I Am TNA

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In May of 2009, I travelled to Western Kenya to meet my soon to be in-laws. Upon hearing I was a nurse, I was met with a professional opportunity.

Respectfully submitted,

Carol R. Myers, PhD, RN
Chairman-GOVA Committee

During the holiday season I engaged in some much-needed self-reflection, taking stock of 2014 and looking ahead to 2015. Last year was a particularly challenging one for me. I endured the death of five people dear to me in the span of five months. That alone will give you pause: am I doing what I should be doing? Life is precious…and so short.

My motivation for what I do as a nurse has long been improved health and health care. As I surveyed progress the last year, most notably the Governor’s announcement of a plan to extend health care to 200,000 economically disadvantaged Tennesseans, I realized that improving health is health care, and it is what I strive to do, but it is not why I do what I do.

I have been thinking about equity, and the connection between my goal of enhancing the role of nurses in improving health and health care and my passion for access to high-quality, cost-effective, and acceptable care. Equity, at one level or another, is the common thread that unites my personal and professional hopes and aspirations. As I surveyed progress the last year, I have found that aiming to improve health and health care and my passion for access to high-quality, cost-effective, and acceptable care. Equity, at one level or another, is the common thread that unites my personal and professional hopes and aspirations.

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Nurses Leading to the Future 2015 TNF Scholarly Writing Contest

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 plus a free one-year membership in both the Tennessee Nurses Association and the American Nurses Association (value $290) will be presented to the winner/s as part of the celebration of Nurses Week 2015.

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.
   - Identifying strategies for use with new nurses and/or strategies to retain the experienced nurse.

TNA Legislative Summit April 8, 2015 War Memorial Auditorium 301 5th Ave. North Nashville, TN 37243

This is a prime opportunity for nurses to experience firsthand the Legislative process, meet and greet members of the Legislature, and hear about the hottest topics on the Hill.

TNF Scholarly Writing Contest continued on page 4

Health, Healthcare, and Equity

Carol Ziegler, DNP, NP-C, RD

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TNF Scholarly Writing Contest continued on page 4
I Am TNA continued from page 1

of future primary care services. I certainly was in an expanding and exciting role with vast opportunities. I completed my first round of community interviews (as part of a DNP degree) in 2011 amidst a national health care worker strike in Kenya. All public clinics and hospitals were closed and only persons that could afford the cost of private clinics had access to health services. Simultaneously there was a polio outbreak in a neighboring community. Despite the national strike, torrential rains and impassable roads, I witnessed a nurse walking village to village to provide vaccinations. I recalled similar stories of nurses braving a myriad of obstacles in Appalachia, the Mississippi Delta, Chicago, and remote areas in the Southwestern United States to render care to vulnerable communities. There were so many nurses I knew right here in Nashville, who had done the same. I felt so proud to be a nurse. Since that first visit, I have made many trips back and forth between my two backyards. Reflecting on this journey, I think about the unexpected disparities between these two communities; the centenarians in Kenya, living active lives surrounded by family on their own ancestral lands, most worried about their grandchildren losing their culture to westernization. I think about the patients I care for here in Nashville; grandmothers raising grandchildren as they deal with personal health crises on fixed incomes; families facing earth-shattering community violence; resettled refugees who felt safer in refugee camps than in communities right here in Nashville. I think about the trust these patients place in me every time they share their stories. I think about how being a nurse led a community thousands of miles away to trust me with their traditional knowledge and dreams for the future. I reflect on the instant comradery between myself and the Kenyan nurses, herbalists and midwife, despite language barriers to providing care, despite being the trusted, front line providers in underserved communities. I joined TNA 2 years ago because I felt a responsibility to my community and my colleagues. TNA has given me a voice to advocate for nurses and by doing so, advocate for quality, and affordable health care under the holistic Nursing model in my own community. I hope one day I can replicate this work in a world where nurses across the globe have a unified, powerful voice to advocate for themselves and their communities. Joining TNA is a powerful and necessary first step in that direction.

www.tnaonline.org

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 issues, continuing education and significant events of interest. The statements and opinions expressed herein are those of the individual authors and do not necessarily reflect the views of the association, its staff, its Board of Directors, or editors of the Tennessee Nurse.

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March, April, May 2015

From the President

Billie W. Sils, MSN, CLNC, RN

2015… Once the skies were ablaze with fireworks over Sydney Harbor Bridge in Sydney, Australia and the “Waterford Ball” dropped on Fifth Ave in New York City, USA 2015 began in earnest. Here in Tennessee the 109th General Assembly convened on Tuesday, January 13th to begin its work for this year. One of the first items of business was a special session of the legislature called by Governor Haslam to address his solution to Medicaid expansion called “Insure Tennessee.” The Senate Health and Welfare Committee voted not to move forward with “Insure Tennessee,” thus effectively making it dead in the water for the time-being. However, the issues surrounding access to healthcare are not going away and we will no doubt be seeing more movement on this issue.

Work began in earnest the second week of February and by that Thursday legislators, and staff, were in overdrive to finish final drafts of proposed legislation. Of great importance to nursing is the filing of TNA sponsored legislation, “Full Practice Authority for Advanced Practice Nurses” HB 0456 by Representative Favors (a nurse) and its companion SB 0650 by Senator Massey.

“Full Practice Authority for Advanced Practice Nurses” is the collection of state practice and licensure laws that allows advanced practice nurses to evaluate patients, diagnose their health care problem, order and interpret diagnostic tests, and initiate and manage treatments, including prescribing medications, under the exclusive authority of the Tennessee State Board of Nursing. This is the time when nursing must step up and be counted so that we can fully provide the needed care and services for the citizens of Tennessee without limitations.

Our Code of Ethics stands as a central and necessary hallmark of our profession. It functions as a guide for the profession’s members and as a social contract with the public that it serves. (ANA Code of Ethics-Preface xi). Since the first published Code of Ethics in 1950, this document has evolved but continues to guide us as our roles, responsibilities, and functions have become increasingly more complex.

 Provision Nine of the newly revised Code of Ethics (2014) clearly articulates that the profession, through its constituent associations, “is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.” The “profession,” i.e. you and me and each one of us has the responsibility, no obligation, to make our voice heard. TNA gives you a roadmap to do this. It is called the TNA Legislative Advocacy Manual (found at www.tnnonline.org under Government Affairs). The first step is to find out who your representatives are, the rest is easy. Let them know that you are a nurse and what your position is on important issues involving nursing practice and access to health care.

The time is now… make your VOICE heard and together we will show the 109th General Assembly that we are NURSING STRONG and we are speaking out for the welfare of the people of Tennessee.

From the Executive Director

Sharon Adkins, MSN, RN

Over the past weeks the legislature (seven Senators specifically) have denied health care coverage to approximately 280,000 Tennessee citizens, yet 6 of those Senators receive government sponsored health insurance themselves. These Senators voted “no” to Governor Haslam’s market-based plan, “Insure Tennessee,” which would have provided insurance coverage to this vulnerable population…children, veterans, the working poor. I have been in this role for eight years and seldom have I seen a legislative act that has negatively impacted more of our citizens.

