N.W.
Suite 704
Washington, D.C. 20036
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E.T. Corner MEMBERSHIP ROSTER UPDATE INDIANA

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317-353-9759

KENTUCKY

Pamela Stilger
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Work address:

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Lakewood, OH 44107
216-521-4200 Ext. 417

Karen Welsh
26151 Lakeshore Blvd., #507
Euclid, Ohio 44132

Work Address:

Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, OH 44106
216-444-6677

ADDITIONAL REFERENCE BOOKS THAT MAY BE HELPFUL:

- Adler, M. and Towne. Looking Out/Looking In. New York: Holt, Rhinehart, and Winston. (Interpersonal communication.)
- Bower, C. and Bower, S. Asserting Yourself: A Practical Guide for Positive Change. Reading, Mass.: Addison Wesley, 1976. (Instructor's guide is included.)
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- Rubin, Isadore and Calderwood, Deryck. A Family Guide to Sex. New York: Signet, 1973.
- Sex Information and Education Council of the U.S. Sexuality and Man. New York: Scribner, 1970.
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- Singer, Irving. The Goals of Human Sexuality. Norton: New York, 1973.
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- Zimbardo, Phillip. Shyness: What Is It? What To Do About It? Reading, Mass.: Addison Wesley, 1977.

ADDRESSES OF RESOURCES:

- American Association of Marriage and Family Therapy, 924 West Ninth, Upland, Cal. 91786.
- American Association of Sex Educators, Counselors and Therapists, 600 Maryland Avenue, S.W., Washington, D.C. 20024-2592.
- SIECUS, (Sex information and Education Council of U.S.), 84 5th Avenue, New York, N.Y. 10011.

Film Companies:

- Focus International Inc., 1776 Broadway, New York, N.Y. 10019.
- Multi-Media Resource Center, 1525 Franklin Street, San Francisco, Cal. 94109, (415) 673-5100.
- Texture Films, 1600 Broadway, New York, N.Y. 10016.
- Media Guild, 11526 Sorrento Valley Road, Suite J, San Diego, Cal. 92121.

E.T. Corner

OHIO

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Sylvania, OH 43560
419-885-1444

Elizabeth Reynolds
7300 Lisbon Rd.
Lisbon, Ohio 44432
216-424-7674

Work address:

NCCC Hospital - East Unit
East State
Salem, OH 44460
216-332-7228

Carle DeLaurice
308 Courtland Street
Elyria, Ohio 44035
216-324-2861

Work address:

St. Joseph Hospital
205 W. 21st Street
Lorain, OH 44052
216-245-6851

WEST VIRGINIA

Glenna Altizer
855 Lee St. Apt. 2
Barboursville, WV 25504
304-733-0766

Work address:

Cabell-Huntington Hospital
1340 Hal Breer Blvd.
Huntington, WV 25701
304-696-6595

Hope this Roster has been as much help to you as it has been to me. If you have a change of address, please notify IAET Central Office and Newsletter Editor -- If you are not on this list or directory, I have not been notified that you are a paid member.

Nancy Rioux

BOOKS HELPFUL IN SEX ADAPTATION/DYSFUNCTION
COUNSELING/THERAPY:

American Association of Sex Educators, Counselors and Therapists. The Professional Training and Preparation of Sex Counselors and Sex Therapists, 1973.

Barbach, Lonnie. For Yourself: The Fulfillment of Female Sexuality. Doubleday: New York, 1974.

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Boston Women's Health Book Collective. Our Bodies, Ourselves. A book by and for Women. New York: Simon and Schuster, revised 1976.

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Goldberg, Herb. The Hazards of Being Male. New York: Signet, 1977.

Goldstine, D., et. al., Dance-Away Lovers. New York: Ballantine, 1977.

Hite, Shere. The Hite Report. New York: Dell, 1976.

Leiblum, Sandra and Pervin, Lawrence. Principles and Practices of Sex Therapy. New York: Guilford Press, 1980.

Schiavi, Raul C., (ed.). The Assessment of Sexual and Marital Function (special issue of Sex and Marital Therapy Journal). Vol. 5, No. 3, Fall, 1979.

