I Am TNA

My Air Force Story

Major Jeanette Kellum Sanders, BSN, RN, BA, MA

My Air Force Story was never about if I was going to join the military, but rather when I was going to join the military. I grew up surrounded by family members from my grandmother to my brother sitting around and talking about their experiences in war. My father was active duty until my freshman year of high school; and I can honestly say by my senior year I had attended 12 schools.

For the longest time, that was my only military story. Growing up as a Navy Brat, my biggest contribution to the military was I managed to stay sane though all our moves, and I always ended the pledge of allegiance with AMEN, because I thought the pledge of allegiance was more of a prayer. However, during my last year of nursing school my little brother called home crying from Air Force basic training stating he was sick with a temperature and missed home. After listening to him on the phone, I couldn’t help but feel weak myself. It was the first time I could not help my brother and be the kind of older sister I always tried to

I Am TNA continued on page 2

Students, Nurses, Faculty Hold Nurses Day on Capitol Hill at TNA Legislative Summit

The Tennessee Nurses Association held its annual Legislative Summit on April 8 at the War Memorial Auditorium in Nashville. More than 1,000 enthusiastic nursing students, registered nurses, and nursing faculty attended the event to experience firsthand the legislative process. The summit was an opportune time for attendees to meet and greet members of the Legislature, as well as attend legislative committee meetings.

TNA’s President, Billie Sills, MSN, RN, welcomed attendees as well as TNA’s Executive Director, Sharon Adkins, and Adrienne West, Vice President of the Tennessee Association of Student Nurses (TASN). The keynote speaker, Michelle Artz, American Nurses Association’s Director of Government Affairs, gave us “A View from Washington” as she spoke to issues affecting nursing both statewide and federally.

Dr. Carole Myers, PhD, RN, Chair of TNA’s Government Affairs Committee, facilitated TNA’s Legislative Panel. Panel members included Sharon Adkins; Wilhelmina Davis, TNA’s Manager of Government Affairs; Shelley Courington, AARP TN; and TNA member, Cathy Hill, MSN, RN, APRN-BC. Panelists spoke of current legislation and Ms. Courington did an excellent job explaining the process of how a bill becomes law.

The keynote speaker, Michelle Artz, American Nurses Association’s Director of Government Affairs, gave us “A View from Washington” as she spoke to issues affecting nursing both statewide and federally.

Make plans now to attend next year’s TNA Legislative Summit to be held April 6, 2016 at the War Memorial Auditorium.

Information is power! Membership in the Tennessee Nurses Association and the American Nurses Association will keep you up-to-date on Legislation affecting the nursing practice. Join Today!

Your voice matters and together we can ensure the future of nursing.

Founded in 1905, TNA is the only full-service professional organization for the state’s 80,000 registered nurses. The mission of TNA is to promote and protect the registered nurse and advance the practice of nursing in order to assure a healthier Tennessee.
During this past session, Tennessee legislators spent a lot of time professing their Christian faith as they debated making the Bible the state book, yet they gave no heed to the words of that book…yet they gave no heed to the words of that book…

The official publication of the Tennessee Nurses Foundation shall be the Tennessee Nurse. The editorial board shall be to support the mission of the Tennessee Nurses Foundation and Tennessee Nurses Association and 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 represent the views of the association, its staff, its Board of Directors, or editors of the Tennessee Nurse.

Article Submission: The Tennessee Nurses Foundation encourages submission of articles for publication in the Tennessee Nurse. Any topic related to nursing 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 via email to kdenton@tnaonline.org or mailed to Managing Editor, Tennessee Nurses Foundation, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296. All articles should be typed in Word and be given to TNA members. Articles and photos should be submitted by...
Meaningful Recognition: Recognizing the “soft skills” of Nursing

Billie W. Sills, MSN, CLNC, RN

“It is something to be able to paint a picture, or to carve a statue, and so to make a few objects beautiful. But it is far more glorious to carve and paint the atmosphere in which we work, to affect the quality of the day. This is the highest of arts.”

– Henry David Thoreau

Nursing has been defined as both an art and science. We all understand the science part, as it seems the primary emphasis has always been on the scientific aspects of nursing with not much consideration given to its state as an “art.” Nightingale has called it “the finest of the arts.” Practicing nurses know that it is not just a series of skills and techniques but a process that assimilates elements of the soul, mind, and imagination. The very essence lies in the creative imagination, the sensitive spirit, and the intelligent understanding that provide the very foundation for effective nursing care. (Donahue, “Nursing the Finest Art”). The scientific community over the years has created perceptions that such are of lesser value in the workplace. The “grass root” nurses know this to be true probably better than anyone of us… these are the nurses at the bedside, in the clinics, in the homes, assessing, treating and teaching patients and their families about their illnesses, preventive care, and what the future may hold. I can’t tell you the number of times that I have heard, “I just don’t have time to talk to my patients about the situation they are in, or how they are feeling. I really miss that and don’t have time to talk to my patients about the situation.”

“We are in a business of healing people, patients, families and co-workers. Celebrate the “art” of nursing, those “soft skills that say “I CARE.” Let’s not just celebrate nursing just during Nurses Week…but each day by recognizing the individuals who have made a difference.”

Meaningful Recognition involves acknowledging one’s behavior and the impact these actions had on others. This feedback is relevant to the recognized situation, and is equal to the person’s contribution. The acknowledgement stays with a person for life. It impacts the individual by elevating one’s self-esteem, fuels optimism, and resiliency.

A Meaningful Recognition process provides patients, family members, and colleagues the opportunity to provide in their own words real-time feedback that describes what really mattered to them during the hospitalization and identify how behaviors of extraordinary nurses made all the difference. It is a moment in time, when the nurse is doing an ordinary thing in an extraordinary way. It celebrates what nursing is from the observations of outstanding care delivery, to the emotions described by family and patients during the extraordinary nurse encounter. It describes the impact the nurse’s actions had on the team and the work environment. It is the “soft skills” that come from the heart.

“Art Nurse” Patrick Donnelly, Children’s Memorial Hospital, Chicago, IL says it best: “There is no bonus for nurses who achieve an objective like a stockbroker or salesman might receive reaching their objective. With nurses it is much quieter; there is usually no direct praise. Organizations that have a Meaningful Recognition program let you know “that you have made a difference.”

