Richard C. Meeks DNP, RN, COI

My sister and I are both nurses. We share a unique educational bond. Our first choice of nursing education was the LPN certificate, 11 years apart. She was the youngest student to begin and complete the program. I was the only male student. I smile as I remember aspects of this program as it was my launchpad to being a professional nurse. I gained aspects of basic patient care and ultimately the skills and determination I needed to venture into my career as a nurse. I was a nurse and my desire was to become a professional nurse!

My educational adventures were not planned. I took a long, meandering path! One which I am proud of but would not recommend to the weak or weary. I have earned and obtained one certificate or degree in every category recognized by nursing. Not many of us can say that. My pedigree includes an LPN certificate, AAS in nursing, BSN, MSN and most recently a DNP. While my search for knowledge and experience has taken about 25 years of my life, my ongoing education has taken me to every state and country where it was available. It was during this time I knew I was being molded as a professional to serve, eventually.

I was the only male student. I smile as I remember aspects of this program as it was my launchpad to being a professional nurse. I gained aspects of basic patient care and ultimately the skills and determination I needed to venture into my career as a nurse. I was a nurse and my desire was to become a professional nurse!

My first professional nurse role was a result of my desire to follow patients from the community hospital to the larger facility for treatment. I obtained a staff nurse position in the Coronary Care Unit at a tertiary facility in Nashville Tennessee. My desire had been fulfilled. During the care of my first coronary artery bypass graft patient I realized my calling to be a critical care nurse was real and the care of my first coronary artery bypass graft patient I realized my calling to be a critical care nurse was real and that I was a nurse! At some point, I set my sights on the role of nurse leader. This would push me to acquire my BSN and MSN as I remember aspects of this program as it was my launchpad to being a professional nurse. I gained aspects of basic patient care and ultimately the skills and determination I needed to venture into my career as a nurse. I was a nurse and my desire was to become a professional nurse!

I Am TNA continued on page 2

TNA & TASN 2014 Conference Highlights

Saturday morning began with TNA’s keynote address, Creating Value in Healthcare – Challenges and Opportunities for Nurses. Participants were privileged to have two very dynamic, energized and thought provoking speakers, Dr. Van Horn, a leading expert and researcher on health care management and economics from Vanderbilt, gave a very eye-opening presentation to the changing of economics and regulation of health care trends and where this nation is heading.

The second half of the keynote address was given by Dr. Parrinello, the principal administrative officer for Strong Memorial Hospital in Rochester, NY. Parrinello is the author of several publications on clinical practice and administration and is a Fellow in the American College of Healthcare Executives. Parrinello picked up where Dr. Van Horn left off and spoke to the importance of a transformation in the health system to offset the current economic climate, and how nurses can become an integral part in the future direction of health care.

Participants of TNPAC’s 2014 Legislative Panel. From left, Dr. Sabi Kumar, House Candidate, District 66; State Representative Mike Sparks, District 49; TNPAC Chair, Bethany Rhoten, Ph.D., MSN, RN, ACNP-BC; Senator Thelma Harper, District 19; John Ray Clemmons, House Candidate, District 55; Jeff Yarbrough, Senate Candidate, District 21

The Tennessee Nurses Political Action Committee (TNPAC) in keeping with the conference theme, Nurses Transforming Healthcare: A World of Opportunity, the panel discussion focused on healthcare issues affecting Tennessee and the nursing profession. During the conference TNPAC raised over $5,000 from donations and their Sunday afternoon auction.

TNPAC’s TNA District Challenge Auction Items

Conference Highlights continued on page 4
I am TNA continued from page 1

I am TNA continued from page 1

do?" Ultimately this role forced me to acquire the art of collaboration and networking for a common task. During the time spent as nurse manager, my unit flourished sustaining significant gains on patient satisfaction, decreasing labor costs and ultimately building a cohesive environment for the delivery of patient care. I realize now, my role was more of coach than manager. Together, my team worked through joy, sadness, conflict and success. Together, we were nurses!

My role in nursing administration expanded because of an offer to become part of a team developing, operating and managing a ‘green field’ hospital. Serving in various roles within the organization, I continued to develop my skills as a leader and a voice for professional nurses. While planning, organizing and at times providing patient care, I was reminded daily about my responsibilities as a professional nurse and my ability to be a role model for others.

The undertaking of a DNP while working full time was not an easy feat. A foundation in nursing administration led me back to The University of Alabama in Huntsville networking with 12 other professionals. During the DNP course work, my focus was still on the practice environment. What would an alarm management toolkit for unit staff and managers hopefully to decrease alarm occurrences and confusion in the clinical environment. I had uncovered a fundamental flaw within the clinical environment and more questions than I could answer. My career as an ICU nurse and nurse leader came full circle. I was a nurse!

Obtaining my doctoral degree guided me from practice to education as a professional nurse. I currently am an Assistant Professor within the School of Nursing at Middletown State University. My passion for nursing practice and policy is still well. My passion for nursing administration is now funneled into a leadership and professional practice course. This course prepares the next generation of professional nurses to mentor, coach and build teams to care for patients; the ultimate goal of a professional nurse. I am a nurse, more now than ever!

As with many of my7 nonprofit professional organizations did not seem as relevant to me early on. My choice to join TNA came after many years of observation, interaction with others and experiencing the organized voice of nursing. I realized the need for my participation in the organization in order to be another voice for the profession. This has been a career, not a ‘calling’. A career of 24 years, 1 certificate, 4 degrees, 3 hospitals, hundreds of patients, thousands of mentoring opportunities, and hundreds of nursing students. During this career, I became educated, skilled, professional and ultimately a professional nurse. I am a nurse, and I am TNA!

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The official publication of the Tennessee Nurses Foundation shall be the Tennessee Nurse. The purpose of the publication shall be to support the mission of the Tennessee Nurses Foundation and Tennessee Nurses Association through the communication of nursing occasions, continuing education and significant events of interest. The statements and opinions expressed herein are those of the individual authors and do not necessarily represent the views of the association, its staff, its Board of Directors, or editors of the Tennessee Nurse.

Article Submissions: The Tennessee Nurses Foundation encourages submissions of articles and photos for publication in the Tennessee Nurse. Articles related to nursing practice and education will be considered for publication. Although authors are not required to be members of the Tennessee Nurses Association, when space is limited, preference will be given to TNA members. Articles and photos should be submitted by email to kdenton@tnaonline.org or mailed to Editing Director, Tennessee Nurses Foundation, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296. All articles should be typed in Word or other word-processing or text-editing program and submitted on disk at the end of the article and list all references. Preferred article length is 750-1000 words. Photos are preferred to be saved as digital files at a resolution of 300 DPI. The Tennessee Nurses Foundation assumes no responsibility for lost or damaged articles or photos. TNP is not responsible for unclaimed freelance manuscripts or photographs. Contact the Managing Editor for additional submission information.

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TNA Peer Review Learning Center

Published by the Tennessee Nurses Association – Please Contact TNA With Your Email Address

If you are not receiving emails from TNA, you are missing out on vital information regarding your practice. In some cases, particularly during the legislative session, your very practice could be compromised and we need your help. Nurses really must begin to understand the legislative process and how much it affects your practice. TNA provides legislative updates to our members to keep you abreast of what is happening at the Legislature. You may also miss out on opportunities to serve both within TNA and ANA; receive continuing education event information and nursing news from across the nation, your State and your local area happenings. Contact Tracy Depp, TNA’s Communication Administrator, to be kept up to date. Tracy can be contacted at tdepp@tnaonline.org or call 615-254-0350. If you are not a member of the Tennessee Nurses Association you need to join today. A secure membership application is available online at tnaonline.org or turn to page 19.

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The Tennessee Nurse
December 2014, January, February 2015

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In preparing for this issue of the Tennessee Nurse, I decided to share with you some excerpts from a book, the Authorial Address at the 2014 TNA & TASN Joint Annual Conference. The message is based on an early 1893 writing by Florence Nightingale.