So, what is our role as nurses, as advocates for our patients, neighbors, family members and friends? It is to use our “voice,” to hold all our legislators accountable for solving this humanitarian issue. I call it a humanitarian issue because it is just that, dealing with human welfare and social reform. We have all cared for or know individuals who are struggling in this health care “gap.” It is our responsibility to let our legislators know this is unacceptable and they need to act to resolve it. We need to “show up” and be heard. Contact your legislators by phone, letter or email, invite them to your practice site, talk with your patients and family and encourage them to contact their legislators about any of their concerns. These contacts are public servants and are placed in their office to “show up” and be heard. Contact your legislators by phone, letter or email, invite them to your practice site, talk with your patients and family and encourage them to contact their legislators about any of their concerns. These legislators are public servants and are placed in their office by you! Let your voice be heard. Ask them (Senators and Representatives), “What is your plan?”

Nurses are seen by the public as the most ethical of professionals, it is our duty to uphold that faith in us and act with social conscience, to advocate for our patients and our citizens. It is our responsibility to be informed, not only about best practices, but about the political landscape and how it impacts healthcare. Our learning and education isn’t limited to “on-campus” or to academic venues, it is the ability to think critically about where we fit in this new world of practice arenas, we do have more autonomy than ever before. With autonomy comes responsibility and with responsibility comes the need to have a firm sense of accountability. We have to be informed, knowledgeable and accountable for our roles, responsibilities, and functions have become increasingly more complex.

Sharon Adkins

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The week of January 13, 2015 was a busy week in Nashville, as newly elected and incumbent members of the 109th Tennessee General Assembly met to begin the business of organizing the new legislative session. House and Senate committees were administered their oaths of office, House and Senate leadership was elected, Tennessee Constitutional officers were elected, Governor Bill Haslam was inaugurated for his second term, both Speakers announced committee assignments, cut-off date was set for introduction of new legislation, and now the 109th Tennessee General Assembly is ready to begin the work of the people.

Legislators began this new session with a call from the Governor to reconvene on February 2, for a special session to the Tennessee Hospital Association, the Tennessee Business Roundtable, TennCare officials, Commissioner Health, and citizens from across Tennessee who express support of the Governor’s plan. Committees also heard testimony from groups and individuals opposing the plan. On Wednesday, February 4, after final testimony and a compelling statement by the Senate sponsor, Senator Doug Overbey, the Senate Health Committee put the proposal to a vote, the measure was defeated by a vote of 7-4. As you will recall, at the 2012 TNA Annual Convention, TNA’s House of Delegates voted on a resolution in support of Medicaid Expansion. TNA believes the Governor’s proposal of Insure Tennessee you know by now, in an attempt to address the concerns of the 280,000 Tennessee citizens without health insurance for the sole purpose, of a thorough vetting of the plan so it could be acted on by the general assembly.

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As this article is being written, bills are still being filed for introduction therefore we can’t include a comprehensive report of bills TNA will be working on throughout this legislation session. However, there has been legislation filed on behalf of the Tennessee Medical Association (TMA), which causes grave concern. HB 861 by Rep. Mike Harrison and companion bill SB 521 by Sen. Joey Hensley, deemed “Tennessee Healthcare Improvement Act of 2015” if enacted would require all APRNs to work under a Physician led Patient Care Team and other problematic provisions and restrictions on Advanced Practice Registered Nurses in our state. TNA will work to oppose such legislation, which if enacted will have a detrimental effect on the nursing profession. Talking points and a bill analysis will be circulated to the membership. Your help will be called on to defeat this legislation.

As in the past to keep the membership informed, TNA Weekly Reports, TNA Legislative Alerts and other information will be distributed and available via TNA’s website www.tnaonline.org. To view bills, list of legislators, House and Senate committee meetings and Floor sessions, please access the TN General Assembly’s website at www.captitol.tn.gov and feel free to visit Capitol Hill at anytime.

2015 Legislative Dates to Remember:

APRN Days on the Hill – March 18 and April 22
Legislative Summit – Wednesday, April 8

The Tennessee Action Coalition held a state-wide gathering in Nashville, TN in early February to educate APRNs from across the state on the issue of Full Practice Authority. Carole Myers, PhD, provided an overview of Full Practice Authority. Mary Chesney, PhD, spoke to the group about success achieving Full Practice Authority in Minnesota last year. Winifred Quinn, PhD, reviewed specific strategies for engaging with legislators, and there were practice sessions in the afternoon that were led by state and national-level grass-roots organizers. Ninety-five APRNs registered for the event, and an additional 30 were on the waiting list. The Action Coalition is thrilled to see this much interest about Full Practice Authority in Tennessee, and is already making plans to produce a series of webinars with Dr. Myers and Dr. Quinn so that all TN APRNs can get educated about this critical topic and get engaged with their state legislator.

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Nurses on Boards

In 2011, The Robert Woods Johnson Foundation (RWJF) and the Institute of Medicine (IOM) published the landmark report The Future of Nursing: Leading Change, Advancing Health. The document stated “Nurses should have a voice in health policy decision making and be engaged in implementation efforts related to health care reform. Nurses also should serve actively on advisory committees, commissions, and boards where policy decisions are made to advance health systems to improve patient care” (p.5-6).

The effort is supported by the Robert Wood Johnson Foundation, AARP, and 19 nursing organizations as part of their collaborative effort to implement the recommendations of the IOM report through the Future of Nursing: Campaign for Action.

The Nurses on Boards Coalition will implement a national strategy aimed at bringing nurses’ valuable perspective to governing boards and national and state commissions with an interest in health. The goal is to put 10,000 nurses on boards by the year 2020. In response to this goal, the Tennessee Action Coalition (TAC) desires to increase the number of strategic nurse leaders serving on hospital and hospital system boards and to increase the number of emerging nurse leaders serving on professional and community boards. To that end, TAC will be surveying Tennessee registered nurses to establish a baseline assessment of nurses’ participation on various types of boards this spring. The assessment information will be used to establish a database that will be accessible to boards as position become open. To support nurses in their assessment and certification are definite requirements, but it takes much more to function in the role of nurse practitioner.

After many years of education, I now work in an academic setting and practice in my small, rural hometown. I love practicing there because I see people I have known since I was a child and make new friends every week. I see faces filled with doubt, fear, anxiety, and pain. I see faces of children who are afraid, but often happy to see me and happier to avoid an injection. I see happiness and sadness. I see people who need more than medicines. They need someone to care.

Mr. A.B. has a long history of mental health and significant medical problems. He is disabled and subsists on a very meager income. Having no home of his own and no personal transportation, he was forced to live with one of his children in a reportedly very contentious environment. When he first came to me, he had recently been discharged from an inpatient facility having been treated for severe depression. After a few minutes of talking about his history, his medications, and the usual required details, he began to talk openly. Tearfully, he told the story of a man who no longer was able to work, who did not feel loved or wanted, and questioned daily why he was still alive. He said he did not approve of suicide and would never harm himself, but freely expressed that he did not feel that he contributed to anyone’s life.

