

The Staff Educator



Cultural competency

Train nurses to handle obese patients with sensitivity

Seeking healthcare should never be described as a constant battle or a struggle, but for overweight and obese patients, too often, these words best characterize their healthcare experience, according to a recent study in the *Journal of Advanced Nursing*.

“A lot of these patients have such a lifetime of bad experiences with the healthcare industry, so much so that they avoid going to the doctor, going to the gynecologist, even the dentist,” says **Laurie McGinley, MS, CNS-BC, APN, CBN**, bariatric nurse manager at the Western Bariatric Institute in Reno, NV, and president of the National Association of Bariatric Nurses.

But as all healthcare professionals know, overweight individuals are often those who need routine medical care most.

Obesity is connected to high blood pressure, high cholesterol, and diabetes. That’s why McGinley says nurses

must be made aware of the unique physical and mental needs of overweight and obese patients.

“There are sensitivity issues dealing with equipment and weight limits—wheelchair sizes, doorway widths, bed capacity, the bathroom not having adequate handrails—all of these things that wouldn’t be an issue if they were a non-obese patient,” McGinley says.

Physical needs are just the beginning, the article states. Researchers at the Texas Tech University Health Sciences Center told the stories of several study participants for whom obesity and the process of seeking healthcare was an intensely emotional experience.

That’s why at Western Bariatric, where a majority of the center’s patients are obese, McGinley says she conducts quarterly sensitivity training with her staff to reinforce best practices. The institute’s care staff members are well versed on the emotions of overweight patients and what should and shouldn’t be said.

Nurses must be made aware of the unique physical and mental needs of overweight and obese patients, says Laurie McGinley, MS, CNS-BC, APN, CBN.

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HCPPro

Banish ‘the big boy’

In the article, researchers said four themes emerged from their research, which focused on obese and overweight women aged 20–61:

- Struggling to fit in
- Feeling not quite human
- Being dismissed
- Refusing to give up

Study participants reported feeling like they did not fit in to the normal healthcare environment because of their size. Many reported having to wear more than one

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Obese patients

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normal-sized hospital gown, having to be weighed on larger scales, and not fitting into waiting room chairs.

But today, larger-size medical equipment is becoming more common as America's obesity rate continues to increase. Hospitals are stocking larger wheelchairs, beds, blood pressure cuffs, and other equipment designed specifically for obese patients.

But the healthcare environment can still make obese patients feel not quite human. One example, McGinley says, is referring to larger wheelchairs and hospital beds as "big boys." It's precisely these habits that nurses need to be aware of when working with people who are severely overweight, she says.

"We need to talk about their weight in a sensitive way. For them, it's [an important] issue," she says.

Train nurses to be sensitive

During quarterly training sessions, McGinley says a clinical nurse specialist from the facility who has a background in psychology explains to nurses how obesity happens, how it's affecting the American population, and offers examples of things that have been said to patients in the clinic.

"She'll give examples of things that have been heard and talk about why this isn't a good thing to say," says McGinley. "Then she'll offer a better option of what to say in that scenario. She tries to make it easily understandable for the staff."

Another reference used by McGinley's organization is "R-E-S-P-E-C-T: A model for the sensitive treatment of the bariatric patient," originally published in *Bariatric Nursing and Surgical Patient Care*. The model encourages nurses to use tact, for example, by recognizing that terms such as "large size," "obesity," and "excess fat" may offend patients. Nurses can display tact with their patients by referring to excess weight, rather than excess fat.

Training is offered not only to nurses, but to anyone who works with patients on the floor, including the admitting staff. It has been effective in changing the perceptions of everyone at the clinic, McGinley says.

The right nurses make a difference

Part of providing patients with the sensitivity they need is making sure that you have the right clinicians working with them. McGinley talks with each candidate who applies for a position at the organization about the need for respect and sensitivity. She also asks them whether anything would interfere with their ability to carry out customer service that would contribute to the patient's experience of feeling comfortable. ■

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Budget

Tightening the belt

Focus on the link between education and outcomes

Has the state of your department's budget left you looking for an economic bailout of your own?