**"A NEW ART AND A NEW SCIENCE HAS BEEN CREATED SINCE AND WITHIN THE LAST FORTY YEARS. AND WITH IT A NEW PROFESSION, THEY SAY. WE SAY... A CALLING, ONE WOULD THINK THIS HAD BEEN CREATED OR DISCOVERED FOR SOME NEW WANT OR LOCAL WANT. NOT SO... THE WANT IS NEARLY AS OLD AS THE WORLD, AS PRESSING AS LIFE OR DEATH. IT IS THAT OF SICKNESS, AND THE ART IS THAT OF NURSING THE SICK. PLEASE MEASURE NURSING-THINK NOT IT IS A MERE SHADE IN COMPARE WITH NURSING ILLNESS. WE CALL THE ART NURSING PROPER."**

As I reflected on the past, thought about the present and dreamed of the future, I reminisced on Maya Angelou’s beautiful inaugural poem “On the Pulse of Morning”. It seemed like yesterday when I listened to her deliver this message of Hope. The use of the metaphor, Morning or Dawn, to convey the message that rapid changes in our healthcare system, I returned to Angelou’s poem and realized that it also presented the same metaphors for nursing. In the beginning of the poem she refers to the ROCK, the RIVER, and the TREES.

The Rock never changes but provides a solid base, it urges individuals to stand upon its back, rather than hide behind it in its shadow.

The River has struck up a song inviting individuals to rest on her shore but they came, polluting her shores and leaving industrial debris. The River forgives them for their crimes and continues to give them to her shores where she provides life-giving water. The Tree grows and always changes and gives comfort and shade. He invites us to find a place to rest beneath his shade for he remains rooted and thus immovable.

I look forward to the coming year where we will meet the challenges of an ever fast changing healthcare system; where we will have a voice where the decisions are being made, at the bedside, in the board rooms, in the TN General Assembly and in the US Congress. We will protect our “Precious Ground” and once again to ensuring that nurses can practice to the full extent of their education, training, and experience.

As I reflect on the past and look to the future, I feel the solid base and strength of the Rock. I join hands with my colleagues as we hold our heads high, not taking the wrongs they have committed and again invites them to come to her shores where she provides life-giving water.

In closing I leave you with an excerpt from “On The Pulse of Morning”.

**"LIFT UP YOUR EYES UPON THIS DAY AND LOOK TO THE Distant Horizon Leans Forward, Offering You Space To Place New Steps Of Change"**

This is our time, a golden time for nursing; time to let our voices be heard, to shout out from the highest tree top. We are here... and we are nursing strong!!!!

---

**From the President**

Billie W. Sills, MSN, CLNC, RN

**In this rapidly moving, technology cramped, stressful world we live in, it is easier than ever to carve out time for a thoughtful evaluation of the past and an equally thoughtful look to the future... but I would like to take that opportunity now, and share with you my thoughts of the past, and hopes for the future. This past year was one of foundation building, for our association and for our advocacy efforts. TNA made a change in the structure of the Board of Directors to be more responsive in addressing issues of importance to our profession, and to increase accountability as we move the association forward. This foundation that new board continues to strengthen, will put TNA in a strategic position to take advantage of the opportunities ahead. This year we also held our First Membership Assembly giving every TNA member a voice and vote. It is hoped that this change will empower our members to engage in a more active way and assure that all positions can be heard. Future meetings will grow and become even more relevant as an arena for discussion and decisions, as our health care world continues to change.

Foundations have been, and continue to be, laid for growth and take hold with full force on the Sponsoring bodies for all practicing registered nurses in Tennessee. This effort has included educating our legislators, our consumers, and our nursing colleagues. We are very fortunate to have a partnership with AARP and other advocacy organizations who agree that APRNs offer access to high quality, cost saving care... but achieving our goal has included grassroots efforts... and lots of it! This coming year the voice of nursing will be clear and strong.

The “Nurses Change Lives” license plate has provided a foundation for increasing the funds available for scholarships, nursing research and leadership development through the Tennessee Nurses Foundation (TNF). TNF continues to look for programs that will benefit nurses in the state, and soon will be introducing a mentoring program for hospitals and schools of nursing to become a visible part of the professional role and “real world” of nursing. This year TNF opened up the scholarly writing contest to all nurses in Tennessee, go to www.tnaonline.org for more information on this contest or other scholarship opportunities.

Because of this foundation building, TNA will be in a strong position to deal with the challenges and opportunities that are sure to present themselves. A solid foundation supports all that is built upon it and this one was built one brick at a time, one idea at a time and one nurse at a time. Thank you to those who have helped... and to all those who will help in the future.

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**The University of Tennessee at Chattanooga School of Nursing invites applications and nominations for multiple faculty positions.**

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**The Tennessee Nurse**

December 2014, January, February 2015

**Sharon A. Adkins, MSN, RN**

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**Sharon A. Adkins**

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**Billie Sills**

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Sharon Adkins

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The Tennessee Nurse
The Tennessee Nurses Foundation (TNF) held their Ninth Annual Silent Auction during the TNA Conference. The total amount raised from the Silent Auction and conference contributions and pledges was over $3,000.

TNF’s general session entitled Leadership & Mentoring, held Sunday morning, was very informative and everyone came away with fresh ideas.

Elections and Installation of 2014 – 2015 Board of Directors

Election results were announced Sunday afternoon.

- Sandy Murabito – President-Elect
- Haley Vance – Vice President
- Mary Bess Griffith – Treasurer
- Two members elected to the Nominating Committee included Melissa Swinea and Tracy Wilson.

TNA’s newly elected positions for Director include:

- Director – Operations; Amy Hamlin
- Director – Membership; Deb Chyka
- Director – Education; Michele Arns
- Director – Government Affairs; Sharon Davis
- Director – Practice; Chaundel Presley
- Representative – Presidents Council; Connie McCarter

The 2014 – 2015 TNA Board of Directors is on page 11.

TNA District Presidents include:

- Connie McCarter, District 1
- Rob Cornette, District 2
- Betsy Kennedy, District 3
- Michael Liedke, District 4
- Teresa Martin, District 5
- Leslie Lee, District 6
- Amy Holder, District 8
- Angel Brewer, District 9
- Melissa Swinea, District 10
- Vacant, District 12
- Debra Sullivan, District 15

TNA & TASN 2014 Conference Highlights

Conference attendees were awarded a total of 5.5 contact hours for attending sessions that provided an important forum for interactive discussion and exchanging ideas with other nursing professionals.

The offerings included:

- Practice Change to Promote Use of a Decision Support Tool for Patients with Diabetes Type 2 at a Nurse Run Clinic in Southern Appalachia
- BSN Leadership & Management Simulation: Critical Thinking Practice for Delegation, Prioritization, and Patient Safety Decisions
- 2014 Tennessee Men’s Health Report Card
- What is Palliative Care? An ELNEC Overview
- Optimized Efficiency and Effectiveness: Impact of Medical Center Workflow Analysis
- Nursing Student Resilience: A Strategy for Retention Success
- Poster Presentations
- TNF’s session entitled Leadership & Mentoring

The Tennessee Nurses Association honored eleven individuals and organizations during the dinner. To those of which were honored, we give a special thanks for the contributions you have made to the nursing profession and to your professional organization, the Tennessee Nurses Association. Photos of the 2014 TNA Achievement Awards are included in this issue.

TASN President, Katherine Donovan, BSN, RN, gave her welcoming remarks.

Below is a list of actions taken at Membership Assembly.

Adopted:

- Resolution #2014-01 Support of the Federal Lawsuit Regarding TennCare Enrollment
- Resolution #2014-02 Reauthorization of Children’s Health Insurance Program (CHIP) and Tennessee’s Cover Kids

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- Amy Holder, District 8
- Angel Brewer, District 9
- Melissa Swinea, District 10
- Vacant, District 12
- Debra Sullivan, District 15

TNA Awards Gala

The Awards Gala was held Saturday evening and the celebratory tone was set with wonderful melodious tunes from Robert Thompson, Concerts Manager with the Blair School of Music, Vanderbilt University. The Tennessee Nurses Association honored eleven individuals and organizations during the dinner. To those of which were honored, we give a special thanks for the contributions you have made to the nursing profession and to your professional organization, the Tennessee Nurses Association. Photos of the 2014 TNA Achievement Awards are included in this issue.

TNA staff and TNA Conference attendees enjoyed having the students join us!
2014 TNA Achievement Awards

All TNA Conference and Achievement Awards Gala photos were taken by Jim McCarter of Memphis, TN

Colleen Conway-Welch
Becky Hunter
Kemble Green
Tommie Norris
Connie McCarter

Nan Gaylord
Florence Jones
Lisa Kirkland
Shirley Brown
Sharon Davis

TNA Special Lifetime Achievement Award
Colleen Conway-Welch, PhD, RN, FAAN

Outstanding Legislator
Congressman Steve Cohen
*See page 18

TNA Outstanding Employer Award
Baptist Memorial Hospital, Memphis
Becky Hunter, RN, DNP, NEA-BC, Chief Nursing Officer, accepted the award on behalf of the hospital.