Zilbergeld, Bernie. Male Sexuality. New York: Little Brown and Company, 1978.

Periodicals:

Journal of Sex Education and Therapy, 5010 Wisconsin Ave., N.W., Washington, D.C., 20016.

Journal of Sex and Marital Therapy, Human Sciences Press, 72 Fifth Avenue, N.Y., N.Y. 10011.

Journal of Sex Research, Scientific Study of Sex, Inc., 208 Daffodil Road, Glen Burnie, MD 21061.

Medical Aspects of Human Sexuality, Hospital Publications, Inc., 360 Lexington Avenue, N.Y., N.Y. 10017.

SEICUS Report, Distributed by Human Sciences Press, 72 Fifth Avenue, N.Y., N.Y. 10011.

Ver Steeg, Mary Ann, R.N., M.S., Psy.D.
201 Sterling Place
Brooklyn, New York 11238 (212) 638-3614

Available for educational workshops, consultation and therapy.

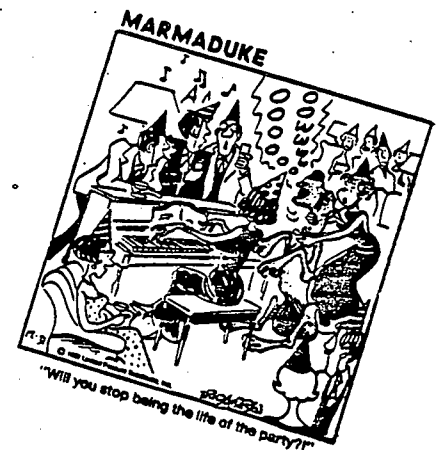
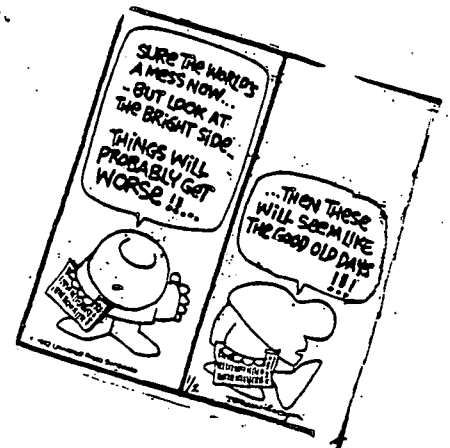
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Education Publications

"The Communication of Affection Between Cancer Patients & Their Spouses" by Lieber, Plumb, Gerstenzang, & Holland in Psychosomatic Medicine, Vol. 38, No. 6. (Nov-Dec. 1976) pg. 379-389.

"Feeling Good" by David Burns

"Sexuality A Nursing Perspective" by Mims & Swenson





Plan Now to Attend The Great Lakes Region Youth-Parent Conference

June 11-12, 1983
Hilton Inn North
Columbus, Ohio

Program (tentative)

- Youth - Parent Seminars on Anatomy, Surgical Options and Family Communication
- Youth Sessions on Physical Fitness, Self-Image and Living with Your Ostomy
- Parent Seminars on Helping Your Child Cope, Speak Out About Your Child's Ostomy and Much MORE

**Mark Your Calendar NOW For This
Very Special Event. Come and Share
In a Family - Oriented Gathering.**

More Information Coming Soon--Plan Now to Attend!!

Rita Wray, Chairman
1504 Northcrest Avenue
Columbus, Ohio 43220

Telephone:
Home (614) 457-2440
Work (614) 424-4221



"SLEEP IN A SILO IN AKRON, OHIO" !!

The Akron Chapter, United Ostomy Association, will be hosting the 1983, Eastern Great Lakes Regional Conference on May 14-15, 1983. The meeting will be held at the unique Quaker Square Hilton Hotel which has been renovated from the old Quaker Oats Silos. Attached to the hotel is a beautiful shopping complex. A great program is being planned.

Please mark the date on your calendar. You will soon be receiving direct mailings on this event.

Sally Thompson, C.E.T.
Conference Committee

WHAT DO YOU SEE?