As I listened to A.B., I knew I had no answer for him. I could examine him, listen to him, and offer information and encouragement. I could adjust or add medications as needed and refer him to counseling. However, my FNP and PMHNP credentials were not all that was needed at that time. A.B. needed someone to tell him that he mattered. I told him how much my grandparents meant to me and how I treasured all the times we spent together. He said he had not thought about the small things he did or the words he said every day that might be very important to his grandchildren. As we talked about his struggles, the tears flowed freely and his gaze never left my face.

When it was time to leave, A.B. and I prayed together. I prayed specifically that God would reveal to him how important he is to the people in his life. A.B. has had more problems since we first met. He had another short inpatient stay and has had to find another place to live. He feels safe and knows that he can come to see me when he needs help.

When he comes into the office, I now see smiles instead of tears. I cannot fix everything, but I can listen to him and help him. I am filled up ‘testifying’ and ready to forward to our conversations and our prayers at these visits.

What does it take to be a nurse practitioner?

Now, I did not have to go to school for a lot of years to learn how to be kind, loving, and caring. We can have numerous academic degrees and certifications, but as nurses, we never stray from our core value of caring. A great nurse practitioner provides exceptional, high quality care, but does so with the caring and compassion instilled in us at the beginning of our nursing education. We do not limit ourselves to the physical care, but seek to discover what each patient needs, including the emotional, family, financial, and spiritual needs. We are not able to solve everyone’s problems, but we are compelled to help in any way we can and are not reluctant to try.

So, what does it take to be a nurse practitioner? It does require education and certification, but it also requires a love for our patients. It takes a heart that reaches out to the patients to see beyond physical needs. It takes hands willing to reach out and touch patients to provide comfort. It just simply takes a person who cares about others and makes sure that the patients know that.

Sharing What WE Know

by Cathy Hill McKinney, APRN

Cathy Hill McKinney at the Tennessee Legislature

While in Nashville February 2 and 3, attending Legislative Boot Camp, I was asked if I knew anything about rural patients without health insurance coverage and their challenges of obtaining health care services. About some of those Tennessee citizens who fell into the ‘coverage gap’...too much income to qualify for TN Care but too little income from their jobs to pay premium costs for private health insurance coverage. Those patients who might benefit from the Governor’s proposed Insure TN program.

Yes, I knew about many people in those situations some who even decided against getting medical services to avoid running up bills they could not pay.

Then I was asked would I be willing, in just a very few hours, to ‘testify’ about what I knew before TN Legislators who were debating the Governor’s Insure TN proposal? I was much less confident in my ability to do that. I did not even understand what ‘testifying’ meant. But it did sound like an opportunity to speak up for patients.

As I ended up ‘testifying’ before the House and the Senate Health Committees of the Tennessee General Assembly about what I knew. I did not have any PowerPoint slides or handouts, just a few scribbled notes. What I did have, was personal, heartfelt, firsthand information about some of those medically underserved citizens, my patients. It was my honor to serve as their advocate.

To the Legislators, I was a Nurse Practitioner who was willing to share what I knew, from the ‘grassroots’ or the ‘street level’. The Legislators gave me the opportunity to speak to them, which I was very grateful for and who I was I was willing to speak up. I am sure they would be most interested in hearing from other Nurses too!

Sharing stories, by phone calls, letters, emails, Facebook posts or tweets...about your profession, the quality health care services you provide to the citizens of this great state. About what our citizens need to continue to rely on, and what we know how to do. Share the pride of your profession. SHARE WHAT YOU KNOW to take an opportunity to improve Healthcare in Tennessee! Our Legislators WANT to KNOW.
Simulation of Living in Poverty: An Innovative Program Designed to Transform Nursing Practice for Vulnerable Populations

Authors:
1. Marion Donohoe, DNP, APRN CPNP-PC, Assistant Professor and 2015 President – Association of Community Health Nursing Educators
2. Joy Hoffman, DNP, APHN-BC, Clinical Assistant Professor
3. Leslie McKeon, PhD, NEA-BC, Assistant Dean

Engaging patients and families as active participants in their care is challenging for even the most experienced nurse. Developing trust and probing gently to learn a person’s concerns and vulnerabilities requires an awareness of the world in which one lives. Patients juggle an array of challenges and responsibilities that are frequently unknown to us. It is often the nurse’s responsibility to help the patient connect to his/her own life that initially determines their response rather than sensitivity to the real life elements of that patient’s world, such as finances, employment, housing, environment, culture, and social status. Subsequently, nurses often lack awareness of these elements affecting a person’s life and priorities.

In a low-income community where vulnerable populations experience the enormously complex elements of poverty in their everyday world. Caring for persons living in financial poverty is a challenge for undergraduate nursing students and other health professional students in part because of a lack of awareness of their daily struggles. Inability to access and pay for healthy food, medication, and transportation, and limited time to understand or follow medical regimens lead to negative health outcomes for the patient, as well as hospital readmission and frequent emergency visits. Knowing how to address these factors in collaboration with patients involves communication skills that emerge with awareness and experience.

In 2014, the University of Memphis Loewenberg School of Nursing (LSN) launched a new BSN curriculum founded on recommendations from the Institute of Medicine’s Future of Nursing (2010). A central aspect of the curriculum redesign included expanding opportunities for students to learn collaboration skills for developing and implementing patient-centered care models with the healthcare team. Fundamental concepts related to clinical management of complex patient populations, such as patient engagement, were threaded throughout the curriculum.

Accordingly, clinical experiences were transformed to ensure that all students develop essential competencies in patient engagement. *Simulation of Living in Poverty* was piloted to assist students in understanding the impact of poverty on patient engagement.

*Simulation of Living in Poverty* (SLiP) is an education program developed by Dr. Marion Donohoe using the Kolb model of learning. It includes a) an evidence-based simulation model developed by the Missouri Association for Community Action titled Community Action Poverty Simulation, b) structured debriefing, c) case study analysis, and d) reflective practice.

Next, students apply their new learning in clinical practice. While providing patient care in the acute, mental health, and community clinical settings, they are encouraged to collaborate with patients, families, and other members of the acute living in poverty and discuss ways communities can respectfully and apportion post-conferences to consider the stress and burden carried by their patients living in poverty and to explore ways of assisting them to cope and ask for help. Together, the simulation, debriefing, case study analyses, and reflective practice increase the students’ awareness of the day-to-day realities of life with a shortage of money and an abundance of needs.