TNA Professional Promise Award
Kemble Green, BSN, RN

TNA Alma G. Gaul Leadership Award
Tommie Norris, DNS, RN

Louise Browning Political Nurse Award
Connie McCarter, MSN, RN-BC, CNRN

Award for Nursing Excellence in Advanced Practice
Nan Gaylord, PhD, RN, CPNP

Award for Nursing Excellence in Administration
Florence Jones, DNP, RN, NEA-BC, FACHE

Award for Nursing Excellence in Education
Lisa Kirkland, BSN, MS, RN, CRNP

Award for Nursing Excellence in Direct Care
Shirley Brown, Ed.D, MSN, RN

TNA Outstanding Member Award
Sharon Davis, DNP, APRN, WHNP-BC

The Tennessee Nurses Association along with the Tennessee Association of Student Nurses would like to express our sincere and heartfelt thanks to all those who were instrumental in helping to make the 2014 TNA/TASN Annual Conference a huge success.

Nurses Transforming Healthcare: A World of Opportunity

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We extend a special recognition and appreciation to our Sponsors and Exhibitors.
On Tuesday, January 13, 2015, the Oath of Office will be administered to newly elected legislators and incumbent legislators who will be members of the 109th Tennessee General Assembly. This past November, members of the House of Representatives were elected or re-elected, and 17 members of the Senate representing odd numbered Senatorial Districts were also elected or re-elected. Tennesseans also re-elected Bill Haslam to a second term as Governor.

Keep in mind, this will be a new General Assembly and once the oaths have been administered, legislators will begin the process of lawmaking. However, the first order of business is the job of getting both Houses organized. So, the first days of session are referred to as organizational session, at which time Speakers of both House and Senate respectively appoint Chief Clerks, Engrossing Clerks and other legislative staff personnel. Both Houses adopt parliamentary rules that govern the body. A joint meeting is convened for election and swearing in of constitutional officers, which includes the Secretary of State, Comptroller of the Treasury and State Treasurer. Once organization has been completed, Speakers will call both Houses to begin regular session.

As a reminder, Tennessee’s legislators are part-time and there are 90 legislative days in a two year session. That being said, we anticipate a fast and harried session with an influx of bills being introduced. The TNA Government Affairs will review and make recommendations to the membership regarding legislation applicable to the nursing profession and healthcare. Our task, as the voice and advocate of the nursing professional is to educate, inform and enlighten elected officials of the issues having an impact on the health and safety of all Tennesseans. Realizing that a strong advocate of the nursing professional is to educate, inform and enlighten elected officials of the issues having an impact on the health and safety of all Tennesseans. Realizing that a strong health policy position can only be effective if TNA already has begun meeting with legislators to inform them better understand TNA’s position and health policy agenda.

To keep informed, please make a point to visit TNA’s website at www.tnaonline.org for legislative reports and other information posted throughout the legislative session. Also, to keep abreast of House and Senate committee meetings and floor sessions, when possible watch the political process in real time by means of video streamed live via the General Assembly’s website at www.capitol.tn.gov. You are also encouraged to visit the General Assembly’s website to find more detailed information on bills introduced, scheduled committee meetings, as well as individual legislator biographical information. Although, TNA is the voice for nurses across the state, legislators rely on constituents for information, we continue to express to the membership to be prepared and ready to reach out to legislators in your districts.

2014 ELECTION RESULTS – STATE SENATE

Districts
1 Jon Lundberg (R) 13 Dale Evans (R)
2 Paul Huley (R) 14 Eddie Smith (R)
3 Timothy Hill (R) 15 Joe Armstrong (D)
4 John Holdclair, Jr. (R) 16 Ryan Haynes (R)
5 David Hawk (R) 17 Ryan Williams (R)
6 James Micah Van Hoo (R) 18 John Kent (R)
7 Matthew Hill (R) 19 James Harris (R)
8 Art Swann (R) 20 Mike Harrison (R)
9 Bill Dunn (R) 21 Bob Ramsey (R)
10 Tilmans Goins (R) 22 Harry Brooks (R)
11 Jeremy Faison (R) 23 Jack Johnson (R)
12 Dale Gair (R) 24 Steve Dickinson (R)
13 Eddie Smith (R) 25 Jeff Yarbrough (D)
14 Ryan Haynes (R) 26 Steve Dunaway (R)
15 Joe Armstrong (D) 27 Jeff Yarbrough (D)
16 Andrew Farmer (R) 28 Jeff Yarbrough (D)
17 John Kent (R) 29 Jeff Yarbrough (D)
18 Jimmy Matlock (R) 30 Jeff Yarbrough (D)
19 Dan Howell (R) 31 Jeff Yarbrough (D)
20 John Forgety (R) 32 Jeff Yarbrough (D)
21 Robert Thompson (R) 33 Jeff Yarbrough (D)
22 Robert Thompson (R) 34 Jeff Yarbrough (D)
23 Robert Thompson (R) 35 Jeff Yarbrough (D)
24 Kevin Brooks (R) 36 Jeff Yarbrough (D)
25 Cameron Sexton (R) 37 Jeff Yarbrough (D)
26 Gerald McCormick (R) 38 Jeff Yarbrough (D)
27 Patsy Hazelwood (R) 39 Jeff Yarbrough (D)
28 JoAnne Favors (D) 40 Jeff Yarbrough (D)
29 Mike Carter (R) 41 Jeff Yarbrough (D)
30 Griffin Titen (R) 42 Jeff Yarbrough (D)
31 Mark Griffin (R) 43 Jeff Yarbrough (D)
32 Ron Travis (R) 44 Jeff Yarbrough (D)
33 Kent Calfee (R) 45 Jeff Yarbrough (D)
34 John D. Ragan (R) 46 Jeff Yarbrough (D)
35 Rick Womick (R) 47 Jeff Yarbrough (D)
36 Jerry Sexton (R) 48 Jeff Yarbrough (D)
37 Dennis Powers (R) 49 Jeff Yarbrough (D)
38 Dawn White (R) 50 Jeff Yarbrough (D)
39 Kelly T. Keeling (R) 51 Bill Beck (D)
40 David Alexander (R) 52 Michael Stewart (D)
41 Terry Lynn Weaver (R) 53 Jason Powell (D)
42 John Mark Wintle (D) 54 Brenda Gilmore (D)
43 Ryan Williams (R) 55 John Ray Clemmons (D)
44 Kevin Dunlap (D) 56 Beth Harwell (R)
45 William Lambert (R) 57 Susan Lynn (R)
46 Court Harris (R) 58 Harold Love (D)
47 Mark Pody (R) 59 Sherry Jones (D)
48 Judd Matheny (R) 60 Darren Jernigan (D)
49 Bryan Terry (R) 61 Charles Sargent (R)
50 Mike Sparks (R) 62 Pat Marsh (D)
51 Mike Sparks (R) 63 Glen Casada (R)
52 Mike Sparks (R) 64 Sheila Butt (R)
53 Mike Sparks (R) 65 Jeremy Durham (R)
54 Mike Sparks (R) 66 Sabi (Doc) Kumar (R)
55 Mike Sparks (R) 67 Joe Pitts (D)
56 Mike Sparks (R) 68 Curtis Johnson (R)
57 Mike Sparks (R) 69 David Shinkle (R)
58 Mike Sparks (R) 70 Barry Doss (R)
59 Mike Sparks (R) 71 David “Coach” Byrd (R)
60 Mike Sparks (R) 72 Steve McElroy (R)
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65 Mike Sparks (R) 77 Bill Sanderson (R)
66 Mike Sparks (R) 78 Mary Littleton (R)
67 Mike Sparks (R) 79 Curtis Halford (R)
68 Mike Sparks (R) 80 Johnny Shaw (D)
69 Mike Sparks (R) 81 Debra Moody (R)
70 Mike Sparks (R) 82 Craig Fitzhugh (D)
71 Mike Sparks (R) 83 Mark White (R)
72 Mike Sparks (R) 84 Joe Towns (D)
73 Mike Sparks (R) 85 John R. Turner (D)
74 Mike Sparks (R) 86 Barbara Cooper (D)
75 Mike Sparks (R) 87 Karen Camper (D)
76 Mike Sparks (R) 88 Larry Miller (D)
77 Mike Sparks (R) 89 Roger Kane (R)
78 Mike Sparks (R) 90 John DeBerry (D)
79 Mike Sparks (R) 91 Ramesh Akbari (D)
80 Mike Sparks (R) 92 Billy Spivey (R)
81 Mike Sparks (R) 93 G.A. Hardaway (D)
82 Mike Sparks (R) 94 Leigh Rosser Wilburn (R)
83 Mike Sparks (R) 95 Curry Todd (R)
84 Mike Sparks (R) 96 Steve McElroy (R)
85 Mike Sparks (R) 97 Jim Coley (R)
86 Mike Sparks (R) 98 Antonio Parkinson (D)
87 Mike Sparks (R) 99 Ron Lollar (R)
88 Mike Sparks (R)