To each of you, my deepest thanks for doing what you do and being someone who the citizens of Tennessee can count on to be there when you are needed the most.

Meaningful Recognition: Recognizing the “soft skills” of Nursing

Billie W. Sills, MSN, CLNC, RN

They love their job and are respected and valued. These organizations are the ones that have recognized the impact of what acknowledgement, communication and collaboration have in the delivery of health care. A common thread in these organizations is the presence of the recognition of a “job well done,” which is often perceived as simply feedback that involves saying thanks, complementing each other, or providing a pat on the back, or a “high five.” These are all important, and should be practiced as much as possible, but the core of feedback associated with Meaningful Recognition involves acknowledging one’s behavior and the impact these actions had on others. This feedback is relevant to the recognized situation, and is equal to the person’s contribution. The acknowledgement stays with a person for life. It impacts the individual by elevating one’s self-esteem, fuels optimism, and resiliency.
Call for Candidates
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.

Positions Available:
- Secretary – 1 position to be elected
- Nominating Committee – 3 positions to be elected
- ANA Membership Assembly Representative – 1 position elected and 2 alternate positions

If you wish to run for office, you must electronically complete the 2015 Call for Candidates Application, at tnaonline.org. Click on Events and scroll to the TNA Annual Conference link. Please email the completed form to Barbara Martin at bmartin@tnaonline.org by the July 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. Thank you in advance for your willingness to serve.

Primary Care Nurse Practitioner: Not Just Colds & Coughs

Laura Thompson MSN, FNP-BC

Laura Thompson

When I decided to go back to school in 2001 and pursue my degree for a Family Nurse Practitioner (FNP) I thought I would enter the clinic. The goal set by my supervising physician is for the nurse practitioners to see 30 patients each per day. Although there are scheduled patients at appointment times, I can find myself interrupted immediately upon the arrival to the clinic. Interruptions usually consist of colleagues needing to utilize the clinic telephone, placing orders for prescriptions and answer phone calls from other healthcare providers regarding outpatient referrals. This all occurs before I set up my laptop, put my coffee down, and see the first patient.

On any given day, the complexity of the patients that are seen range from simple cold and flu like symptoms, annual physicals for asymptomatic patients, patients complaining of extraordinary comorbidities and twenty prescription refills, or the acute chest pain patient with a blood pressure of 220/117. I find myself not getting surprised anymore when I open the door to the exam room and see a patient with a large laceration on his hand, bleeding through the dressing he made of paper towels and gauze. Nurse Practitioners are becoming primary care providers and primary care has become the new acute care. Simple procedures such as joint injections into the knee and simple suturing are within the nurse practitioners scope of practice and utilized often in primary care.

A hectic daily schedule like this leaves little room for teaching, but as a nurse practitioner, I find myself taking the time to educate and evaluate the patients understanding of the vastly complex patients often tell me that by taking the time to recap the visit or write out a medication schedule makes a difference in their care. After all these years, my motto remains to treat my patients the way I would want to be treated.

At the end of the day when the patients have left the clinic, I answer my messages, sign off lab work, take off my roller skates and know that I have provided the best care possible for my patients. Even though primary care has become so busy and unpredictable, I could not imagine doing anything else.

Spotlight on Practice

A Student’s Perspective on Nurse Advocacy

Katie Thomas, BSN student at Tennessee Wesleyan College

As nursing students, our plates are constantly full; exams every time we turn around, clinicals bright and early, and while we can forget the faceless patients, we cannot forget our obligations and work on top of school responsibilities. Why then should we students devote our precious spare time to advocacy? Because advocacy is at the heart and soul of nursing. From our very beginnings as a profession; nurses have been patient advocates. Florence Nightingale changed the face of healthcare with her reforms during the Crimean War. Lillian Wald fought for the rights of minorities and underserved populations eventually starting the Henry Street Settlement and the practice of public health nursing. We all know about these historical superstars of nursing. But what about modern day advocates? Karen Daley, PhD, MPH, RN, FAAN, immediate past president of the American Nurses Association, fought tirelessly for updated sharp’s processes and redesign safety needles after sustaining a needle stick at work that left her infected with HIV. Mary Wakefield, PhD, RN, was recently promoted to the position of Deputy Secretary of the Health and Human Services Administration making her the highest ranking nurse in the federal Government.

As nurses we are in a unique position to see the needs of our patients and do something about it. We are down in the trenches with our patients fighting with them day in and day out. We see the struggles, the pain, and the helplessness. We see the failures in the healthcare system as patients cannot afford the care and medications they need. But we also see the hope. We see the thankfulness on the faces of the patients most people would prefer not to interact with. We see the tears on families faces as they hold their loved one’s hand. We see the ability to improve. As nurses our job is not only to care for patients at the bedside, but to also ensure that the best possible healthcare services are available to those who need it. Therefore, we must be clinically based; but we must also be engaged politically. It is not enough to have one without the other.

Take for example the recent proposed Insure Tennessee Plan. The plan offered the opportunity to provide healthcare coverage for 280,000 Tennesseans who are otherwise not covered, either through the current TennCare plans or the Affordable Care Act. This plan solved an immediate problem in Tennessee without costing taxpayers a penny initially. Unfortunately, the plan failed. At a Legislative Forum, attended by the vote, a Tennessee State Representative from the Knoxville area said he had only heard negative feedback regarding the plan despite polls showing a vast majority of the state supported it. As nurse advocates, it is our duty to be involved in policymaking. Even if it is as simple as voting in each election for the officials who will be deciding where the state of healthcare in Tennessee will go, we must participate in the process. Nurses have been the most trusted profession for thirteen years in a row. We must use the trust that our patients put in us to advocate for their best interests. We must have the critical insight, decide the fate of our patients. We are the frontlines of healthcare. There is no one better than us to change health policy for the better.

I am currently serving as the Legislative Director for the Tennessee Association of Student Nurses, and I recently finished my third role on the Tennessee Nurses’ Association Resolution Committee. These positions have inspired my passion for healthcare and health policy.