During the first week of the Spring 2015 semester, 119 junior BSN nursing students participated in SLiP prior to entering the clinical settings. Acute, mental health, and community health nursing faculty, faculty and community volunteers recruited within the LSON, and the Memphis nursing community served as business and agency staff. Three groups of 40 students participated in the simulation, debriefing, and case study analysis during three consecutive days. Immediately after the simulation, nearly all students (91%) reported that the simulation helped their understanding of what it is like to live in poverty. More than 84% of the students thought the simulation was believable and most students (77%) thought that more experiences of this kind would be valuable in their nursing education. Further evaluation entails structured reflection questions for measuring integration of knowledge into practice. These reflections will assess the integration of poverty awareness and understanding on student decision-making, collaboration and communication skills, patient engagement strategies, as well as Primary, Secondary, and Tertiary Disease Prevention and Health Promotion applications.

Next steps include expanding the SLiP as an inter-professional educational experience for non-nursing majors of the University of Memphis, such as law, healthcare administration, public health, communication disorders, social work, and hospitality. This will provide other University of Memphis students with a greater understanding of poverty and expand opportunities for all students to learn collaboration skills for improving health outcomes. Future goals also include involving the Memphis Community services agencies and policy makers.

The SLiP is a profoundly moving experience, motivating students to think about the harsh struggles of those living in poverty and the community’s ability to reduce health disparities. It is a truly innovative program that has the potential to transform nursing practice and clinical management of complex patient populations.
Delegation and Today’s RN

Do you know what tasks you can, or should, delegate to others? What tasks you can assign to patient care assistants, a type of unlicensed assistant personnel, or to licensed practical nurses or licensed vocational nurses? RNs on interprofessional health care teams must be vigilant and action-oriented about nursing practice and delegation of RN tasks to unlicensed team members. Effective delegation requires that RNs have the knowledge and skills to match a given activity or task to the person to whom it is delegated. The final professional decision to proceed with delegation to unlicensed assistive personnel ultimately rests with the RN.

Delegation and YOU, the latest YOU! Series publication, provides an explanation of principles and relevant strategies for practice in situations in which RNs delegate tasks to unlicensed team members. Written by experienced RNs who have been educators, mentors and preceptors in nursing delegation in many practice settings, Delegation and YOU is a handy guide to the essentials of delegation and related decision-making, including:

- What you need to know before delegation.
- Critical thinking in delegation decisions.
- Nursing practice environment considerations.
- Typical barriers to delegation.

Included is a detailed, criteria-based process and a simple flowchart that will assist any RN in making fully informed decisions related to delegation. Like ANA’s 2013 Principles of Delegation that underlie this booklet, Delegation and YOU is for staff nurses, nurse managers and other RNs who lead care teams and delegate activities or tasks.

ANA resource
So happy to be writing to you! My name is Adrienne West, and I am the newly elected Vice President of the Tennessee Association of Student Nurses (TASN). I am attending nursing school at Loewenberg School of Nursing at the University of Memphis for my BSN. I was born and raised in Memphis, so I’ve always dreamed of sitting in the student section at the sporting events. I am blessed to say that I am one of the lucky few individuals in this world who has always had a calling. My passion is to provide care. I come from a family of nurses and teachers, so I like to say that it is in my DNA. Nothing makes my heart happier than to know that someone is more comfortable or healing more fully because of the care I’ve provided them. Encouraging others is also a very fulfilling endeavor! I use my passion to motivate others as often as possible. I love to share my excitement for nursing with the “new recruits” at the start of each semester to help them understand the opportunities and resources available to them.

Throughout my time in the nursing program my instructors have come to notice my drive very early on in each semester. As a new student I was given the responsibility of being the first semester representative in our local Student Nurses Association (SNA), which helped to build important relationships with peers and faculty. Later in my first semester I was asked to organize a campus-wide event for the LSQA program. The event went on to break records for participation and led to my organization for the next semester. I was later elected the Activities Director in our local SNA. In the coming year, working closely with faculty and peers we will create wonderful opportunities for students to network and bond with their classmates while helping support our community.

Outside of school I love to give back to my community. Volunteering at Methodist LeBouheur Children’s Hospital is my favorite part of the week! I have also been a head volunteer with Habitat for Hope, a local nonprofit that helps find homes for families who return to Memphis for their treatment. It gives me great joy to see the transformation of people and of the community of support around those who are suffering. It is so nice to know that you are making a family’s life a little easier. The Memphis International Music and Film Festival is also a very fun event to volunteer with. Talk about a cultural experience! Via this event I’ve met people from all around the world who are creating meaningful music and films. I am working with a lot of these organizations to find ways for other nursing students to become involved.

In October, I was able to attend the State conference, where I was given more opportunities to take advantage of than I could name in one article! I was honored with the Spirit of Nursing Award and elected Vice President of TASN. It is so exciting to see nursing students and nurses working together to make a difference. As Vice President I hope to bridge the gap between TASN and the local SNA organizations to increase participation at things like the TNA Legislative Summit in April and the State conference in October. I would also like to discover a way to get faculty from across the state more involved in these events. I want my peers to know how fulfilling it is to participate in these organizations and show them how beneficial it is to be a member of a professional association when they become practicing nurses. We all know that nursing school and practicing as a licensed nurse are challenging endeavors. Having the support of your peers in TASN/TNA and supporting your community can help to keep you balanced and motivated. Together we can work to truly make this state better for all of us!

Mountain Health Clinic continued from page 7

next month we were at the Community Center having a free clinic day. We really didn’t know if what we were doing was even legal; all we knew was people needed care, and they were excited about having someone check their blood pressure and talk to them about weight loss and exercise, blood sugars and cholesterol. I was fortunate enough to have a good friend who is also a physician and was willing to sign some charts and act as my supervising physician (because the laws will not allow me to practice unless I hire a physician or work for a physician who will sign twenty percent of my charts once a month). I decided I needed to make sure things were going in the right direction, so I hired an attorney, got a business license, liability insurance, registered a name with the state, applied for CLIA waiver and rounded up friends who knew the business to help us get it started.

This was definitely a new world for me. I had been working as a nurse practitioner for 13 years, but the last five were spent working for a hospitalist group caring for the sickest of the sick. I became weary of the long hours and weekend work, and decided to return to a more traditional schedule. The timing was perfect when another company came in to take over our hospitalist program - it meant my contract would end several months sooner than planned, allowing me to officially start Mountain Health Clinic (and Housecalls). I realized as a hospitalist that there was a great need for post-hospital follow up and keeping patients at home (preventing readmissions) and began marketing my services to area discharge planners and home health agencies. I’m averaging two new patients a week, which is a nice steady flow while we are growing and I continue to work a 30-hour week job in a primary care clinic in town.

I am currently seeing patients one day a month at the community clinic and doing a few house calls each week, with plans to be at least part time but possibly a full time practice between the two by 2016. While we work on credentialing with insurance companies and start to bill a few visits (to see what the reimbursement is going to be), the clinic practice continues to grow. We are seeing uninsured patients and their visits are being paid by donations from the community, which has been very supportive of helping those who need care.