Save the Date: 2015 TNA Legislative Summit scheduled for April 8, 2015, at the War Memorial Auditorium in Nashville. This event will allow students, faculty and members the opportunity to visit with legislators while in session and to experience on site and firsthand the legislative process. Please mark your calendars and make plans to attend. Additional information on the summit is available on TNA’s website at www.tnaonline.org.
Stepping Outside Ourselves to Stand on Common Ground

Carole R. Myers, PhD, RN
Chair-TNA GOVA Committee

I have heard the clamor when APRNs gather. I have read the calls on listserves and in professional publications. APRNs are generally clear that they want full practice authority but therein is a challenge. Nurses are called upon to say why full practice authority matters or how it will be achieved.

As the Nursing Lead for the Tennessee Action Coalition as well as the chair of the Tennessee Nurses Association Government Affairs (GOVA) committee, I have a unique vantage point. Here is what I see: other key stakeholders get it. They see full practice authority not as the objective, but rather a means to reach their objective of access to high-quality, cost-effective care for all Tennesseans. Consider this: the #1 legislative priority for AARP-Tennessee, one of the two partner organizations that came together to organize and manage the Tennessee Action Coalition (the other is the College of Nursing at the University of Tennessee), is full practice authority! AARP-Tennessee is seriously invested in making full practice authority a reality. When AARP talks about full practice authority, they base their talk on full practice authority not as the objective, but rather a means to reach their objective of access to high-quality, cost-effective care for all Tennesseans. 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Unfortunately here is what I also see: the rhetoric about full practice authority from many APRNs is self-serving and narrowly focused. So much is said about why full practice authority is important to the APRNs and so little is said about the larger issue of improving health and health care. This is a poor reflection of our profession and not what I think we are about as nurses.

I regret having to report that the Tennessee Action Coalition Legislative Boot Camp, originally scheduled for November 14th and planned in conjunction with the Tennessee Nurses Association and with maximal commitment from AARP-Tennessee, had to be postponed. The event had to be postponed despite having lined-up two national speakers, a state Senator, and other influential leaders. Why? The event was postponed because of lack of sufficient registrants. This is unfortunate. The Tennessee Nurses Association and Tennessee Action Coalition have created a strong partnership to advance full practice authority. The Tennessee Action Coalition is providing educational and other resources to bolster Tennessee Nurses Association efforts to organize and mobilize Tennessee nurses for effective legislative advocacy. How sad it is that an insufficient number of Tennessee APRNs were willing to invest in acquiring knowledge and skills that are essential for influencing policymaking.

We are fortunate though. We have an opportunity to turn things around. We have an opportunity to partner with AARP-Tennessee and other stakeholders to offer the Legislative Boot Camp in an expanded format in early February. I am convinced that the event will be even better than what was planned for November and hopeful that we can entice and even complex APRNs to get engaged and invested.

We also have an opportunity to show-up, and share our perspectives and inform the discussion about the importance of full practice authority. We have an opportunity to attend the Legislative Boot Camp so we are equipped with the knowledge and skills to achieve full practice authority in Tennessee. We have the opportunity to step outside of ourselves to stand on common ground to improve health and health care for all Tennesseans. Let’s do it!
Is There a Limit? Becoming/Being an APRN

B. Gwen Carlton, DNP, FNP-BC, AE-C

It just happened that the ALAT wanted me to come to work for them after our relationship, working on the Asthma Initiative, had been mutually satisfying. We negotiated a contract in which I would work for them to develop statewide asthma camps and I would receive the organization’s Masters of Nursing scholarship. I had previously volunteered at the ALAT Middle TN Asthma Camp, and I felt as if asthma camps would be another way to help children with asthma cope with this chronic illness.

So back to school I went, knowing that somewhere in my Bachelors of Science in nursing curriculum there would be information to help me in my quest. I was very active during these years working with the Tennessee Nurses Association (TNA) to form the Asthma Awareness Initiative for Middle Tennessee; a project that educated school teachers, allied health professionals, and the community at large about asthma. A fellow classmate, Anita Poulton, and I were the first to explain to our patients what Nurse Practitioners were. One of our first projects was development of a brochure of the Chattanooga Area Nurses in Advanced Practice. In 1996, I served as the president of Nurse Practitioners. In 1996, I served as the president of the Chattanooga Asthma Camp. We started the Asthma Education and Allergy Foundation program at the Ronald McDonald House, food allergy support groups were organized in Dalton and Chattanooga, and we continued the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network.

Being an APRN

Fortunately, I had the opportunity to work with amazing asthma and allergy specialist in Memphis, Nashville, Chattanooga, Knoxville, and Johnson City. Several of these physicians saw the potential of having an APRN in their practice. I was very fortunate to get multiple offers, but chose to accept a position at an allergy clinic in Chattanooga. Fortunately, the Tennessee Nurses Association (TNA) was very active during these years working with the Tennessee state legislature. Nurse practitioners were given prescribing authority due to lobbying efforts and the TNA by the time I graduated from the Family Nurse Practitioner program at Vanderbilt. These privileges were what the profession needed to flourish in Tennessee.

APN Role Development & Professional Responsibility

At the clinic, I started measuring, evaluating, and managing my patients but this was not enough. We were able to start the Southeast Tennessee Allergy & Asthma Foundation to organize and fund not-for-profit projects. A family asthma support group was started at the Ronald McDonald House, food allergy support groups were organized in Dalton and Chattanooga, and we continued the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network. We offered non-branded asthma continuing education and patient resources to the Asthma Care Network.

Consulting and Industry

Opportunities just kept coming to knock at my door. I was invited to join the national faculty of the Asthma Care Network, worked with Abbott Labs on the launch of the ACAAI and the AAAAI. The faculty at AAFA have developed and presented hundreds of asthma education; learned the true meaning of a personal health program chair for several years, and have presented at many of these meetings for the past 18 years. In 2006, I was presented the national AAAAI Allied Health Award for my activities within the specialty.

DNP & Beyond

The Asthma Care Network ended in 2005 and so back to school I went. Since graduation from my Master’s Program, I wanted to get my ND degree which turned into the DNP before I even began my next school. Fortunately, the Asthma Control Test ended out of the work of this project.
The word midwife leads many to envision images of early America, impoverished nations, or a current popular PBS show. Beyond these limited images, the truth is that the practice of midwifery is alive and well and still very much a part of today's modern healthcare system. Nurse-midwives are trained to recognize the abnormal. They help support clients as they interpret the healthcare system by providing primary care services to women from adolescence to menopause and beyond. Nurse-midwives provide primary care, gynecologic care, family planning, preconception care, care during pregnancy and childbirth, postpartum care, care of the normal newborn during the first month of life, and treatment of male partners for sexually transmitted infections. Nurse-midwives provide these services in a variety of settings including outpatient clinics, public health clinics, homes, hospitals and birth centers. The American College of Nurse-Midwives (ACNM) sets the standards of practice and is considered the primary professional organization for the profession.

The midwifery workforce. Today Certified Nurse-Midwives (CNMs) are licensed and have prescriptive authority in every state. There were 12,722 board certified nurse-midwives in the United States in 2012. Nurse-midwives attend over 300,000 births a year in the United States. In addition to attending births, reproductive care and primary care are a large part of today's midwifery workforce. A vast majority of nurse-midwives are employed in hospitals and physician practices in the United States, where women overall prefer hospital births. Nurse-midwives also practice in birth centers and home birth practices. Nurse-midwives focus on the normalcy of birth and helping people stay healthy, but are highly trained to recognize the abnormal. They help support clients as they interpret the healthcare system by providing extensive teaching and healthcare information.