I plan on continuing my pursuit of a PhD in nursing as well as having a career in health policy in the future.
2015 TNA & TASN Joint Conference

2015 TNA & TASN Joint Conference
Nursing Ethics: Commitment, Compassion, Quality Care
October 23 - 25, 2015
Franklin Marriott-Cool Springs
700 Cool Springs Blvd
Franklin, TN 37067

Register at www.tnaonline.org

The Tennessee Nurses Association and the Tennessee Association of Student Nurses presents the 2015 TNA & TASN Joint Conference, Nursing Ethics: Commitment, Compassion, Quality Care! Nurses are rated by the public as the most ethical professionals for the past ten years. This year's conference will feature opportunities to explore the many facets of ethical nursing practice. Don't put off sending in your nomination.

TNA Achievement Awards Gala
The TNA Achievement Awards Gala will be held on Saturday evening, October 24, offering a unique assortment of items for sale with proceeds going to support nurses. There will be a TNA Achievement Awards Gala in the evening, October 24, offers an opportunity to honor nurses and catch up with old friends. Plus, the outstanding Poster Reception, with exhibits and the opening of the Tennessee Nurses Foundation's (TNF) Tenth Annual Silent Auction. TNF's registration desks will open at 10:00 a.m. on Friday for your convenience.

Membership Assembly
All TNA members who attend this Annual Conference will be eligible to vote on all issues, positions, resolutions and policies brought before the Assembly. Don't miss this chance to let YOUR voice be heard!

TNF Silent Auction
The Tennessee Nurses Foundation will hold its Tenth Annual TNF Silent Auction and will offer a unique assortment of items for sale with proceeds going to support nurses through TNF’s programs. Donations are being accepted through October 24th. The special room rate of $129 per night plus tax will be available until the group block is filled.

TNF Achievement Awards Gala
The TNA Achievement Awards Gala held on Saturday evening, October 24, offers an opportunity to honor nurses and other individuals by acknowledging their exceptional dedication, commitment and professionalism to the profession of nursing.

We ask all TNA members to consider nominating someone today. The deadline for nominations is August 29. Visit www.tnaonline.org for details. We have all crossed paths with outstanding nurses. Don’t put off sending in your nomination.

Joint Conference continued on page 6
## 2015 TNA & TASN Joint Conference Registration Fees

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<th>Full Registration</th>
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### Guest Tickets (Additional Guests Only)

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Total Amount Due — Registration & Guest Tickets $

### PAYMENT METHOD

- **Check**
- **Employer Sending Check**

**Credit Card**
- **MasterCard**
- **Visa**

Name of Card Holder

Address of Card Holder

City __________________________________________ State ______ Zip_____________________

Credit Card Number_________________________________________________ Expiration Date __________________________________________

3-Digit Authorization Code (located on back of card) _________________ Signature _____________________________________________________

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**Exhibits & Schools of Nursing Luncheon**

The Exhibits & Schools of Nursing Luncheon held Saturday, October 24, allows all attendees to visit with the large variety of vendors who exhibit and learn more about new products and services. It also offers a great opportunity for graduates, from the many schools of nursing, to visit with alumni and gives student nurses and seasoned nurses the chance to network and get to know one another.

**Joint Conference**

The purpose of this joint conference is to promote mentoring opportunities between seasoned nurses and nursing students. We ask that you take some time out to get acquainted with the future of nursing while you are with us.

**Hotel Information**

The Franklin Marriott Cool Springs offers complimentary guest parking.

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**Call for Resolutions**

The Tennessee Nurses Association is issuing a formal Call for Resolutions for the 2015 TNA Membership Assembly to be held during the TNA & TASN Joint Conference on October 23, 24, 25, 2015 at the Franklin Marriott, Cool Springs, Franklin, Tenn. Resolutions can be submitted by any TNA member. If you wish to submit a Resolution, please submit it in writing to TNA no later than August 7, 2015. If you should need assistance, please contact Barbara at the TNA office at bmartin@tnaonline.org.

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**TNA Achievement Awards 2015 Nominations**

The Tennessee Nurses Association Awards Program is designed to recognize nursing leaders and friends of nursing. It is a great opportunity to identify those who consistently perform above the standard—the very best of the best. Awards are presented to acknowledge exceptional dedication, commitment and professionalism. Nomination brings recognition to a colleague, and others who are making outstanding contributions to the field of nursing. For a complete listing of Awards for nomination, please visit TNA’s website at www.tnaonline.org. Click on Events and scroll to the TNA Annual Conference link. Deadline for receipt of TNA Award nominations must be in the TNA office no later than Friday, August 29, 2015. Awards will be presented at the TNA Awards Gala, Saturday, October 24, 2015, during the 2015 TNA/TASN Annual Conference.
## Tennessee Nurses Association

### Members Only Request for Absentee Ballot - 2015

Please send an absentee ballot for the 2015 Tennessee Nurses Association election. “Request for Absentee Ballot” must be received at TNA by September 16, 2015. I understand that mailing this ballot to me in the manner and form approved discharges TNA’s responsibility to me in the matter of absentee voting. Absentee ballots will be mailed September 18, 2015.

I further understand that requesting an absentee ballot removes my name from the list of eligible voters at the TNA Annual Conference. No “group requests” will be honored. Fill in this Request for Absentee Ballot form and return it by:

- Email to Barbara Martin at bmartin@tnaonline.org
- Fax to (615) 254-0303
- Mail to TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296.

Completed absentee ballots must be received at TNA headquarters by the close of business on October 16, 2015.

- Name: __________________________
- Address: ____________________________________________
- City/State/Zip: ____________________________
- District Number: ____________________________
- Member ID Number: ____________________________
- Electronic Signature: (Required to receive ballot)

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### Tenth Annual Tennessee Nurses Foundation Silent Auction

#### October 23-25, 2015
Franklin Marriott Cool Springs

Come join the fun at TNF’s Tenth Annual Silent Auction! Presented by the TNF Board of Trustees, during the TNA Conference, the Silent Auction features a multitude of items, gifts and collectibles donated by TNA members and TNF supporters. This is a great opportunity for you to network with other participants at the Conference and you might possibly take home a great item for yourself or a loved one. The TNF Board of Trustees will accept donations up to Saturday, October 24. We ask that you fill out a Silent Auction donation form which is located on the TNA website or call 615-254-0350. Your donation is tax-deductible. We look forward to seeing you there!

Thank you in advance for your support of TNF!