Staff development is no stranger to budget cuts and tough times, says **Adrienne E. Avillion, DEd, RN**, president of Avillion's Curriculum Design, a consulting firm in York, PA. Often the first place hospital executives will look when cuts need to be made, educators are used to doing a lot with a little.

"We've always faced small budgets, and when they need to be cut, people look to education first," Avillion says. To prevent this, staff development specialists must be able to show evidence that their work is paying off, she says.

"Perhaps there's a big push to have all of your critical care nurses certified," Avillion says, "but as an executive, I might say, 'Big deal. Does a certified nurse provide better care?' If there's no evidence of this, I'm not willing to support a program for this certification."

There must be a link between education and outcomes. "That's where a lot of staff development specialists are missing the mark," Avillion says.

Take time to plan

If your department's budget is facing potential cuts, Avillion says before you do any chopping, you must stop and plan. "The mistake most people make is to rush headlong into cutting a program without stopping to think about the effect," she says.

Each organization is different. Although quick learning methods or Web-based learning work for some organizations, those methods may not be the best for your hospital, Avillion says.

"You have to look at what has worked at your organization in the past," she says. "It may behoove you to spend money to buy prepackaged programs or invest in computer-based learning because these types of programs may eventually save you time and money."

And budget cuts don't necessarily mean a cut in spending, she adds. Staff development specialists must instead figure out how to get more bang for their buck.

Focus on the necessary

At Meridian Health in Neptune, NJ, staff development specialists have focused on the hospital's top priorities: receiving full reimbursement from the Centers for Medicare & Medicaid Services and keeping competitive in the local market.

"Anything we do in staff development has to be tied to a specific organizational strategic objective," says **Richard Ridge, RN, MBA, PhD, NEA-BC**, corporate director of nursing education at Meridian Health. "If it's not, we're not going to spend money on it."

At Meridian, for example, the three-hospital system is in the process of rolling out colored wristbands to better identify patients with certain needs. Each of the system's 2,500 nurses will have to participate in a mandatory educational session to learn about using the wristbands—resulting in 2,000–2,500 hours of time they're not spending on the floor.

"But there's no debate about whether or not we're doing this education," Ridge says, as it's part of a system-wide initiative to improve patient safety.

Beyond patient safety, hospitals are looking for educators to provide programs needed to keep the facility competitive. For example, for a hospital to be designated a stroke center, Ridge says, its staff must complete certain educational requirements. Each individual state also has requirements that staff development specialists must meet. In New Jersey, for example, if an emergency room takes trauma patients, staff members must complete eight hours of trauma training each year.

To meet the demands of his hospital system, Ridge says his focus has been on short, self-study, or electronic

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Budget

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education sessions. The system has also started using the “huddle” approach recommended by the Institute for Healthcare Improvement, in which staff members gather for quick five-minute meetings to disseminate short bursts of necessary information.

Log on and learn

At Dartmouth-Hitchcock Medical Center (DHMC) in Lebanon, NH, online programs have provided the hospital with an inexpensive, convenient way to provide its nurses with knowledge-based learning (see “Online education” at right).

“There are several different programs out there that will allow an individual to take their information and put it into a format that can be used by individuals at any time,” says **F. Joe Desjardins, MEd, BSN, RN-BC**, nursing education associate at DHMC. “The programs will allow you to build learning modules and convert them into e-learning modules, podcasts, or vodcasts ... and it allows individuals to look at or review information on their own time, when they have the opportunity to look at it.”

DHMC began using online programs for Web-based learning in early 2008. Although no formal data are available to show whether nurses are happy with their new learning modules, Desjardins says informal feedback shows nurses are happy with the idea of learning when it is convenient for them.

“There are a good number of us who have long distances to drive,” he says. “They can listen to the information on their drives home; it’s no longer wasted time.”

Some nurses said they like that they can go back and listen to the educational session a second time if they find that they don’t quite understand the concept or missed a key point. Others said the podcasts and vodcasts have been particularly helpful when they’re being trained on new equipment.