The early days. In the 1920's Mary Breckinridge, a nurse of prominent descent from a wealthy service oriented family, traveled to England to learn nurse-midwifery and bring it back to the United States. Mary chose a remote location in eastern Kentucky with no accessible roads for her nurse-midwifery demonstration project. She chose Hyden, Kentucky. Breckinridge delivered care on horseback, traversing hollows and crossing rivers to areas where there was no existing healthcare. Though her care initially focused on the mother and child, it soon became evident that addressing the health needs of the entire family was inevitable. Mary Breckinridge is considered the pioneer nurse-midwife in the United States, and established the Frontier Nursing Service (FNS) nurse-midwifery model of care. At the time, American nurses had to be sent to Great Britain to be trained as nurse-midwives, or already trained British midwives had to be recruited. In 1939 at the onset of World War II, FNS began a graduate school of nurse-midwifery, the oldest and largest continually operating nurse-midwifery education program in the country now known as Frontier Nursing University.

In 1943, during World War II, Frontier Nursing University began training students who wanted to change their communities and how maternal-child care was delivered. There are a variety of programs of study at Frontier from several educational entry levels. Students entering Frontier with a Bachelor’s degree can complete the nurse-midwifery program full-time in 2 years. Students complete the didactic portion of their program in an online format with two trips to the Hyden campus, and then complete the clinical experience in their home communities. A visit to the Hyden Kentucky campus is a unique educational venture in and of itself. Situated on a steep mountainside, the campus utilizes former buildings of the community hospital and dormitory that housed nurse-midwives in training many years ago. When today’s students come to campus, they can experience this history in a very real and inspiring way, leaving with a deeper understanding of the mission and purpose of their nurse-midwifery education.

Filling the healthcare gap. Midwives are poised to be leaders in health care reform through the delivery of high quality care with excellent established outcomes. Some of the many favorable outcomes are that women cared for by CNMs have lower rates of cesarean birth, labor induction and augmentation, episiotomy, use of regional anesthesia, and higher rates of breastfeeding. Midwifery care is poised to reduce this country’s high cost of pregnancy and childbirth care while at the same time improving the quality of care. Midwives can also provide much needed primary care as well. Women in rural areas face considerable access to care barriers for prenatal care resulting in higher infant mortality. Nurse-midwives have always provided care in rural and underserved areas. In addition the number of family medicine physicians and OB/GYN physicians delivering in rural areas is declining. The 2010 IOM report The future of nursing: leading change, advocating health recommended that nurse-midwives play a larger part in delivering women’s health care particularly in rural and inner-city areas. According to ACNM, today there are approximately 133 CNMs living in the state of Tennessee, with 45 nurse-midwifery practice sites including four birth centers. Nurse-midwifery practice is regulated by the State Board of Nursing.

References available upon request.
Where We Were 27 Years Ago and Where We Are Today

The Education Committee, Tennessee Action Coalition*

Motivated by a changing health care system, economic challenges, and the need for better elder care, chronic illness care, and prevention measures, the supply and demand for nurses created a need for the Tennessee Board of Nursing to request a statewide Commission on Nursing in 1985. This Commission was granted and implemented in 1986. The Commission was charged with three goals: (a) to predict the need for nursing services through 2000, (b) to predict nursing education needs in the state to meet the demand, and (c) recommendations to alter the current Nurse Practice Act to meet these needs. The Commission’s work and recommendations were published and disseminated in 1987 (Tennessee Commission on Nursing, 1987). The recommendations regarding nursing education included needed resources and the recognition that both technical and professional levels of nurses were needed. Specifically the recommendations included programs and enrollments, recruitment and retention, curricula, and continuing education. Lifelong learning and the enhancement of baccalaureate programs were stressed. As a result of this publication, the next two documents were developed by Tennessee’s two largest university systems.

A shortage of nurses across the country and in Tennessee prompted the Tennessee Board of Regents to appoint a task force to look into this shortage and to summarize the problem in Tennessee. They found that there were severe shortages of licensed practical nurses (LPN) and registered nurses (RN) and a significant vacancy rate for RNs. The attrition rate for practicing nurses was also high at 30% for RNs and 40% for LPNs. They also looked at shortages in advanced practice nurses (APNs) and found a vacancy rate of 70%. There was a growing decline in the numbers of new enrollees and graduates in RN and LPN programs across the state. This also resulted in fewer nurses receiving their licenses to practice. In addition, accreditation of nursing programs was being affected by a growing lack of qualified faculty to teach in the programs. This task force ascertained by 1995, that there would be a need for (a) two times the current number of associate degree nurses, (b) 2.5 times the number of baccalaureate prepared nurses, (c) 4 to 5 times the number of master’s prepared nurses, and (d) 11-12 times the number of doctorally prepared nurses (Tennessee Board of Regents, 1989, p. 53).

That same year, Raymond Colson, Associate Vice President for Health Affairs at the University of Tennessee, Memphis, was asked to chair a Task Force by Chancellor James Hunt to examine nursing education and manpower in the state. Specifically, the task force was asked to (a) identify the outside forces that have influenced nursing supply, (b) identify current and future nursing supply issues, (c) identify educational strategies to meet nursing supply needs, (d) identify current resources, and (e) recommend solutions to meet short- and long-term supply needs (Colson and the Task Force on Nursing Education and Manpower, 1989). The Task Force’s findings revealed that there was a growing lack than supply available across the state for nurses and that there was not an adequate supply of qualified nursing students to meet the demand in the short- and long-term. These findings were equivalent to those found by the Board of Regents (1989). The Task Force’s recommendations centered on the University of Tennessee system and involved enrollment, continuing education, faculty development, financial aid, promoting nursing as a career, distance education, articulation, lifelong learning, technology, and continued monitoring of the nursing shortage.

Two recommendations were made to address preparation to become a nurse. First, the TICUA (2003) recommended that the Tennessee Department of Education develop a general awareness campaign to promote higher education beyond high school. The second recommendation also was to the Tennessee Department of Education to develop a means to identify students at both the primary and secondary levels interested in the sciences. Second, to work with advisors, especially in the high schools, to direct these students to the appropriate courses needed to pursue science related careers. Third, the Tennessee Department of Education was also asked to specifically address the field of nursing when talking to primary and secondary students about science-related careers. This was an initial thrust to include nursing as part of STEM (Science, Technology, Engineering, and Mathematics) preparation. Recommendations were also made to increase funding for students and faculty and to develop new partnerships between health care agencies and nursing programs.

Two years later, the Tennessee Center for Nursing (TCN, 2005) disseminated a report, Curing the Crisis in Nursing Education: A Master Plan for Tennessee which was the next step after the TICUA report. The nursing shortage continued and the shortage in nursing faculty was a further problem. Additional concerns for the nursing profession raised in this publication included the aging of nurses, unfavorable working conditions, limited clinical placements both to accommodate the number of students and specialty areas needed (e.g., psychiatric mental health, obstetrics, and pediatrics), lack of space at the location of the nursing program for clinical laboratories, simulation, and didactic classrooms, and other programmatic resources. The TCN identified four goals to address the crisis:

1. To double pre-licensure RN graduates with diversity that mirrors the state population from 1,663 in AY 2003 to 3,326 in AY 2010.
2. To increase the number of nursing faculty by AY 2010 by at least 150 FT and 62.5 PT positions.
3. To improve retention in the nursing workforce, including both nursing faculty retention and healthcare workplace retention, and
4. To identify and obtain funding that is necessary to support the statewide Nursing Education Master Plan (TCN, 2005, pp. 3-5).

For the first time, an important document addressing nursing education resulted in a positive outcome that impacted the development of nursing faculty. The Tennessee Legislature approved and implemented the Nursing Loan Forgiveness Program which provided funding for graduate nursing education for those nurses interested in practicing in an academic setting. This program is still in effect today.

Going Forward through Nursing – Being Prepared for 2020 in Tennessee

It is important to recognize the important work of nursing leaders in addressing nursing and nursing education in Tennessee. The Future of Nursing document from the Institutes of Medicine (2010) is a game changer and has influenced nursing education goals for the future. Governor Haslam’s initiative, Drive to 55, also encourages nurses and nursing faculty to focus on the supply and demand for nurses at all levels for the coming years. It is time for another major study to be conducted and disseminated to address nursing’s role in the health care of all Tennesseans with recommendations to assure the viability of our nursing programs to meet current and future nursing supply and demand.