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### Silent Auction Donation Form

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**Description of donated item (please submit one item per form):**

| ____________________________ |
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Estimated monetary value of donated item: $_________ Date:_________

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**IMPORTANT NOTE:** Submission of this form to the Tennessee Nurses Foundation constitutes a written agreement between TNF and Donor in that Donor agrees to provide TNF with the donated item by: (1) getting the item to the TNA office at 545 Mainstream Dr., Suite 405, Nashville, TN 37228-1296 on or before October 16, 2015; (2) getting the item to their local District President on or before October 16, 2015 (District President contact information can be obtained by calling 615-254-0350 or email tnf@tnaonline.org); or (3) taking the item to the TNA staff office at the Franklin Marriott-Cool Springs between Thursday, October 22, 2015 and no later than 2:00 p.m. on Saturday, October 24, 2015. The Silent Auction begins Friday, October 23, 2015.

This donation becomes the property of the Tennessee Nurses Foundation and is to be offered for sale at an auction, the proceeds of which go to the Tennessee Nurses Foundation. Should donor provide any displays or samples of the donation to coincide with a donated gift certificate, TNF will not be held responsible for those items. It will be the sole responsibility of the donor to either pickup the samples or displays, as stated above, at the hotel or to pay the shipping charges on the return.

Donors will be listed in the winter issue of the *Tennessee Nurse* (circulation 90,000+). The Tennessee Nurses Foundation is a non-profit, tax-exempt, 501(c) (3) organization.

If you are unable to submit this form by email, please print the completed form and fax to 615-254-0303 or mail the form to TNF, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296. For questions regarding this event please contact TNF’s Program Director, Kathy Denton at 615-254-0350 or email tnf@tnaonline.org.
soon was a remarkable feat. However, keep in mind; not all bills were considered this year, and those that were not defeated, not withdrawn or calendared will remain alive and may be acted on next year. The General Assembly is scheduled to reconvene on Tuesday, January 12, 2016. Although it was a fast paced session, legislators considered a significant number of legislation affecting the health and well-being of Tennessee citizens. As reported in the spring edition of the Tennessee Nurse, one measure all eyes were on in January was the matter of Insure Tennessee and the special session of the legislature called by the Governor to address his proposal to insure some 300,000 Tennesseans. The legislation passed with overwhelming support and was to become law and be implemented by the Governor to address his proposal to insure some 300,000 Tennesseans. If enacted, the Governor would have the authority to negotiate with the federal government to expand health insurance coverage to low-income Tennesseans.

In another attempt to enact Insure Tennessee, the Senate Health and Welfare Committee considered Senate Joint Resolution 93. The committee discussed the matter and ultimately passed the resolution with a 6-2-1 vote. Voting in the affirmative was: Sens. Briggs, Crowe, Jackson, Massey, Overby and Yarbrough; no votes included: McNally and Watson and the one present not voting was Sen. Joe Hensley. After adoption, the resolution was then referred to the Commerce and Insurance Committee of the Senate. After debate and discussion, the resolution was failed by a vote of 2-6-1; which included the following voting in the affirmative: Sens. Tate and Yager. Those voting against the measure included: Sens. Cardwell, Gardiner, Gresham, Johnson, Southsender, Tracy and Watson; and the one present not voting was Sen. Mark Green. As of now, Insure Tennessee remains off the table for enactment in Tennessee.

While TNA worked to support Insure Tennessee, our attention was also focused on TNA sponsored legislation addressing Full Practice Authority for Advanced Practice Registered Nurses (APRN). As a reminder, HB456/SB680 was introduced by Rep. JoAnne Favors and Senator Becky Massey to allow qualified professional, certified Advanced Practice Nurses to practice to the full extent of their training, education and scope of practice without direct supervision of a physician. As written, the legislation was met with extreme opposition from the Tennessee Medical Association (TMA) and several legislators. It was determined by both House and Senate sponsors that more discussions and meetings should take place over the summer. Therefore, the bill remains in the House and Senate Health and Welfare Committee until reconvening in January.

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While TNA worked to support Insure Tennessee, our attention was also focused on TNA sponsored legislation addressing Full Practice Authority for Advanced Practice Registered Nurses (APRN). As a reminder, HB456/SB680 was introduced by Rep. JoAnne Favors and Senator Becky Massey to allow qualified professional, certified Advanced Practice Nurses to practice to the full extent of their training, education and scope of practice without direct supervision of a physician. As written, the legislation was met with extreme opposition from the Tennessee Medical Association (TMA) and several legislators. It was determined by both House and Senate sponsors that more discussions and meetings should take place over the summer. Therefore, the bill remains in the House and Senate Health and Welfare Committee until reconvening in January.

Other legislation considered was the one present not voting was Sen. Mark Green. As of now, Insure Tennessee remains off the table for enactment in Tennessee.
governing authorities engaged in school youth athletic activities and activity fee charging organizations engaged in community-based youth athletic activities to adopt programs to train and educate coaches, school administrators, youth athletes, and their parents or guardians about the nature, risk, and symptoms of sudden cardiac arrest.

SB988 / HB903 Certain state agencies to collaborate on diabetes plans and reports. – Sen. Mark S. Norris / Rep. Raunesh Akbari – Requires the bureau of TennCare, the department of health, and the department of finance and administration to jointly develop certain plans and reports concerning diabetes to be provided to the health and welfare committee of the senate and the health committee of the house every two years. Specifies that the role of the department of health in developing the plans will be limited to primary prevention.

SB1014 / HB629 Certified registered nurse anesthetist – prescribing of drugs. – Sen. Steven Dickerson / Rep. Bryan Terry – Creates new provisions of voluntarily healthcare under the Volunteer Nurse Practitioner Act. Specifies that a certified registered nurse anesthetist (CRNA) during services ordered by a physician, dentist, or podiatrist and provided by a CRNA in collaboration with the ordering physician, dentist, or podiatrist that are within the scope of practice of the CRNA and authorized by clinical privileges granted by the medical staff of the facility. Adds to the current definition of “prescription order” in statute, effectively defining of the CRNA and authorized by the clinical privileges granted by the medical staff of the respective facility.