The community center is not exactly a clinic-friendly facility and some adjustments need to be made to provide for privacy. We have joined the Del Rio Community Association and TASA is providing a wall of support to help put some walls so that we can have a designated room for privacy specifically for the clinic. Within two days of posting our needs/goal on Facebook, our donations came in and the goal was not only met, it was doubled. Members of the community are volunteering to do the labor on the building at no cost to us.

This year, the nurse practitioners in Tennessee will attempt to gain full practice authority, allowing us to practice without having to rely on physicians to keep our doors open. Right now, I currently have a very generous and compassionate physician associated with my practice, I am always aware that if he were not available, I would not be able to open the doors even once a month. I urge you to contact your legislators and ask them to support House Bill 456 - our patients (“my people”) desperately need this to pass. I encourage you to give back to your communities whenever, wherever and doing whatever you can; you will be blessed in more ways than you could ever imagine.

Enhance the value of your continuing education offering!

Submit it to the Tennessee Nurses Association for approval.

The Tennessee Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Visit the Continuing Education link at www.tansaonline.org for details.
requiring physician supervision of APRNs. In addition to health care coverage for all Tennesseans, my primary focus currently is on achieving full practice authority for all APRNs in Tennessee. Issues of equity abound when we consider the historical imbalance in power between men and women. Although I belong to a generation of women afforded opportunities far greater than generations before me, unless you consider the historical imbalance in power between men and women, although I belong to a generation of women afforded opportunities far greater than generations before me, there are still vestiges of power inequities between men and women. I think this impacts APRNs and other nurses, a woman-dominated group that is needlessly held back by outdated regulations and practices.

The diversity of the Tennessee population is expanding. Health and health care are culturally embedded. It is imperative that all nurses of today and going forward be equipped with the knowledge and skills necessary to understand and respect the cultural values of all individuals, families, and groups. This is an important aspect of equity. This imperative is based on the dignity and value of all and the need to ameliorate gaps in treatment particularly of marginalized individuals and groups. Providing culturally competent care is a pragmatic issue; care which is responsive to patients needs improves patient outcomes.

The nursing workforce of the future needs to look more like the population it serves. As a profession, we need to aggressively recruit and then support minority groups, including males, current LPNs, ADN nurses, non-traditional students, and people for ethnic minority groups. This too will promote equity.

The TNA Nurses Association and other advocates need to address the issue of how we proactively deal with nursing workforce issues. There is a major gap now that the Tennessee Center for Nursing is no longer funded. We must find ways to effectively and efficiently engage in inclusive planning that includes the usual suspects (e.g., TNA, the Tennessee Hospital Association, the Tennessee Board of Nursing and Department of Health, and representatives from higher education), as well as less usual suspects such as representatives from Tennessee business and industry. The new TNA Promise program offers us some unique and exciting opportunities.

I write this article on the Martin Luther King holiday, a day when we pause to celebrate the strides we have made in achieving equity and consider the challenges before us. It was Dr. King Jr. who said, “Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane” in a 1966 speech to the Medical Committee for Human Rights. It is unacceptable that self-interests of physicians represented by the Tennessee Medical Association trump the needs of Tennesseans who desperately need access to primary care.

How apropos that we, as nurses, think about how what we do advances justice for all Tennessee. As I look through this lens, I am excited about the possibilities. I have renewed focus, energy, and focus as I work to assure health care coverage for all Tennesseans, access to primary care, a larger role for nurses in transforming our broken health care system, and suggest that we be better stewards of our precious state resources in the face of deeply-rooted problems within our borders. All of this daunting, but so exciting! I am looking forward to working with nurses across the state and other diverse stakeholders in 2015.
Tennessee Nurses Foundation

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. Patrons, 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 continued 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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☐ 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 equals 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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Nurse Mentoring Toolkit
Now Available to all Hospitals and Schools in the State of Tennessee

The TNF Nurse Mentoring Toolkit is designed for hospital nurses and can be used for students enrolled in a nursing program. This toolkit includes resources that support mentor program coordinators, mentors and mentees. Best Practices, questions to jump start discussions, resources, checklists and activities are contained in this practical, how-to mentoring guide.

Developed by The Health Alliance of MidAmerica LLC, a limited liability company of the Kansas and Missouri hospital associations, in conjunction with the Collegiate Nurse Educators of Greater Kansas City and the Kansas City Area Nurse Executives, this successful program provides encouragement and support to help nurses navigate the challenges of working in a hospital.

Handouts and Tools are Included for the Mentee.

Areas Covered Include:
• Building Trust
• Establish a Plan
• Setting Goals
• Explore Job Satisfaction, Workplace Engagement and Empowerment
• Understanding Self and Others
• Effective Communication
• Problem Solving
• Time Management
• Leadership and Workplace Dynamics
• Career Development and Understanding the Meaning of Professionalism in Nursing
• Evaluation and Outcomes

Complete details available at www.tnfnurse.org. Click on the Tennessee Nurses Foundation link and then click Nurse Mentoring Toolkit. For questions, call 615-254-0350.

The Tennessee Nurses Foundation’s mission is to promote professional excellence in nursing.

Novice to Expert: Mentoring the Graduate Nurse

by: D. Scott White

School term endings bring forth new nurse graduates. Some of these graduates will exceed our expectations whereas some will leave much to be desired. Historically, nursing has been known to have an “eat their young” mentality. Do you remember your first day as a nurse? I am sure you do! Who was that special person that took you by your hand and led you into the promised land of nursing? Moreover, who was the nurse that scared you or, more importantly, befuddled you? This is the battle that most nurses will endure as a graduate nurse.

To combat the new nurse graduate’s negative feelings, emotional fatigue and the overwhelming tasks to be accomplished in such a short time, reflect upon your own feelings of your accomplishment of graduating the difficult task of nursing school. Take account of every negative emotion you may have experienced and put the reciprocal into action. The first step is to reach out and extend a warm, friendly welcome. This is essential, not only in the pre-employment screening process such as interviews, walk-through meet-and-greets, and job shadowing, but it also sets the initial tone of the workplace. Never scare off a willing participant! The second step, after the hiring process is complete, is to become the new hire’s mentor. Mentorship is very important because it says “I welcome you. I value you. I am here for you.” The third step is the working relationship and should include complementary criticism when needed. When working one-on-one with the new hire, initially, the task will be viewed by the novice nurse while the action is completed by the expert nurse. Once the novice nurse gains understanding of the task, then the expert nurse will gradually extend the supervised task to the novice nurse until competency requirements are met. If the mentor verbalizes feelings of inadequacy, the responsibility of the mentor is to reassure that success will occur over time and include statements of reassurance. The mentality of the mentor should always be positive and never undermining of the preceptor. The final step is the letting-go phase. This is an oxymoron because we truly never let go. Mentorship is a continual cycle. Although the novice will become the expert, the mentor never stops mentoring. Have you ever provided advice to a fellow nurse with a question such as “What would you do?” If you answered sincerely with evidence-based practice guidelines, you are mentoring. I have often said “Set an example and live your life so that others know you are different, not by professing your faith, beliefs, or religion, but by abiding in it.” This statement crosses a multicultural society because it does not delineate or demean any particular person yet it uplifts and promotes well-being and wholeness. To mentor is to care. We chose nursing to create a common good for the patient as well as extend ourselves to the family who grieves. We have chosen to give a little of ourselves so that we can hopefully make a difference. Never stop caring at the bedside, go beyond and mentor others so that nursing changes the lives of the world!
Happy Spring TNA District 1! Hope everyone had a wonderful holiday and each of you are back to work and back to advocating for your practice and patient care in Tennessee!