“An individual may hear about a new policy or a procedure or a new piece of equipment, but they may not

have the chance to use it for the first couple of months,” Desjardins says. “When the time comes for them to use it, they can’t remember how to turn it on. But with on-line learning, they can go back and listen again.”

Like any staff development program, Desjardins says an effective online program must have several elements to generate interest from the viewer or listener.

“You can’t just put PowerPoint slides together and put it out there,” he says. “You need interactivity. You need to look at the needs of visual, auditory, and kinetic learners and incorporate them into your program.”

Although nurses at DHMC have embraced this technology, Desjardins says he recognizes that some members of your nursing staff might not readily accept Web-based learning. That’s where the staff educator comes in.

“We need, as educators, to recognize these individuals and help them learn the technology,” he says. “We try to provide classes and help for those individuals who need to gain this information but don’t have the ability to really sit down and just use the computer.” ■

Online education

To develop online learning programs, **F. Joe Desjardins, MEd, BSN, RN-BC**, nursing education associate at Dartmouth-Hitchcock Medical Center in Lebanon, NH, says he used the following Web-based software, all low-cost and simple to use:

- **Articulate** (www.articulate.com): Allows you to take slides and create an interactive presentation.
- **Knowledge Presenter** (www.knowledgepresenter.com): Easy to use and gives the user more control of the timing and module effects. However, the software is also more expensive than others.
- **Adobe Captivate 3** (www.adobe.com/products/captivate): Can incorporate PowerPoint slides, video, and screenshots into your learning program.
- **Microsoft Producer** (www.microsoft.com): Users can create presentations with PowerPoint slides, video, and other interactive features with this free program available on the Microsoft site.

Patient care

No laughing matter: Clowns can teach valuable lessons

During their shifts, nurses travel their units, busily dispensing medication, checking IVs, and making sure patients have what they need to be comfortable. They speak with family members, give discharge instructions, and update physicians about patients' conditions. But with all that they do, they often miss the thing patients need most: an emotional connection.

That's why **Betty Leef, MSN, RN**, full-time faculty instructor at the New York University (NYU) College of Nursing, sent her nursing students to clown school in fall 2008.

After observing clowns from the Big Apple Circus at work in the city's pediatric units, Leef says she admired the clowns' abilities to assess a patient's emotional state and their skill at creating a connection, and wanted her students to have those same skills. Nurses often get so wrapped up in making sure that their technical skills are done by the book that they miss a chance to connect with patients, she says.

"Too often, they're too uncomfortable and apprehensive to have any interaction with the children," Leef says. "We needed to break down those barriers—and clowns do it, and do it well."

Making a connection with patients of any age is an important part of nurses' jobs, Leef says. Nurses who are able to emotionally connect with their patients have a keener eye for their patients' physical condition and can spot a change in condition more quickly. And patients who feel that connection with their nurse are more likely to comply with their care guidelines.

"Nowhere in the student nurse curriculum will anyone say, 'You know what your most important resource is? Your own humanity, your own sense of caring.' No one ever tells them that," says **Michael Christensen**, cofounder and creative director of the Big Apple Circus and founder of the clown care program.

Christensen's alter ego, "Dr. Stubs," has been visiting pediatric patients in the New York city area for more

than 20 years. "That's one of our goals in the workshop, to empower them in their own humanity," he says.

How it works

With 20-plus years of connecting with patients, Christensen says he's been approached before about working with medical staff members. But it wasn't until he was introduced to Leef at Children's Hospital of New York in summer 2008 that the program became a reality.

"I simply asked if my students could follow the clowns. He told me that he always wanted to put together a program for medical students, but said he had no in with a nursing program," Leef says. "That's truly how it happened. We exchanged e-mails, got together, and the idea of the workshop came together—on a very tight time frame."

The result was eight workshops—the Flip Side of the Chart program—run during the course of the fall semester, with groups of 16–18 students participating in each one, Christensen says. The workshops were heavily based on a concept that most nursing students may have forgotten.