SB1017 / HB733 Medical assistance for sickle cell disease management services. – Sen. Lee Harris / Rep. Harold Love Jr. – Adds sickle cell disease management services to the services of advanced practice nurses and physician assistants that are currently covered under the Volunteer Nurse Practitioner Act. Specifies that a physician who prescribes for a patient who has sickle cell disease a medication to be used to prevent or treat pain related to sickle cell disease shall inform the patient in writing of the medication and the expected effect to the patient of the medication. Specifies that a pharmacist who dispenses a medication for a patient who has sickle cell disease to prevent or treat pain related to sickle cell disease shall inform the patient in writing of the medication and the expected effect to the patient of the medication.

SB1222/ HB977 Records physicians who perform abortions are required to keep. – Sen. Mae Beavers / Rep. Matthew Hall – Specifies that, except in a medical emergency that prevents compliance, no abortion shall be performed or induced upon a pregnant woman unless the woman has been informed orally and in person by the physician attending or registering the abortion the probable gestational age of the unborn child at the time the abortion is to be performed, based upon information provided by her as to the time of her last menstrual period or after a history, physical examination, and appropriate laboratory tests; (3) that if 24 or more weeks have elapsed from the first day of her last menstrual period or 22 or more weeks have elapsed from the time of conception, her unborn child may be viable, that is capable of sustained survival outside of the womb, with or without medical assistance, and that if a viable child is prematurely born alive in the course of an abortion, the physician performing the abortion has a legal obligation to take steps to preserve the life and health of the child; (4) that numerous public and private agencies and services are available to assist her during her pregnancy and after the birth of her child or place the child for adoption, and medical instructions to be followed subsequent to the abortion.

SB1280 / HB1368 Requires certain abortion clinics to register as ambulatory centers. – Sen. Mark S. Norris / Rep. Susan Lynn – Requires that any facility at which a facility be licensed as an ASTC if only medical procedures to terminate a pregnancy are performed there. Provides that the guidelines shall be submitted to the department of health in developing the plans will be limited to primary prevention.

SB1287 / HB1216 Explanations justifying amount of drugs prescribed. – Sen. Joey Hensley / Rep. Barry Doss – Extends the time in which the top 50 prescribers of controlled substances must provide an explanation of controlled substances prescribed. Requires the commissioner of health to submit to the department of health a report regarding the amount of controlled substances prescribed and describe the reasons that the amount of controlled substances prescribed is greater than the amount prescribed in a_waiting period of 48 hours have elapsed after the patient has provided the information described in this section, the information was provided. After the 48 hours have elapsed and prior to the performance of the abortion, the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form. If this waiting period is subsequently declared unconstitutional, the waiting period shall be 24 hours, subject to the same medical judgment, so complicates a medical condition of the patient is required to sign such consent form.
Greetings on behalf of the Tennessee Association of Student Nurses! My name is Brooke Williamson, and I am the 2014-2015 Communication Director of TASN. I am a student at Tennessee Tech University in Cookeville, TN. I will be a sophomore in the fall and I will apply for nursing school at Tennessee Tech this summer. I am also a member of the Student Nurses Association at Tennessee Tech and am also affiliated with Phi Mu Fraternity. I believe it is very important to be involved in organizations like TASN, because it is a great way to meet people in your field of study.

Ever since I was a child, I have always wanted to become a nurse to help care for people. It is very important to put others first, and care for others when they are not able to care for themselves. One way to help others is by volunteering; it is a great way to serve others as well as the community. In the past I have volunteered at several nursing homes and hospitals. Doing these things have shown me that many people take quality care for granted. Through my community service, I was able to see the kind of care I could offer to those suffering.

Although, I have always wanted to become a nurse to help care for people, I have also wanted to become a nurse to serve others as well as the community. In the past I have served others by volunteering; it is a great way to meet people in your field of study. Ever since I was a child, I have always wanted to become a nurse to help care for people. It is very important to put others first, and care for others when they are not able to care for themselves. One way to help others is by volunteering; it is a great way to serve others as well as the community. In the past I have volunteered at several nursing homes and hospitals. Doing these things have shown me that many people take quality care for granted. Through my community service, I was able to see the kind of care I could offer to those suffering.

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Tennessee nurses and other advocates across Tennessee come in support of Insure Tennessee.

Photo Credit: John St. Clair

Carole Myers

is a consistent look and feel. Another way to achieve an identity is consistent messages.

Communicate broadly: Successful grassroots movements use social and other forms of media advertising. Members of grassroots movements get out and about, speaking at professional, civic, and social group meetings. The goal is an ever-broadening circle of supporters who are informed about issues and proposed solutions who are willing to speak out.

Grow the circle of supporters: A grassroots organization is a living entity. A key measure of success is growth. We must continually seek and embrace new members. Diversity is powerful if the diverse individuals and organizations come together for collective activity with a common goal and message.

Grassroots organizations are rooted to a common problem and commitment to change that motivates the members. The common problem that will unite a full practice authority grassroots movement is access to cost-effective, high-quality care. The goal of improving access and choices to patients for all Tennesseans should be a broad appeal. However, when nurses mistakenly talk about personal needs and ambitions, this has limited appeal and they actually repel potential supporters. We need to be mindful of all of our communications and stay focused on access to care.

TNA is convening a Full Practice Authority Coordinating Council to oversee and manage grassroots activities related to full practice authority. Representatives from major stakeholder constituencies, including the TNA APRN and Government Affairs committee chairs and members of the board of directors, regional APRN groups and select specialty organizations, and other stakeholder constituencies, will comprise the council members. The first meeting of the Coordinating Council will be held in late June in Nashville. Our goal is to connect nurses and others for the common purpose of advancing full practice authority as a means to access to care. We need bottom-up change.

Full Practice Authority Resource List

A worksheet is available online.

Committee to Excellence: Committed to You.

Bachelor of Science in Nursing

Accelerated BSN for Second-Degree Students

Associate degree to BSN dual degree

LPN to BSN

Master of Science in Nursing

Clinical Nurse Leader

Post-Master’s Certificate Program

Doctor of Nursing Practice (DSN or MSN to DNP)

Professional Development Programs

Many graduate and undergraduate programs are available online.

ETSU.edu/nursing    888-37-NURSE

What are some things you and the stakeholder groups you are affiliated with do to advance full practice authority?