References Available Upon Request.

*Members of the Tennessee Action Coalition Education Committee include: Martha Buckner (Belmont University), Janell Cecil (University of Tennessee Medical Center, Knoxville), Chris Clarke (Tennessee Hospital Association), Mary Bess Griffiths (Bethel University), Susan Jacob (education consultant), David Linville (East Tennessee State University), Cheryl McCall (Walters State Community College), Janice McKinley (Parkwest Medical Center, Knoxville), Wendy Nehring (Chair, East Tennessee State University), Vickie Niederhauser (University of Tennessee, Knoxville), Ignatius Perkins (Aquinas College), Judy Powell (National HealthCare Corporation), Leslie Sands (Jackson State Community College), Mavis Schorn (Vanderbilt University), Denise Sikes (University Medical Center, Lebanon), Alecia Williams (University of Tennessee, Memphis), and Beth Youngblood (Lipscomb University). This document was written in 2014.
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From the Bedside to the Boardroom: Preparing Tennessee’s Next Generation of Nurse Leaders

Sharon Judkins, RN, PhD, Director Executive Programs & Victoria Niederhauser RN, DrPH, Dean
University of Tennessee Knoxville College of Nursing

The pace of change in health care is like no other in the history of this country. Nurses, at the front lines of these shifts and shifts, are in an ideal position to influence systems to provide higher quality, safer and more effective care to patients, families and communities. The landmark Institute of Medicine study, Leading Change, Advancing Health, recognizes the dramatic impact nurses can have on a reformed health care system. Although the potential is there, often time nurses lack the formal preparation to step into leadership roles. To address the need for more nurses to step up and lead, the University of Tennessee Colleges of Nursing (CON) and Business Administration (CBA) have partnered to develop leadership programs for emerging and aspiring nurse leaders.

The leadership programs are based on a key recommendation of the landmark report on the IOM Future of Nursing Report that articulates nurses should be leaders at the bedside and in the boardroom; however many nurses are promoted to managerial type positions because of their clinical skills without preparation for leadership competencies. Further, with the aging nurse workforce, succession planning for leadership is critical for the future. Often healthcare organizations spend a great deal of time and money recruiting leaders, some of whom may not align with the organization’s values/culture. Conversely, many health care organizations have nurses who, with exposure to leadership development, could become a wonderful asset to the senior leadership team. Investing in leadership programs for aspiring leaders within healthcare organizations has the potential to discover leaders that are ready for greater responsibility, accountability, and adequately prepared for challenges associated with quality, affordable patient care.

The leadership programs have been extremely successful. The open-enrollment program, Transforming Nurses to Executive Leadership Role, was created using an active learning environment that builds essential leadership skills for talent management and effective succession planning. This innovative curriculum has been tailored through needs assessments of the healthcare community and offered both as an open enrollment or customized approach to accommodate those needs. The American Organization of Nurse Executive Core Competencies laid the foundation for the curriculum. Programs are presented as a series over a 5 month period by CON and CBA faculty. Program outcomes include assessment of leadership skills, application of business and financial tools, strategic planning, and projects formulated on Lean Principles. Culminating activities may include board-room ready presentations and delivered to a panel consisting of executive team members and program faculty. A second open enrollment series is now accepting applicants for a January 2015 start date.

In addition, customized programs have been delivered or are being developed with healthcare organizations across Tennessee and nationwide. Series formats were inspired by a collaborative effort between the Covenant Health System (Covenant) in East Tennessee and the CON and CBA to design a customized leadership series fitting the specific needs of Covenant and their desire to build a cadre of more leaders.

To date, 25 nurses are currently in or have completed the programs. Qualitative and quantitative results include measures of leadership skills, value-added personal benefits of leadership content, formative and summative evaluations, and return on investments. After completion of the program, one nurse said, “I definitely feel more empowered.” and another shared, “I feel tougher”...as a leader. Teaming CON and CBA faculty to provide training has the distinct advantage of drawing upon expertise of faculty, many of whom have been and are currently involved in leading organizations successfully. Results such as these provide essential information in determining promotion leadership readiness, and in obtaining added value/benefit to individuals/organizations by including quality initiatives and projects.

As we make plans for a similar 2015 open enrollment series, Transforming Nurses to Executive Leadership Role, more information is available. Contact Sharon Judkins at Sharon.judkins@utk.edu.


www.utc.edu/gateway
about ten years ago, a nationally recognized political figure who happens to also be an expert on healthcare policy commented on the large group of nursing faculty and students that he believed the coming decades would prove to be the golden age of nursing. His statement captured the attention of many of us who were mid-point or later in our careers; we were enthralled with his thought, but also a bit disenchant. We believed nursing means assuming strong and innovative roles and adopting strong core values to improve the human condition, then our immediate predecessors also believed they lived the golden age. So did their predecessors, and those before them — and those before them.

Women and men have served as nurses in the U.S. at least since the Revolutionary War. Women worked in the war effort, and at least two women — both named Mary — served as nurses. Mary Boykin Chesnut was a British aunt who reportedly died of typhus while nursing on the frontlines in France. 400 military nurses died in the line of duty during this war, one of whom was my maternal great-grandmother Minnie Mary Puckett who served with the Army Nursing Corps in France. Florence Nightingale is deservedly the world’s most renowned name in nursing; Greta Etherington is my personal heroine.

In 1910 the U.S. Public Health Nursing Service Hospital Division was established to provide nursing care to veterans and to patients at the National Leprosarium in California. 1919 was also the year of the infamous Influenza Pandemic that killed an estimated 20-40 million people. One fifth of the world population was infected, including 28% of all Americans. The term Spanish Flu came from the fact that the flu was imported to the U.S. from Spain in 1918 during the war. The war impacted more than 300,000 American nurses, including 28% of all the nurses that served. 1919 was also the year of the infamous Influenza Pandemic that killed or wounded more than 1800 Jamaican nurse Mary Seacole in some ways rivaled the work of Florence Nightingale in the Crimea, and Mary Mahoney was the first African American to graduate as a nurse, one of the first black members of ANA, and is credited as one of the first women to register to vote in Boston.

In the Civil War, nurses served on both sides. Clara Barton became so renowned that, after decades of trying, she ultimately succeeded in founding the American Red Cross. The U.S. Army and Navy both established Nurse Corps in 1901 and 1908 respectively, allowing women to serve in military capacity in the military. U. S. participation in World War I (1917–18) put more than 22,000 Army and Navy nurses in hospitals at home and abroad; this paled in contrast to our British, French and Australian sisters who nursed, lived and died on the frontlines through duration of the four year war. British nurse Edith Cavell was executed by the Germans in October 1915 for assisting soldiers to escape from occupied Belgium. More than 400 military nurses died in the line of duty during this war, one of whom was my British great-grandmother Mary Defoe who served with the Army Nursing Corps in France. Florence Nightingale is deservedly the world’s most renowned name in nursing; Greta Etherington is my personal heroine.

The golden age is before us, not behind us. In these early years of the 21st century, we must be intentional about remembering those who served and the values that made nursing the noble and an honored profession. The golden age, where nurses took hold of the core values that have propelled our profession forward, and for which we as nurses are so proud, belongs to the past. It is time for us to hold on to the core of what it means to be in the business of caring for people.

Holding to Our Values

Nursing has been defined as “a profession of caring which encompasses empathy for and connection with people.” NLN succinctly articulates nursing values citing four key components: caring – promoting health, healing, and hope in response to living, learning, and growing; respect for each person without conditions or limitation; diversity – affirming the uniqueness of and differences among persons, ideas, values, and ethnicities; excellence – co-creating and implementing transformative strategies with daring ingenuity. (www.nln.org/aboutln/corevalues.html)

Living those values means striving to understand the values of our myriad patient populations, and using creativity and skill as we invite them to be partners and decision-makers in their own health, in the quality of their lives and, at times, in their deaths. Living those values means holding ourselves and our healthcare institutions and organizations accountable for prioritizing and investing in people above all else. Living those values also means expecting and pushing for policymakers, policy makers and leaders to seriously grapple with complex issues of merit - finding strategies and solutions that enhance the quality of people's lives. Living our values is as important for those working quietly in day to day jobs (no nursing job is routine), as it is for those in activist roles. All of us are charged with speaking and acting on behalf of those who cannot. Every nurse mentioned in this article and thousands of their peers did exactly that and helped shape the core values of nursing that exist today. In these early years of the 21st century, we must be intentional about remembering the past as we invest in the future. That is how we pass on a legacy. That is how we ensure golden ages will continue for the nurses and nurse practitioners of tomorrow -- and for all the patients who will rely upon them.