What do you see nurses. What do you see.
 Are you thinking. When you are looking at me?
 A crabby old woman, not very wise,
 Uncertain of habit, with faraway eyes,
 Who dribbles her food, and makes no reply.
 When you say in a loud voice, "I do wish you'd try."
 Who seems not to notice, the things that you do,
 And forever is losing, a stocking or shoe.
 Who unresisting or not lets you do as you will,
 When bathing and feeding, the long day to fill.
 Is that what you are thinking, is that what you see?

THEN OPEN YOUR EYES NURSE, YOU ARE NOT LOOKING AT ME.

I'll tell you who I am, as I sit here so still.
 As I use at your bidding, as I eat at your will.
 I'm a small child of ten, with a father and mother,
 Brothers and sisters, who love one another.
 A young girl of sixteen, with wings on her feet,
 Dreaming that soon now a lover she'll meet.
 A bride soon at twenty, my heart gives a leap,
 Remembering the vows, that I promised to keep.
 At twenty-five now, I have young of my own.
 Who need me to build a secure happy home.
 A woman of thirty, my young now grow fast.
 Bound to each other, with ties that should last.

At forty my young sons now grow and will be gone.
 But my man stays beside me to see, I don't mourn.
 At fifty, once more babies play round my knee,
 Again we know children, my loved ones and me.

Dark days are upon me, my husband is dead.
 I look at the future I shudder with dread.
 For my young are busy, rearing young of their own.
 And I think of the years, and the Love that I've known.
 I'm an old woman now, and nature is cruel.
 It's her jest, to make old age look like a fool.
 The body it crumbles, grace and vigor depart,
 There is now a stone, where I once had a heart.
 But inside this old carcass, a young girl still dwells,
 And now and again, my battered heart swells,
 I remember the joys, I remember the pain,
 And I'm living and living, life all over again.
 I think of the years, all too few - gone too fast,
 And accept the stark fact, that nothing can last.
 So open your eyes, nurses, open and see,
 Not a crabby old woman. Look closer - see ME.

Author Unknown

From Rocky Mountain Regional Review



Happiness is like a butterfly -- the more you chase it, the more it will elude you. But if you turn your attention to other things it comes and softly sits on your shoulder.



November 19, 1982

To: Regional Presidents
Regional Trustees
Executive Committee
Newsletter Editors

From: CE Chairperson

The CE Committee has divided into two functional components, - program development, and program review. Because of this separation additional members are needed.

The Program Development Component of the CE Committee is in need of four more persons to complete its membership and program review needs three people.

Qualifications are:

1. Member in good standing of the IAET
2. Baccalaureate is acceptable; Master's degree preferred
3. Experience in teaching, nursing staff development or continuing education required
4. Expresses/indicates a desire or interest and willingness to serve on the committee

Do you know of any qualified people in your region who might be interested in working on the CE Committee?

Please send their name to:

Harriet E. Pilert, RN, MS, ET
CE Chairperson, IAET
9121 W. 73rd St. Apt. 205
Merriam, Kansas 66204

Thank you.

To: All Regional Presidents
Regional Trustees
Executive Committee
Newsletter Editors

From: CE Chairperson

There still seems to be some confusion regarding the procedure to follow for submitting CE programs to the IAET for review and award of CE credit. Please communicate the following information to your regions at your regional meetings, committee meetings, Board meetings, and via regional newsletters:

- * Regions are encouraged to contact IAET Central Office to obtain the necessary materials for completing a CE application.
- * Submit the completed application, three copies of the required criteria materials, and a check for \$25, payable to IAET, to Central Office no later than 60 prior to the presentation.
- * Now regions do not have to submit their programs/offering to their state nurses association for continuing education credit. The IAET will award one(1) contact hour for each 50 minute period that is actual lecture time during the offering. One (1) contact hour will be awarded for every two (2) 50 minute periods that are devoted solely to clinical instruction. But please remember that the committee must receive your information at least 60 days prior to the presentation for it to be reviewed. Programs received later than the 60 day deadline will be returned without review.



"You're indispensable to me this time of year, Marmaduke!"