Connie McCarter, President TNA District 1, TNA President’s Council Chair meeting Governor Haslam at Whimsey Cookie Company in Memphis

The District 1 Board met on Saturday, December 6 from 9:00 am-1:00 pm at Jason’s Deli Meeting Room on Poplar Avenue in Memphis to plan for 2015. Watch for updates on what is happening in District 1 and to obtain e-mail addresses on our board members.

Please go to tnaonline.org, Monthly District 1 News for e-mail and news on tnaonline.org for upcoming events!

Connie McCarter, President TNA District 1, TNA District 1 Board Members and TNA members met with physicians, elected officials, and health care administrators at The Memphis Community Health Forum at the University of Memphis, Fogelman Executive Conference Center to discuss:

- A statistical snapshot of the health of the public, including Shelby, Tipton, Fayette, Haywood, Hardeman and Lauderdale counties.
- How the area’s poor health status poses a threat to future economic opportunity, quality of life and to state and local financial resources. A moderated panel comprised of regional health, business and economic development leaders will discuss this area.
- Improving the area’s health profile will require local solutions involving health, business, political and civic leadership, innovative policies and access to care.

First Lady Crissy Haslam and Connie McCarter, President TNA District 1, TNA President’s Council Chair meet at Whimsy Cookie Company in Memphis

With standing room only just some of the attendees included:

Top Row Left to Right – Dr. Theresa Richardson, TNA, Dr. Diana Baker, TNA, Joyce Coats, RN
Second Row Left to Right – Dr Thomas Cooper, APN, TNA, Dr. Kat Cooper, APN, TNA, Dr. Tommie Norris, Associate Dean UT School of Nursing, Vice President TNA District 1, Dr Ann Brown, Methodist Le Bonheur Healthcare

Planning Day December 6: Left to Right: Nominating Committee: Dr. Cindy Powers, Chair, Monique Watson, Laurie Bagwell (Not Pictured); Board of Directors: Towanda Stewart (Not Pictured) Linda Billings, Mary Gaston, Valerie Barfield, Dr. Florence Jones, President-Elect, Connie McCarter, President, Tommie Norris, Vice-President, Terrica Adams (Not Pictured), Sherrie Brown plan for 2015

District 1 continued on page 14
and if desired, prepare you to run for a board position. Committees you may want to serve on:

- **Bylaws** - review district bylaws annually and as needed for revision.
- **Operations** - supervise the financial transactions, including the development and submission of an annual budget for the approval of the board of directors.
- **Practice** - respond to concerns of practice from individual nurses and related groups and plan and execute strategies to develop a legislative platform and health policy agenda, and promote District involvement in legislative activities.
- **Education** - plan and execute future educational events.
- **Membership** - develop and implement plans to retain and increase membership.
- **Two subgroups under membership:**
  a. Advertising/developing materials to communicate our activities
  b. Hospitality - responsible for refreshments, decorations, and networking facilitation at meetings.
- **Contact me if you wish to serve. We need all of your talents to be successful!**

Watch for New District Bylaws on tnaonline.org under District 1 to reflect the changes made in our State Bylaws. Thanks to Tommie Norris for working with me to revise our Bylaws.

Members-check out tnaonline.org for details about The TNA Legislative Summit on April 5 in Nashville. Please contact me by March 1 if you are interested in carpooling or riding a bus. We can arrange to purchase a bus for the day if enough people are interested.

Thanks to Cindy Powers, Dr. La-kenya Kellum, and Cynthia Hite for their work with Scholarships in 2014. In 2014, the following five deserving District 1 nurses received scholarship money from District 1, with the Tennesse Nurses Foundation contributing $2,000 and District 1 contributing $3,000. Remember to apply and tell other members and non-members to apply for scholarships in 2015. Foundation scholarship recipients must be a member for at least one year. Check out tnaonline.org under District 1 for more info.

2014 TNA Scholarship Foundation District 1 Recipients:

- Susan Lipman, UT BSN, MSN
- Sharon Little, UT, DNP

2014 District 1 Recipients:

- Clarissa Anderson, UT, BSN
- Candice Dawson, Union BSN
- Linda Billings, Union DNP

District 5

Congratulations to Each of You!

As we enter into 2015 let’s continue to build relationships with our legislators and let them know what is best for patients and nurses in Tennessee regarding Medicaid expansion and Full Practice Authority for our Advanced Practice Nurses. Let’s have fun improving the health of Tennesseans and advancing the practice of nursing by joining a committee and attending our next board meeting on April 15th. Make plans to attend our educational meeting in February or March to be announced. To meet our 2015 goals we need each of you!

Happy New Year and God bless you, your families, and your patients!

Teresa Martin

District 5

District 9

Angel Brewer, District 9 President

Counties: Clay, Cumberland, Dekalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, and White

The Winter District 9 meeting held 12/30/14 at Maurice’s restaurant in Cookeville. We discussed the new directors in place as of October, new TNA Presidents’ Council Chair elected in November to represent all district presidents, the TNA Annual Conference, the American Nurse documentary, Governor Haslam’s new Insure TN Plan released December 15, new legislators covering District 9, upcoming TNA events. We had 2 new RNs join us at the meeting who were excited to join District 9 after attending our lively meeting!

Congratulations to Chaundel Presley DNP on being elected as Director of Practice! Chaundel is our District 9 VP2 and lives in Macon County.

TNA District 9 Award was presented to TTU Whitson-Hester School of Nursing Dean. Dr. Tzeng started her new role on Jan. 15, 2015. American Nurse documentary shown Dec. 2 in Crossville. The event was held at a local church with 7 nurses in attendance; hosted by Anita Croinex, VP 1.

Congratulations to Sylvia Cowan, District 9 secretary, on 51 years as an ANA member! Sylvia has lived in Alabama, Ohio, and Tennessee and has maintained those state memberships along with her ANA membership for 51 years.

Angie Brewer

Teresa A. Martin, MSN, APRN-BC, District 5

Tennessee Nurses Association President

District 5 includes Carter, Cocke, Grainger, Greene, Hawkins, Hancock, Hawkins, Jefferson, Johnson, Sullivan, Unicoi, and Washington County, TN. All meetings are on 4th Tuesday each month, every other month general meeting. General Meetings start with social at 6:00 pm, and speaker/meeting at 6:30 pm. RSVP can be sent to tamanip@outlook.com. Mark your calendars now by visiting tnaonline.org, click on District Associations and go to District 5. All meeting dates/times and officers are available at this location.