Nurture a relationship with the Tennessee state Senator and Representative from your district:

• Introduce yourself
• Offer to serve as the point person and share resources on issues related to health, healthcare, and professional practice
• Invite your lawmakers to your place of practice and professional or other meetings
• Engage in an ongoing dialogue about access to care and why full practice authority is important for improving access to quality, cost effective care; explain what full practice authority is and why it’s important; and tell the lawmaker about your patients and why what they do is so important

Write individual letters or emails to each member of House and Senate Committees and the State Senate and House of Representatives offering information about and advocating for full practice authority

Connect with other nurses and interested stakeholders about full practice authority and why it’s important; specifically target other providers and your patients and their families

Write letters to the editor of your local paper

Join TNA if you’re not already a member

Contribute to TNPA, The Political action committee of the Tennessee Nurses Association and the State Senate Health and Welfare Committee offering information about and advocating for full practice authority

For more information about TNA, please visit our website (https://tnaonline.org).
Celebrating National Nurses Week

TNA District 1
May 7, 2015 District 1 held The American Nurse Movie Screening at Methodist Le Bonheur Healthcare Wilson Hall Auditorium in Memphis.

Audience entering the Wilson Auditorium to view The American Nurse

May 12, 2015 Methodist LeBonheur Healthcare recognizes outstanding nurses at the Nursing Stars Celebration, held annually during National Nurses’ Week. The event recognizes the exceptional registered nurses who lead the way in providing high quality patient and family-centered care.

MLH Nurses of the Year. Front Row, l-r: MLH COO, Dr. Michael Ugwueke; Dana Hope, Methodist South Hospital; Kristen Guttierrez, Methodist Olive Branch Hospital; TNA/ANA member, Pat Bahadosingh, Methodist Extended Care Hospital; Debbie Thompson, Methodist Germantown Hospital; MLH CEO, Gary Shorb, Back Row, l-r: Donna Fountain, Methodist Affiliated Services; TNA/ANA member, Tina Bringle, Methodist Le Bonheur Hospital; Renée Holley, Methodist West Cancer Center; MLH Chief Nurse Executive, Nikki Polis; Jeri Lawson-Pennel, Methodist North Hospital; Tami Lancaster, Methodist Physician Alignment; Michele Hathaway, Methodist University Hospital

TNA District 2
East Tennessee Children’s Hospital celebrated Nurse’s week with bright light and dress up days. The dress up days were hat and bow day, favorite team jersey day, crazy sock day, retro day and Patriotic day.

Each unit donated baskets for giveaways. Baskets and prizes were given away every hour during the entire Nurse’s Week.

Crystal Michieff, RN and Bill Chesney, RN

TNA District 5

WTFM radio station, LMU, and Bachman Bernard sponsored a Nurses Night Out at the Holiday Inn in Johnson City with over 400 nurses in attendance.

TNA District 5 hosted an exclusive screening of The American Nurse at the Carmike Theater in Johnson City.

Left to right, Lula Street, RN and Christine Reed, RN

National Nurses Week History

A Brief History of National Nurses Week

1953 – Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent a proposal to President Eisenhower to proclaim a “Nurse Day” in October of the following year. The proclamation was never made.

1954 – “National Nurse Week” was observed from October 11-16. The year of the observance marked the 100th anniversary of Florence Nightingale’s mission to Crimea. Representative Frances P. Bolton sponsored the bill for a nurse week. Apparently, a bill for a “National Nurse Week” was introduced in the 1955 Congress, but no action was taken. Congress discontinued its practice of joint resolutions for national weeks of various kinds.

1972 – Again a resolution was presented by the House of Representatives for the President to proclaim “National Registered Nurse Day.” It did not occur.

1974 – In January of that year, the International Council of Nurses (ICN) proclaimed that May 12 would be “International Nurse Day.” (May 12 is the birthday of Florence Nightingale.) Since 1965, the ICN has celebrated “International Nurse Day.”

1976 – The ICN’s resolution was endorsed by the American Nurses Association (ANA) and all state and territorial nurses associations to acknowledge May 12 as a permanent date to observe “National Nurses Day.”

1978 – New Jersey Governor Brendan Byrne declared May 6 as “Nurses Day.”

1982 – President Ronald Reagan signed a proclamation on March 25 proclaiming “National Recognition Day for Nurses” to be May 6, 1982.

1991 – The ANA Board of Directors expanded the recognition of nurses to a week-long celebration, declaring May 6-12 as National Nurses Week.

1996 – The ANA initiated “National Recognition Day” on May 6, 1996, to honor the nation’s indispensable registered nurses for their tireless commitment 365 days a year. The ANA encourages its state and territorial nurses associations and other organizations to acknowledge May 6, 1996 as “National Recognition Day.”

1997 – The ANA Board of Directors, at the request of the National Student Nurses Association, designated May 8 as “National Student Nurses Day.”

1998 – May 8 was designated as National Student Nurses Day.

1999 – The ANA Board of Directors designated May 6-12 as permanent dates to observe “National Nurses Week” in 1994 and in all subsequent years.

2003 – President George W. Bush signed a proclamation on March 30 proclaiming “National Nurses Week” to be May 6-12, 2003.

2015 – The ANA, along with various nursing organizations, rallied to support a resolution initiated by nurses in New Mexico, through their Congressman, Manuel Lujan, to have May 6, 1982, established as “National Recognition Day for Nurses.”

2016 – The ANA Board of Directors designated May 6-12 as permanent dates to observe “National Nurses Week” in 2016.

2017 – The ANA Board of Directors designated May 6-12 as National Nurses Week.

2018 – The ANA Board of Directors designated May 6-12 as National Nurses Week.

2019 – The ANA Board of Directors designated May 6-12 as National Nurses Week. The ANA encourages its state and territorial nurses associations and other organizations to acknowledge May 6-12 as National Nurses Week.

2020 – The ANA Board of Directors designated May 6-12 as National Nurses Week.

2021 – The ANA Board of Directors designated May 6-12 as National Nurses Week.

2022 – The ANA Board of Directors designated May 6-12 as National Nurses Week.

2023 – The ANA Board of Directors designated May 6-12 as National Nurses Week.
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 Colleague 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.tnaonline.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. Tennessee Nurses Foundation, 545 Mainstream Drive, Suite, 405, Nashville, TN 37228-1296
Phone 615-254-0350 | Fax 615-254-0303

The Tennessee Nurses Foundation would like to congratulate the following fiscal year scholarship awardees!

For full details on everyone listed below, visit tnaonline.org, click on the Tennessee Nurses Foundation link and then click TNF FY 2014-2015 Scholarship Winners Announcements.