The only things worth learning are the things you learn after you know it all.

- Harry S. Truman

NEW YEAR'S RESOLUTIONS

1. I will try to live through this day only, and not set far-reaching goals to overcome all my problems at once. I know I can do something for 12 hours that would appall me if I felt that I had to keep it up for a lifetime.
2. Just for today I will try to be happy. Abraham Lincoln said, "Most folks are about as happy as they make up their minds to be." He was right. I will not dwell on thoughts that depress me. I will replace them with happy thoughts.
3. Just for today I will adjust myself to what is. I will face reality. I will try to change those things which I can change and accept those things I cannot change.
4. Just for today I will try to improve my mind. I will not be a mental loafer. I will force myself to read something that requires effort, thought and concentration.
5. Just for today I will do a good deed for somebody -- without letting him know it.
6. Just for today I will do something positive to improve my health. If I'm a smoker, I'll make an effort to cut down. If I'm overweight I'll eat nothing I know is fattening. And I will force myself to exercise -- even if it's only walking around the block or up the stairs.
7. Just for today I will be totally honest. If someone asks me something I don't know, I will not try to bluff; I'll simply say, "I don't know."
8. Just for today I'll do something I've been putting off for a long time. I'll finally write that letter, make that phone call, or clean that closet.
9. Just for today, before I speak I will ask myself, "Is it true?" "Is it kind?" If the answer is negative, I won't say it.
10. Just for today I will make a conscious effort to be agreeable. I will look as well as I can, dress becomingly, talk softly, act courteously and not interrupt when someone else is talking. I'll not try to improve anybody except myself.
11. Just for today I will have a program. I may not follow it exactly, but I will have it, thereby saving myself from two pests: hurry and indecision.
12. Just for today I will have a quiet half-hour to relax alone. I will reflect on my behavior and will try to get a better perspective on my life.
13. Just for today I will be unafraid. I will gather courage to do what is right and take responsibility for my own actions. I will expect nothing from the world, but I will realize that as I give, the world will give to me.



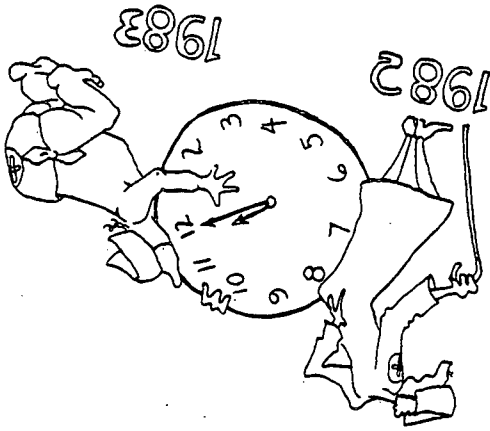
Dear MIDEAST E.T.'s!

We have just finished our last newsletter. We resign with mixed emotions. This has been a tremendous learning experience for us. We would like to thank everyone who has helped to make this a successful newsletter.

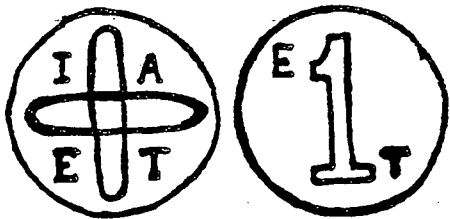
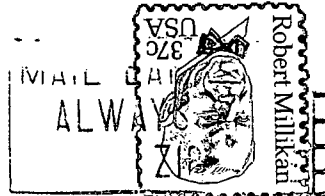
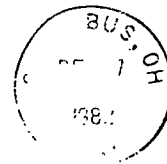
Congratulations to Marilyn Spencer, who has agreed to become the new Editor. We look forward to a new year of fresh thoughts and ideas. We hope that each of you will support Marilyn by sending in articles and ideas.

Merry Christmas and Happy New Year to all!

Barb & Betsy



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Barbara Montgomery, RN, ET
Room 221
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410 West 10th Avenue
Columbus, Ohio 43210



Maude B. Timmons, RN ET
5319 Vellevista Drive
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