The golden age is before us, not behind us

(William Shakespeare)

Sources available upon Request

Remember the ABC’s of Safe Sleep: Babies should Sleep Alone, on their Back, and in a Crib

Safe Sleep For Your Baby

Learn more at safe sleep to you

The clock is ticking...the 2020 deadline is approaching! Are you ready?

The Institute of Medicine recommends increasing the number of nurses with baccalaureate degrees from 40% to 80% by 2020. Be ready! With TWC's online courses, you can complete your BSN degree in as little as 12 months full-time, with part-time options available.

The clock is ticking...the 2020 deadline is approaching! Are you ready?

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The Role of the APRN in Addressing Prescription Drug Abuse in Tennessee

Sharon Davis, DNP, APRN, WHNP-BC
TNA Director - Government Affairs

In response to the problem of prescription drug abuse in the state of Tennessee, the Controlled Substance Monitoring Database (CSMD) was established in conformance to the Controlled Monitoring Act of 2002 and data collection began for the dispensers of the medications on December 1, 2006. Although voluntary use of the database by health care providers was the practice initially, the Tennessee Prescription Act of 2012 required the providers to access the database before prescribing Schedule II, III, IV & V controlled substances beginning January 1, 2013. As the Act of 2012 increased monitoring capabilities, more data has been obtained that must be analyzed. As advanced practice registered nurses (APRNs), we must be fully engaged in the discussions surrounding the information obtained from the data and the solutions to this epidemic of prescription drug abuse.

In accordance with Public Chapter 430, the Chronic Pain Guidelines were composed to give healthcare providers a course of action to follow for the outpatient management of chronic non-malignant pain. An interdisciplinary group, consisting of pharmacists, physicians, psychologists, physician assistants and APRNs, were the panel members who crafted this document. In February and March of this year, the guidelines were taken across the state and introduced so that input could be obtained from the healthcare community. During these presentations, APRNs were reminded about the obligations of their supervising physicians, that they must be involved in the development of their practice formulary, and that they have the right to tell their supervising physician they will not prescribe controlled substances as they are being directed. The final version of the Chronic Pain Guidelines is scheduled to be presented this month. Much work was done by this interdisciplinary group to guide the healthcare providers in Tennessee on using current best practice.

Another feature of the CSMD is the ability to identify the top 50 prescribers in the state based on the number of morphine equivalent daily doses issued. Once identified, letters were sent to the prescribers and the supervising physician, when appropriate, asking for an account of their high levels of prescribing controlled substances. At the last count, the top 50 providers were nurse practitioners. These 35 nursing practitioners are less than 1% of the approximately 14,500 Advanced Practice Registered Nurses (APRNs) in Tennessee. Some of the top prescribing APRNs are in the very first top 50 list and are still there, but others have taken their place. So what does this really tell us? Does this mean that the number of controlled substances the nurse practitioners are prescribing is decreasing? Could we be seeing the initial impact of the Chronic Pain Guidelines?

Due to the number of APRNs in the top 50, the initial impression for many is that nurse practitioners are the reason we have such a prevailing drug problem in Tennessee. The tide is rising on this belief. There is no doubt that attention must be paid to the nurse practitioners who are listed as top prescribers as well. We need to understand how these practitioners got to this place. We need to understand if these practitioners care for patients with chronic pain, cancer, or are at the end of their lives. Is it possible that there are APRNs who overprescribe? Have APRNs who treat chronic non-malignant pain begun incorporating the Chronic Pain Guidelines into their practice? Are the physicians running scared of being named in the top 50 and are leaving the prescription of controlled substances to the APRNs? We and the CSMD Committee would like to thank you for your continued support. The CSMD guidelines will continue to be presented this month. Much work was done by this interdisciplinary group to guide the healthcare providers in Tennessee on using current best practice.

There is always going to be a list of the top 50 prescribers in Tennessee. If nurse practitioners are not listed, it's important to ask, do we and the CSMD Committee have the specialized knowledge that is necessary to self-regulate APRNs in the same manner. The CSMD Committee would like to thank you for your continued support. The CSMD guidelines will continue to be presented this month. Much work was done by this interdisciplinary group to guide the healthcare providers in Tennessee on using current best practice.

Hydrocode Schedule Changes

All products containing hydrocode became schedule II as of October 6, 2014. For more information, please visit the DEA's website at: http://www.justice.gov/dea/divisions/hq/2014/hq082114.shtml. The Tennessee Department of Health and the CSMD Committee would like to thank you for your continued support for patients and careful attention to prescription safety in Tennessee. As we begin to make a measurable difference in addressing the nationwide epidemic of prescription substance abuse, with the total amount of morphine milligram equivalents in Tennessee decreasing by 3.3 percent in 2014 year-to-date through September 30, as compared with the same period in 2013. This is the first year in the last decade where a decrease has been recorded.
Honor A Nurse

The Tennessee Nurses Foundation (TNF) welcomes you to publicly recognize a special nurse in your life. With your $50 tax-deductible donation to TNF, your honored nurse’s name will appear in the Tennessee Nurse as well as in the designated “Honor A Nurse” section of the Tennessee Nurses Association’s (TNA) website at www.tnanaonline.org. A photo and brief paragraph may also be submitted to further recognize your honored nurse.

This program is available to honor any Tennessee nurse. Honor a nurse friend, nurse family member, or nurse colleague by marking their anniversary, birthday, special event or occasion, or as a memorial. Patients, or the patient’s family, may honor a nurse that truly made a difference in their care or the care of a family member.

Your $50 donation will go toward continuing support of the TNF and their work pertaining to scholarships, and grants that support the needs of nurses in Tennessee. TNF is a nonprofit, 501(c)(3) organization. Donations are tax-deductible to the fullest extent allowed by law and support the mission of TNF.

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TNF Honor A Nurse.
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☐ Choose which quarter you would like the honored nurse listed in the Tennessee Nurse publication and the TNA website, (choose only one quarter for both listings) ☐ Winter ☐ Spring ☐ Summer ☐ Fall

☐ Comments regarding the Honored Nurse:

☐ Include photo of Honored Nurse (if available) with contribution form or email to tnf@tnanaonline.org. Photo requirements: digital photo that has been taken at a high resolution of 300 dpi (which equates into setting the digital camera to take the largest file size possible) or an actual commercially printed photograph, (we cannot accept photographs that have been printed on a desktop printer)

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Nurses Leading to the Future
2015 TNF Scholarly Writing Contest

Contest is now open to ALL registered nurses

The Tennessee Nurses Foundation is sponsoring a scholarly writing contest for all Registered Nurses (within all specialties of nursing), in the State of Tennessee. A $1,000 award will be presented to the winner/s as part of the celebration of Nurses Week 2015.

Criteria:

1. Registered Nurse (within all specialties of nursing)
2. Paper is in a publishable format and may be published in the Tennessee Nurse.

Manuscript requirements:

1) Introduction: will provide adequate foundation for the body of the paper and will include a purpose statement for the paper
2) Body of the Paper: will address one of the following
   - Nursing research – how to use research in daily practice supported by an example and explanation of how you have used research in your daily practice.
   - The use of leadership in daily practice supported by an example and explanation of how you have either used or experienced a particular leadership style in your daily practice
   - How you have used or influenced the use of evidence based practice in your daily practice.
   - Identify mentoring strategies for use with new nurses and/or strategies to retain the experienced nurse.
3) Conclusion: will summarize the main points of the body of the paper with implications for nursing practice.
4) References: will be adequately and appropriately referenced in the body of the paper and will be from contemporary peer reviewed resources.
5) Must not have been previously published.
6) Maximum of 10 pages (inclusive of references)
7) Double spaced, 10 – 12 point font.

A completed application must include:

1) All applicant contact information, including email address.
2) Two (2) copies of the manuscript.

Deadline for submission: March 31, 2015. Submissions must be postmarked by this date. Fax submissions are not accepted.

Entries will be judged by blind review by selected nursing experts. The winner/s will be notified by email.