You spoke and we listened! A survey was emailed to the District 5 members. We had 58 responses. The survey revealed that the majority of members preferred meeting on Tuesday in the evening between 6:30-7:30 pm. The majority of the members wanted to be contacted via email. Having speakers with continuing education, overview of current political events impacting nurses, and networking/socializing with other district members were the top activities that members wanted to see at the district meetings.

Your district board met in January, 2015. Goals for 2015 include increasing district membership by 10% and working to get more members involved throughout the district. We are interested in getting all the colleges/universities involved in the district too.

You can find out information about the district by contacting any of the officers/board. Our officers and Board list is at tnaonline.org as mentioned above, or through our Facebook page Tennessee Nurses Association/ District 5. If you are not receiving emails from the district that means we do not have a current email address for you. You can send that current email to tamanip@outlook.com if you choose to be on the district mailing list.

Hope to see you at the meetings in 2015. TNA is your professional organization that advocates for your profession. It is time for all registered nurses/APRN’s to practice to the fullest extent of their education and training. We provide evidence-based clinical care to patients using the best practices and knowledge that is available to us. We partner with multiple other disciplines. We need to be strong together to advance the profession of nursing and improve the health of all Tennesseans.

See you at a district meeting in the near future.

District 5

District 9
Reactivated its nursing baccalaureate in fall 2012. Students to graduate from the BSN program since UTHSC first group of nursing.

Dawson was among the first group of nursing students to graduate from the BSN program since UTHSC first group of nursing. Lisa Dawson, with her presenting her daughter, had the distinct honor of being named a Women of Influence winner in the "Inspiration/Mentor" category.

TNA District 3

Dr. Jane Englebright, Chief Nurse Executive, Patient Safety Office, and Vice President, HCA Clinical Services Group, has been recognized by the 2015 "Women of Influence" Award Program conducted by the Nashville Business Journal. Englebright was named a Women of Influence winner in the "Inspiration/Mentor" category.

Jane Englebright, RN, PhD

TNA District 1

Dr. Karen Hande was recently promoted to Assistant Professor of Nursing at Vanderbilt University School of Nursing. Hande has also received the March of Dimes Nurse of the Year award in the category of Quality and Risk Management.

Karen Hande, DNP, ANP-BC

TNA District 3

Shelley Cohen has been nominated to serve on ANA's Workplace Violence & Incivility Professional Issues Panel Advisory Group. Cohen has also co-authored a book, with Sharon Cox, RN, MSN, entitled "Essential Skills for Nurse Managers.

Shelley Cohen, RN, MSN, CEN

TNA District 9

Kathleen McCoy has recently had several publications and presentations published.

• McCoy, K.T., Lusk, P. (2013). Reflections upon Long Term Volunteer Commitment Experience to a Professional Organization during a Time of Rapid Change

CE Podcast:


Publication in Press:

• AANP (2014) Attention Deficit and Hyperactivity Disorder Educational resource kit for nurse practitioners (NPs) in Primary Care Settings. American Association of Nurse Practitioners, Austin, TX (Contributor)

Presentations:


Kathleen T. McCoy, DNPc, APRN-BC, FAANP, Assistant Professor, Director Psychiatric & Mental Health DNP Program, Brandman University

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Kathleen T. McCoy, DNPc, APRN-BC, FAANP, Assistant Professor, Director Psychiatric & Mental Health DNP Program, Brandman University

TNA District 10

Esther Sellers has been busy the last six months. She was recently promoted to Professor at UT-Martin, Department of Nursing; gave a poster presentation entitled, Mentoring to Retain Nursing Educators: Stages of Concern for the Novice, at the 2014 NLN Education Summit held in Phoenix, AZ, and co-authored an article entitled, Videotaping to Aid Teaching/Learning: One Student at a Time, which ran in the Journal of Teaching and Education (JTE)(ISSN:2156-6266).

TNA District 9

Carolyn Whitaker was recently recognized as the “Citizen of the Week” in the Macon County Chronicle. Statement from the Chronicle, “A pioneer in her own right in the health care system. Carolyn Whitaker has served as a pillar in the RBS community since she started the first Nurse Practitioner run clinic in the State of Tennessee in downtown Red Boiling Springs.” Carolyn has served her community, the nursing profession, and TNA/ANA well.

Carolyn Whitaker, RN, PhD

TNA District 9

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Carolyn Whitaker

TNA District 3

Francie Likis was recently promoted to Associate Director of the Vanderbilt University Evidence-based Practice Center (EPC). She leads interprofessional teams that use systematic review methods to examine critical questions in health care and produce evidence reports. She is the only nurse on the faculty of the Vanderbilt EPC, which is one of 13 EPCs funded by the Agency for Healthcare Research and Quality. Likis is also the Editor-in-Chief of the Journal of Midwifery & Women’s Health, the official journal of the American College of Nurse-Midwives.

Francie Likis, DrPH, NP, CNM, FACNM, FAAN

TNA District 3

TNA District 3

Shelley Cohen has been nominated to serve on ANA's Workplace Violence & Incivility Professional Issues Panel Advisory Group. Cohen has also co-authored a book, with Sharon Cox, RN, MSN, entitled Essential Skills for Nurse Managers.
District 01

District 02
Jacqueline Lindsay Barnett, Elizabeth Blackstock, Hope Bruce, April Dawn Bryant, Gloria F. Carr, Pati Alice Clevereng, Rebecca Cumberti, Terrianca Durbin, Elaine Jarratt, Katelyn E. Kirk, Jessica A. Martin, Mickey McBride, Mary Mimnick, Heather A. Norton, Donna Faye Patty

District 03
Katelyn E. Kirk, Jessica A. Martin, Mickey McBride, Mary Mimnick, Heather A. Norton, Donna Faye Patty

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TNA Members – Help Shape TNA Policy
Nominations Accepted Now for Several Elected Positions

Sharon Adkins, MSN, RN, TNA Executive Director

The Tennessee Nurses Association Nominating Committee is actively seeking nominations for several positions that will be open for election on the TNA ballot at the Membership Assembly this fall. Running for office is a benefit of membership and a way to participate actively by shaping policy in your professional association. There is no more important time for nursing than now…I encourage you to think carefully about this opportunity.

If you wish to run for office, you must electronically complete the 2015 Call for Candidates Application, at tnaonline.org under the 2015 Annual Membership Assembly and Conference link and email the completed form to Barbara Martin at bmartin@tnaonline.org, by the June 1, 2015 deadline. No handwritten, faxed or mailed Call for Candidates Applications will be accepted. All Call for Candidates applications will be reviewed and selections made by the TNA Nominating Committee.

Meetings

Meetings of the Board of Directors are held 5 times per year. Specific dates will be set by the President, but are held in the February, April, June, September, and November timeframe.

Positions available for application and a description of duties are listed below.