"All of it is in the spirit of play. We play games, and people are accessed through the spirit of game play and having fun," Christensen says.

One exercise challenges students to read the emotional climate of the room, he says. One student is sent outside the room while the rest gather to decide on an emotion that they'll all portray. It may be relaxed, silly, annoyed, or any other emotion that a patient may feel while hospitalized.

When the student is allowed back into the room, he or she must use his or her assessment skills to figure out how the room is feeling.

Another exercise is similar to the children's game "Hot and Cold." When a student is sent from the room, his or her peers will decide a location where they ultimately want that student to end up in the room. It may

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Patient care

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be sitting in a specific chair or sitting on someone's lap. It may even be going to a specific location and picking up something. When that person comes back in and starts to move, his or her peers will tell the student by their breathing whether he or she is headed in the right direction. If the student is moving in the right direction, everyone breathes normally, but if he or she falls off track, the others will hold their breath.

The object of these games? To teach nurses the importance of body language, sharpen their assessment skills, and help them remember the humanity that led them to become a nurse.

"If you bring humanity to the workplace ... the patient will feel more comfortable with you because you are a human being," Christensen says. "You are a human being who first and foremost cares about another human being. It sounds so simple, but sometimes it just gets lost."

Going back to nursing basics

Ironically, Christensen says he learned much of what he knows about connecting with patients from the nurses who first worked with him when he started visiting hospitals as Dr. Stubs 20 years ago.

"When we started on the floor as professional idiots, it was the nursing profession that informed us," he says. "Nurses introduced us to the idea that the room was a child's sanctuary. This led us to a very fundamental philosophy—that we always ask permission to enter the room. It puts the child in charge of us and empowers them. And no matter how helpless a child may feel, as clowns, we can become even more helpless, and the child needs to take care of us. Over the years, this has resulted in some wonderfully positive experiences."

Two decades later, the clowns are bringing that expertise back to the nursing profession.

"What we've seen over the years is that the job of the nurse has become more intense," Christensen says. "They're the frontline caregivers in the hospital, so it

doesn't surprise me that we hear so much about nurse stress and burnout."

Happy nurses are here to stay

The lessons of the clown crew may be used currently in a student nursing program, but Leef, who has worked previously as a staff educator, says there are lessons in this program for nurses of all ages and experiences.

"For me, this is a wonderful retention technique, to refresh those skills that we all have inside," Leef says. "It reminds you of those skills when dealing with each other and your patients."

And with clown care units in 19 hospitals throughout the United States, Leef says she hopes to see more staff development specialists taking advantage of the clowns' expertise.

"Nurses are overworked and often feel underpaid," she says. "Bringing in this little bit of joy and inner peace ... it really lessens the workload and the mental strain. Anytime we as nurses can share our burden, the better it is for us."

Later this year, Leef will publish the outcomes of the Flip Side of the Chart program, including data from student evaluations. She and Christensen believe the evaluations will prove statistically that clowning around has been good for the student nurses of NYU. ■

Upcoming events

February 26—Preventing Ventilator-Associated Pneumonia: Evidence-Based Strategies for Your Nursing Staff (SKU022609)

March 10—Build a Nursing Research Culture: Practical Strategies to Implement a Program and Engage Nurses (SKU031009)

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Evidence-based practice

Journal clubs familiarize nurses with research

Editor's note: The following article is adapted from the new book HCPro's Guide to Assessing, Pursuing, and Achieving Excellence in the ANCC Magnet Recognition Program®, Second Edition.

For more information on this book or any others from our library, visit www.hcmarketplace.com.

The ANCC Magnet Recognition Program® requires that the CNO support evidence-based practice (EBP) and research and integrate both into the delivery of nursing care and administration.

This is achieved by identifying contemporary practice issues to be studied, reviewing proposed research studies, ensuring protection of human subjects, using research findings in clinical practice, and identifying resources needed to support EBP and research projects, such as journal clubs.