Please mail submissions to:
TNF Scholarly Writing Contest • 545 Mainstream Drive, Suite 405 • Nashville, TN 37228-1296

The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services.
Jill Kinch, Advanced Practice Nurse at Monroe Carell Jr. Children’s Hospital at Vanderbilt, was the recipient of the Tennessee Nurses Association’s Nurse of Distinction Award—Clinical. Kinch was honored for her exemplary work as an advanced practice nurse, and her leadership abilities that positively impact the outcomes for pediatric patients and their families.

Connie McCarter presented at St Jude Hospital in Memphis on October 14. McCarter’s presentation was titled Making a Difference with Legislation. Thirty plus health care providers and nurses were in attendance.

Dr. Ramona G. Scott, from Lenoir City, has recently received her Doctorate of Nursing Practice degree from Frontier Nursing University.

Byrdy A. Dawson, Jamie Lynn Dickey, Maggie Keil, Rachael L. Morris, April Smith, Kyla Amanda Stripling, John Jacob Whicker, Lindsay White, Jessica Wilson

Robin Steaban, MSN, RN, Chief Nursing Officer, Vanderbilt University Hospitals & Clinics, was the recipient of the Tennessee Hospital Association’s Nurse of Distinction Award—Executive. Steaban was honored for being an organization leader, an ambassador for the profession of nursing and a change agent for the future of health care.

Tese Stephens, PhD, MSN, RN

TNA District 3

Jill Kinch, MSN, MMHC, APN, CPNP-PUAC, TNA District 3

Robin Steaban, MSN, RN

TNA District 3

The Magic Carpet Ride

East Tennessee Children’s Hospital recently had a house-wide implementation for using a specific device to prevent employee injuries related to moving patients. The device uses hover technology, (transferring across surfaces), for safe lateral transfers. Because it is safe, wide implementation for using the device was named the Magic Carpet Ride.

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Connnie McCarter presented at St Jude Hospital in Memphis on October 14. McCarter’s presentation was titled Making a Difference with Legislation. Thirty plus health care providers and nurses were in attendance.

Dr. Tese Stephens, a NurseTim consultant and Clinical Assistant Professor at The University of Tennessee, spent several days in Leogane, Haiti and the surrounding area, along with faculty colleagues and graduate nursing students from King University ( Bruton). The trip included time with students attending the FSIL Nursing Program (http://chaitunnursing.org/), a school built by the US government (USAID) and donors from the Medical Benevolence Fund. The group worked with the FSIL faculty and students over a period of several days, teaching and practicing CPR skills. Stephens commented, “CPR is not a well-known concept in Haiti. In fact, all but three of the students had never heard of it or seen it demonstrated. The experience was an educator’s dream—to be surrounded by students who were sincerely motivated to learn and willing to go the extra mile to realize their goals. The students are educated according to high standards and rigorous course work to provide excellent care to the people of Haiti. We were humbled by their commitment to their education and to their fellow Haitians, as well as their attention to professional appearance and behaviors. It is an honor to call them our colleagues in the nursing profession.”
District 1

President: Connie McCarter

Happy Fall TNA District 1! Our District has been involved during this election season attending multiple political events as we share the TNA mission.

Members, Non-Members and Students in District 1 are still talking about our event on May 6 to kick off nurse’s week at Methodist University Hospital in Memphis. District 1 showed the movie documentary, “Nurses: If Florence Could See Us Now,” and Connie McCarter gave a legislative update while nurses enjoyed pizza, popcorn, and soft drinks. Methodist LeBonheur Healthcare in Memphis plans to show this movie in May 2015 during their nurse’s week celebration.

To help people prepare to vote in the general election on November 4th, District 1 hosted a Legislative Forum on September 23rd at Jason’s Deli meeting room in Memphis. Moderated by Jackson Baker, political writer with the Memphis Flyer alternative newswEEKLY, 70 plus nurses, healthcare providers, and interested constituents attended to discuss legislative issues affecting the health care of Tennesseans. Wilhelmina Davis, TNA Government Affairs Manager, gave an overview of the 108th Tennessee General Assembly. Legislators attending included U.S. Congressman Democrat incumbent for the 9th district, Steve Cohen and a number of candidates for state and local office.

Congressman Cohen was unable to attend the conference so several District 1 members accompanied me to present the Outstanding Legislator award to Congressman Cohen on October 16th at one of his fund-raising events at The Overton Park Golf Club House in Memphis and sharing our TNA mission. District 1 member, Towanda Stewart, assisted with the presentation. Other TNA District 1 members attending included Mary Gaston, Tommy Cooper, Kat Cooper, Valerie Barfield, and Monique Watson.

I have thoroughly enjoyed serving my first term as the President for District 1 working with legislators, nurses, and constituents to promote our 2013-2015 Legislative and Health Policy Statements to improve the health of Tennesseans and advance the practice of nursing.

Happy Holidays and God bless you, your families, and your patients!

Connie McCarter, President TNA District 1

District News continued on page 19
December 2014, January, February 2015

American Nurses Association/Tennessee Nurses Association

Membership—It’s Your Choice! It’s Your Privilege!

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Please review the American Nurses Association/Tennessee Nurses Association Direct Membership is also available. For more information, visit www.nursingworld.org.

Communications Consent

I understand that by providing my mailing address, email address, telephone number and/or fax numbers, I consent to receive communications sent by or on behalf of the Tennessee Nurses Association (and its subsidiaries and affiliates, including its Foundation, Districts and Political Action Committee) via regular mail, email, telephone, and/or fax.

Authorization to Bill My Employer

Company:

Signature:

Complete if paying by credit/debit card.

Teresa Martin

District 5 President: Teresa Martin

District 5 recently completed a survey of the membership by email with 58 received responses. The survey results were analyzed and summarized. Due to input from the district 5 members, we will try meeting on the 4th Tuesday of the month in 2015. The dates and times for the meetings have been set but the speakers are still being worked on. We are going to try and have several meetings that the members can get CEsU’s for. Details will be mailed soon. If you are a member of District 5 and you have not been getting communication from the district, email tamarinripp@hotmail.com with your current email address.

The general membership met on Thursday, October 23, 2014. Scott Wilson a certified long term care planner spoke to the group. He talked about the importance of having a plan for long term care in mind. 70% of people will need a long term care plan. This can be financed by family, money saved or through a long term care insurance plan.

TNA District 5’s annual Christmas Party was held Tuesday, December 2, at Alta Cucina in Johnson City, with participants exchanging a small wrapped gift.

Several of our members were recently recognized at the ETSU College of Nursing 60th Anniversary Gala. Those honorees include Gail “Dallas” Breedy, Sandy Diffenderfer, Delores Fox, Sharron Grindstaff, Teresa A. Martin, Sue Reed, Melanie Stagall Stanton, Patricia Vanhook, Cindy Verzi, Jolea Walls, and Kathryn Without. Congratulations to all the honorees.

Carol Blankenship was honored recently with the Role Model award. Paul Harris Fellow was recognized as a Paul Harris Fellow in special appreciation for the ways in which her life exemplifies the humanitarian and educational objectives of The Rotary Foundation. Congratulations to Carol!

Payroll Dues Deduction Announcement, TN Nurse

Do you work at the VA? Join TNA today for only $11.15 a pay period.

Check Payroll Deduction on the lower right-hand side of the TNA Membership application. A TNA staff member will send you the form you need to take to the VA Payroll Department to setup your payroll deduction dues plan. It’s that simple. You will never miss $11.15 from your paycheck and you will have gained so much in return. If you have any questions, call 615-254-0350.

TNA also has Payroll Deduction Dues plans set up at the: Regional Medical Center – Memphis @ $12.08 per pay period

Part Of Your ANA/TNA Dues Are Tax Deductible!

You are allowed to deduct, as a professional/business expense, the percentage of dues that are NOT used by ANA or by TNA for political activities such as lobbying at the legislature. In 2014, the non-deductible percentage for ANA’s portion of the dues is 20.23%. The non-deductible percentage for TNA’s portion of the dues is 16.70%.

Deductible Amounts

Full ANA/TNA: $290 @ 63.07%—deduction $182.90
Reduced ANA/TNA: $145 @ 63.07%—deduction $91.45
State-Only: $99 @ 83.30%—deduction $165.77

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- Ortho/Neuro RN – Statewide
- LPN – Fallon City
- Regional Float Pool RNs – Statewide
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