Secretary Accountability and Responsibilities: (2 year term) – 1 position to be elected
As a board member, establish and approve policies and procedures, exercise corporate responsibilities and fiduciary over sight of the association. Attend approximately five Board meetings per year plus the annual Membership Assembly and fulfill other duties as specified by the Board of Directors.

Nominating Committee Accountability and Responsibilities: (2 year term) – 2 positions to be elected
The Nominating Committee shall report to and is accountable to the Membership Assembly and the Board of Directors. There are usually no more than two meetings during the year. The Nominating Committee develops the slate of candidates for the election. Nominating Committee members shall request the names of candidates for elective offices and should be willing to contact any TNA member that wishes to run for an office or that another member may suggest. The Committee will prepare a slate of nominees, publish such slate at least 60 days prior to the annual meeting, implements the policies and procedures for nominations and elections as established by the Board of Directors, and assumes other responsibilities for nominations as provided by the Bylaws.

ANA Membership Assembly Representative Accountability and Responsibilities: (2 year term) – 1 position elected (others will be deemed alternates)
Attend the annual ANA Membership Assembly and vote on policies, positions, budgets and set the priorities for the American Nurses Association. This Assembly also elects the ANA Board of Directors and Nominating Committee. Expenses for this meeting are reimbursed by TNA.

We do hope that each and every member will consider the opportunity to become actively involved in the Tennessee Nurses Association…your professional association. If you have any questions or need additional information on the open positions please do not hesitate to give me a call.

Remember the deadline date for receipt of applications and required documentation is June 1, 2015.
Six Common Job Search Roadblocks and How to Avoid Them

Are you having trouble securing second round interviews? Does it seem as though your job search has simply stalled out? You might be making some of the same mistakes that countless other job hunters are making while searching, applying and interviewing for new employment opportunities. The following list examines these common job search related blunders and offers advice on how to bypass them:

Limiting your resources
Relying on only a few job posting resources limits the amount and quality of opportunities that you have access to. Spread your efforts across multiple mediums and multiple sources to ensure a more thorough job search.

Underutilizing your network
When searching for a job, remember to tap into your network of friends and professional contacts to get things moving. It is quite possible that someone in your network has the connections necessary to help you land your dream job. Many members of the Tennessee Nurses Association have said they are where they are today because of the people they have met through TNA. Join your professional association today at tnaonline.org or call 615-254-0350.

Not doing your homework
Interviewers want to feel confident that you have researched both the position and the company prior to the interview. Be sure to know what the position entails, what the company does and feel secure in your industry knowledge.

Bad-mouthing previous employers
When asked what you liked least about your previous position, be careful not to sound too negative and definitely do not bad-mouth a past supervisor or coworker. Keep your answers as positive as possible.

 Appearing unprofessional
Dressing appropriately for an interview is just one small part of your professional appearance. Make sure that your email address, outgoing voicemail message and personal web pages make a favorable impression as well.

Forgetting to ask questions
Ask intelligent and open ended questions during the interview that show you have done your research and that you are genuinely interested in learning more about the position and the company.

When it comes to the mistakes candidates make throughout the entire job search process, the list goes on and on. The key to avoiding most of them is using common sense. Now that you are aware of the most common of these errors, you can be sure to do your research and that you are genuinely interested in learning more about the position and the company.

Visit the TNA Career Center today to view our list of exclusive opportunities at tnaonline.org! Our new and improved Career Center site will be coming soon.

The University of Tennessee, Knoxville (UTK) College of Nursing invites applications for a full-time Chair of the DNP Program. The DNP Program Chair will be a visionary who works as a part of the College of Nursing Administration Team and oversees the DNP program. As the state’s flagship school, UTK provides a research-intensive environment for interdisciplinary collaboration, with state-of-the-art technology and research resources. Located near the Great Smoky Mountains and numerous lakes, Knoxville offers abundant recreational activities, cultural attractions such as opera and symphony, low cost of living, and high quality residential neighborhoods.

The College of Nursing offers:
- Excellent educational programs including traditional BSN, accelerated BSN, and RN-BSN programs; MSN concentrations in administration, anesthesia, family mental health, and pediatric nursing; and PhD and DNP programs
- Strong record of federally funded collaborative/interprofessional research and programs
- Center for Health Science Research
- Health Information Technology & Simulation (HITS) Lab
- Nurse-managed School-based Health Center

Minimum Qualifications:
- Earned doctorate in Nursing or related field
- Academic administrative experience
- Demonstrated ability to function effectively in large, complex organization
- Record of scholarly achievement
- Excellent communication skills

Preferred Qualifications:
- Experience with accreditation (ACNE, SACs, other)
- Registered Advanced Practice Nurse with eligibility for licensure in Tennessee
- Experience with DNP education. Course work at the graduate level in curriculum development and implementation.

Principal Responsibilities:
- Works closely with faculty to ensure excellence in clinical doctorate education and compliance with accreditation standards.
- Provides recommendations to the leadership team regarding strategic program growth, direction, and organization for the DNP program and initiatives.
- Utilizes data to continuously improve the program.
- Active in grant writing and maintains own record of scholarly activities.

For more information, visit our website: http://nursing.utk.edu.

Interested applicants should send a cover letter, curriculum vitae, and the names and contact information (phone and email address) for three references. These materials should be submitted electronically to Victoria Niederhausen-Dreith, RN, Dean & Professor, The University of Tennessee, College of Nursing (vniederh@utk.edu). Review of applications will begin September 30, 2014 and continue until the position is filled.

The Tennessee Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Approved CNE activities are listed at www.tnaonline.org under the Continuing Education link.
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COULD YOU MAKE THIS MISTAKE — AND BE SUED?

We all make mistakes. But as a nurse, one mistake can lead to disaster. Consider this real-life example.

A 44-year-old woman went to sleep after having surgery of a stoma for a detached retina. The surgery went well, and the patient was discharged overnight for observation.

The evening nurse gave the patient Demerol for pain as prescribed. When the patient vomited shortly thereafter, the nurse assumed the medication had been emptied and gave the patient another dose. Later the patient complained of a terrible taste in mouth. The nurse asked the physician, who ordered another paracetamol. By 11:55 a.m., the patient could not recollect her.

The patient’s daughter (whom the nurse had not met) was notified. The nurse was asked to meet her there. The nurse left the room and returned 15 minutes later. She had heard that the patient had been in the hospital room as the nurses had been with the patient and upon checking, saw the patient had vomited in her mouth. She took the nurse to the patient’s room and asked if she was still feeling well. The nurse replied, “Yes, it’s just that I have had a lot to eat.”

It’s because of cases like this that the American Nurses Association (ANA) offers the Nurses Professional Liability Program. It protects nurses from the potentially devastating impact of malpractice lawsuits.

Get the protection you need—without paying more than you need. To take advantage of special rates for ANA members, visit probability.com/49590 for an instant quote and to fill out an application.

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* See Form, May 1989

For more information, contact ANA at 1-800-899-1448 or

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