Arthur Davis LPN to RN Scholarship
Cheryl Webb, LPN
Amount received: $1,000

Leadership Nursing Program
Debra Rose Wilson, PhD, MSN, RN, IBCLC, AHN-BC, CHT
Amount received: $2,200

Memorial Graduate Nursing Scholarship
Michelle Baldwin, BSN, RN
Amount received: $2,000
Linda Billings, MSN, RN
Amount received: $2,000

2015 Scholarly Writing Contest
Taylor Keasler, BSN, RN
Amount received: $1,000, plus a FREE one-year membership in both the Tennessee Nurses Association and the American Nurses Association.

Ms. Keasler’s article, Soul Fuel: A Self-care Essential for Nurse Leaders, can be found on the Tennessee Nurses Foundation link at tnaonline.org. Scroll down the left menu and click on 2015 Scholarly Writing Contest.

The Future of Nursing: Where is Nursing Going?

Melissa Veach, MSN, RN (Informatics)
When one thinks about the future of the nursing, one might envision a machine from a sci-fi movie to cure cancer. The future of nursing is constantly changing right before our eyes. The only thing constant about nursing is change. Nurses must decide to learn to adapt to the fast pace changes from skills, equipment, or care performed, in order to be able to continue in the profession. Technology will continue to impact the health care system. As nurses have adapted from paper to computer charting, they have yet to see the impact that technology will make on nursing as well as improve patient safety.

Technology has and continues to impact nursing on many levels. Eventually, nurses will chart by using a tablet at the bedside that will be interactive for the patient as well as the nurse. We are already seeing these changes with the evolution of Apps for smart phones. These changes will not only affect charting, but patient care as well. We are on the forefront of seeing smart pumps and the impact this has on patient safety. Does one know that smart Ambu bags, smart beds and smart patient data cards are on the horizon of nursing? A smart bed will ensure patient safety by sounding an alarm to indicate the patient is hypotensive, and then the bed will change positions to accommodate the deterioration of the blood pressure. Who would have thought this would happen within nursing? The writer did not see this happening within the health care field. A smart Ambu bag will allow the nurse to manually ventilate the patient effectively and ensure adequate gas exchanges for the intubated patient. This smart bag ensures that the patient remains hemodynamically stable if there is an issue with the ventilator. A smart card will hold the patient’s medical record, so that patient information is never compromised. This card will reduce health care transfer costs, portability and security of data and potential for rapid retrieval of assessment and treatment. These smart technologies are only a few examples of what will impact the health care system.

Nurses have one option and that is to embrace technology. We need to continue to find ways to adapt to changes as well as be on the forefront of changes. As a nurse, change is a hard concept to grasp, but leadership must play an instrumental role in whatever changes nurses may face. Technology will provide safe patient care as long as we embrace it.

References Available Upon Request
Kate Payne, JD, RN, NC-BC

What is the nature of our relationship to nursing and the Code? In the past, nurses were viewed as “weavers” of the healthcare system, creating health and healing. However, nurses are more than weavers; they are architects who not only create the fabric of health, but also shape and support the profession. The Code represents the ethical values, obligations, and duties of every nurse in the profession, serving as a guide for making ethical decisions and upholding the highest ethical standards.

The Code consists of nine provisions, each with specific ethical obligations. These provisions address various aspects of nursing practice, including the nurse’s responsibility to the patient, the public, and the profession.

Provisions 1-3 of the Code focus on the nurse’s responsibility to the patient, emphasizing the nurse’s duty to respect the patient’s autonomy, make informed decisions, and provide care that is in the patient’s best interests. These provisions also address the nurse’s accountability to the patient, including the duty to report neglect or abuse and to respect the patient’s right to confidentiality.

Provisions 4-6 address the nurse’s responsibility to the public, emphasizing the nurse’s duty to promote health, prevent illness, and maintain the public’s health and well-being. These provisions also address the nurse’s duty to protect the public from harm, including the duty to report known or suspected cases of abuse, neglect, or mistreatment.

Provisions 7-9 address the nurse’s responsibility to the profession, emphasizing the nurse’s duty to maintain ethical standards, respect the autonomy of other nurses, and support the profession. These provisions also address the nurse’s duty to practice in a manner that upholds the highest ethical standards, including the duty to report unethical behavior and to maintain ethical standards in all aspects of practice.

The Code is an essential tool for nurse practitioners, providing guidance for making ethical decisions and upholding the highest ethical standards. By upholding the ethical provisions of the Code, nurses can help ensure the highest quality of patient care and support the professional integrity of the nursing profession.

References: Available Upon Request

Kate Payne

Bullying: One Nurses’ Story

Author: Anonymous

I started my health care career as a 5-7 year old girl, passing ice and crossword puzzle books in my aunt’s “rest house” to be told their stories. Fast forward to my being 24 years old, working as a nurse tech at a local hospital. The nurses often brought food and told war stories at lunch. These RNs taught me many wonderful things. I learned how to place NG tubes, insert Foley’s, do trach care, and other vital skills that kept me busy. I was high school age now, and needed to keep busy to make it through the next four years of nursing. I was called to help one of my patients was not doing well. She had a fever, increased heart rate and increased respiratory rates. I quickly reached out to the charge nurse who gave me a cool reception and told me to use my “independence” in judgment. I had already called the doctor and was with the patient waiting on a return call. I called the MD a second time and left word that I feared my patient was septic. I requested for the charge nurse and another staff RN to come check on the patient with me, to no avail. I called the house supervisor, and explained the symptoms and asked for her help. She came up immediately and assisted me to get the patient transferred to ICU. The house supervisor sat down with me at the nurse’s station to talk over the events of the transfer. She asked me in a kind and coaching tone if it ever occurred to me to enlist the help of my charge nurse or another nurse prior to calling her. She said that would not have changed the outcome, but it might have allowed the transfer to happen sooner. I thought to myself, had I hesitated to admit that I had asked for help, it was then that the charge nurse spoke up with a very feeble “she tried to.” I knew what she meant. I knew that I needed to do better for the nurses, but they apologized to me that night, and the climate changed afterwards. I worked there for five years and was eventually promoted to charge nurse.