Journal clubs introduce staff nurses to nursing research, and the articles reviewed can be used to support evidence-based practice (EBP) initiatives. Additionally, the articles can serve as the beginning review of the literature for publications of research studies.

An important first step is the identification of journal articles for discussion. You can have article discussions as part of a standing meeting, in a separate meeting, in an online chat room, or as an electronic listserv.

Let's look at some guidelines for holding a journal club in the practice setting.

First, identify journal articles to discuss. The Internet can be used to find articles and EBP information. Government Web sites are free to individuals using them, whereas other Web sites may have fees for access to member-only sections.

Examples of these Web sites include:

- ▶ Cumulative Index to Nursing and Allied Health Literature (www.ebscohost.com/cinahl)
- ▶ PubMed (www.ncbi.nlm.nih.gov/pubmed)
- ▶ National Library of Medicine (www.nlm.nih.gov)

Each nursing unit or division must decide how to conduct its journal article review. If the review will occur during a meeting, identify a standing time and location. Meetings can be on the go for 15 minutes, with rotating participants, or can last longer with more in-depth discussion.

Once that's decided, identify a facilitator for the meeting. Initially, this person should be a nurse with a master's or bachelor's degree, but, as all members of the nursing staff become more comfortable with the process, the role of facilitator should be rotated among all participants.

Prior to the meeting, the facilitator distributes the article to be discussed. He or she should leave copies in the nursing lounge and in the individual mailboxes of nurses interested in participating. All participants will be responsible for reading and performing a critique of the article (provide a form/checklist for this critique).

During the meeting, have fun and encourage participation. Focus the discussion on the relevance of the content to nursing practice.

If the discussion is electronic, the facilitator is responsible for initiating the dialogue with a brief abstract of the article and some questions to stimulate a critique. Ask participants to "reply all" when responding so everyone has the benefit of reading what their peers say. Keep the discussion open for a three-week period and then summarize its key points.

After the meeting, evaluate the journal club discussion, including the role of the facilitator, how many nurses participated, and whether the discussion was valuable.

Share the articles with members of the hospitalwide research committee to be used on other nursing units, if appropriate, and decide the club's next step based on the discussion—for example, read another article on the same topic, change a protocol or policy, suggest changes to administration, or make no changes. ■

Competency corner

As healthcare organizations implement programs and initiatives aimed at improving quality and patient safety, more is asked of educators. This is why educators often find themselves acting as consultants—considering and investigating requests.

In the January *The Staff Educator*, we reviewed the first two steps in the five-step consultation process: intake and investigation. This month, we focus on the final three steps staff developers can use to analyze a request for education.

Staff educator competency: Evaluate requests for education and training

The third step in the consultation process is feedback and planning (Block, 2000). As a staff development specialist, you are in the best position to analyze the information gathered and make recommendations about education strategies.

When there are knowledge or skill deficits, staff development is warranted. When there is an attitude barrier, education may be recommended.

Meet with the key stakeholders to share your findings and suggestions. Don't be surprised if you experience resistance. Education is often seen as the solution to a problem, and you may have identified additional information that the key stakeholders did not consider.

In the end, these stakeholders have the right to accept, reject, or modify your suggestions. If the decision is to proceed with training, gain agreement on the following issues: target audience, timelines, objectives, outcomes measurement, mandatory vs. highly recommended, and allocation of resources.

The fourth step is to implement the training and evaluate its effectiveness (Block, 2000). It is critical to measure outcomes to assess for change in practice. Long-term practice changes take time. Partner with management to measure performance at regular intervals and establish their role in ensuring compliance.

The fifth step in the consultation process is disengagement (Block, 2000), or achieving closure on a project. Take time to reflect and ask for feedback from others involved in the project. And take time to act on this information so you will gain more confidence and be more effective in evaluating requests for education and training. ■

Source

Debbie Buchwach, BSN, RN-BC, education consultant and professional development program manager at the Center for Learning and Development at Oregon Health and Science University Hospital in Portland.

Reference

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