I have gone further than my original college degree, and there have been many stories similar to mine written about nurses “eating their young.” While the climate has changed, nurses have adapted and have adopted a “mentoring” approach to the profession, and there have been many stories similar to mine written about nurses “eating their young.” While the climate has changed, nurses have adapted and have adopted a “mentoring” approach to the profession.

Amazon Partnership

Participating is easy! visit www.tnonline.org and click on the amazon link.

Customers can shop through the TNA every time they shop online for books, music, movies, games, and Special Occasions. Make sure to select Amazon through the TNA every time you shop online for books, music, movies, games, and Special Occasions.
The Disturbing Increase in Sexual Misconduct and Sexual Boundary Issues

Mike Harkreader, MS, RN,CARN
TnPAP Executive Director

In the past few years there has been a growing concern among healthcare professionals regarding sexual boundary issues and the increase in reported cases of healthcare providers interacting inappropriately with their patients. Although it is frequently unreported there have been estimates that as many as 10% of healthcare professionals have crossed sexual boundaries with their patients at some point in their careers.

Definition of Sexual Boundary Violations
The Michigan Health Regulatory Bureau of Health Professions has published a brochure that describes and defines some of the problems.
• A violation of sexual boundaries between the healthcare provider and patient involves words, behavior or actions designed or intended to arouse or gratify sexual desires
• Sexual or romantic relationships with a current or former patient in which the healthcare provider uses or exploits knowledge, emotions or influence derived from the professional relationship
• Off-color or suggestive humor (topics that may be considered to be in poor taste or overly vulgar)
• Any words, action or behavior that could reasonably be interpreted as sexually inappropriate or unprofessional

Definitions of sexual misconduct from various State Boards of Nursing include:
1. Engaging in conduct with a patient that is sexual or may be reasonably interpreted by the patient as sexual; any verbal behavior that is suggestive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient.
2. A specific type of professional misconduct which involves the use of power, influence and/or special knowledge that is inherent in one's profession in order to obtain sexual gratification from the people that a particular profession is intended to serve. Any and all sexual, verbal, between a service provider (i.e. a nurse) and an individual with some sort of sexual boundary issue. These referrals may come from a BON screening panel and may be triggered by prior convictions discovered on the criminal background check or self-report on the application form. In addition, a licensee may have had disciplinary action and is thereby reported by an employer.

Occasionally, the Tennessee Professional Assistance Program (TnPAP) will be asked to evaluate, and if indicated and approved by the Board of Nursing, monitor an individual with some sort of sexual boundary issue. These referrals may come from a BON screening panel and may be triggered by prior convictions discovered on the criminal background check or self-report on the application form. In addition, a licensee may have had disciplinary action and is thereby reported by an employer.

In addition to the normal components for a psychological evaluation (e.g., developmental history, mental status, social history, criminal background check, etc.) an extensive psychosexual history, using many of the recommendations from NCSBN is obtained. The following are addressed but are not limited to:
• Sexual development and early experiences;
• History of age-appropriate, consensual and non-coercive sexual relationships;
• History of experiences involving being subjected to non-consensual or coercive sexual behaviors (e.g. sexual victimization);
• Historical and current sexual interests, fantasies, practices, behaviors;
• Sexual functioning, sexual dysfunction;
• Use of sexually-oriented materials or services (e.g., magazines, sexually explicit video games, videos and other programming, Internet sites, telephone sex lines, adult establishments, sexting);
• Prior sexual offender treatment;
• Intent of individual related to treatment;
• Offense-related sexual arousal, interests and preferences;
• Evidence or characteristics of paraphilia’s;
• History of sexually abusive behaviors, both officially documented and unreported (if identified through credible records or sources);
• Number of victims as identified through credible records or sources;
• Current and previous victim-related variables (e.g. age, gender, nature of relationship);
• Contextual elements of sexually abusive behaviors (e.g., frequency and duration; apparent motivators; patterns; circumstances; access to victims; degree of planning; use of threats, coercion, force);
• Attitudes supportive of sexually abusive behavior; and
• Demonstrated level of insight, self-disclosure, denial, and minimization relative to the sexually abusive behavior.

The TnPAP evaluator will make specific recommendations which include the need for monitoring, specific treatment modalities, safety to resume practice and the need for future polygraph examinations if indicated.

What is TN SHIP?
Tennessee SHIP is the State Health Insurance and Assistance Program. It’s a public program provided free to all Tennesseans.

How Can You Get Involved?
TN SHIP will help consumers determine which prescription drug plan is the lowest cost plan for them and assist them with applying for help with their drug costs. If you are interested in volunteering please contact our State SHIP Volunteer Program Coordinator: Sidney Shutrow, at Sidney.shutrow@tn.gov.

Free Counseling on Medicare and related health care costs.

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1-877-801-0044

Consumers can send in Medicare questions to tn.ship@tn.gov

**Volunteers and staff cannot be a licensed insurance agent or affiliated with insurance to participate**
**Member News**

Michelle Collins, PhD, CNM, FACNM directs the Nurse-Midwifery program at Vanderbilt University, which is made up of nine faculty and 37 currently enrolled students. The program was established in 1995 and has been distinguished as the #5 ranked Nurse-Midwifery program in the country for the past five years, according to U.S. News and World Report, and is known as having one of the largest midwifery faculty practices in the country, West End Women’s Health Center.

Janie Daddario, MSN, RN, WHNP was recently honored by Vanderbilt University and bestowed title of Fellow Emerita. Daddario has authored and co-authored numerous book chapters, manuals and articles in the areas of high-risk/critical-care obstetrics and women’s health and has been a faculty member of the School of Nursing since 1983.

Karen Hande, DNP, MSN, RN, ANP-BC recently received the March of Dimes Nurse of the Year award in Quality and Risk Management.

Rene Love, DNP, PMHNP/ CS-BC, FANP, director of the Vanderbilt University School of Nursing Psychiatric Mental Health Nurse Practitioner (Lifespan) Program, has been selected as a Fellow of the American Association of Nurse Practitioners.

**Join TNA Today!**

**New and Reinstated Members**

**District 01**
- Hannah Altomar, Margaret W. Anderson, Christina M Brown, Kewaneen Brownlee, Elizabeth Burnett, Sherry Burton, Cindy Cox-Berryhill, Ashling J Durkan, Elizabeth H Fox, Philip Eric Frost, Starr Gaskins, Camilla M Haddix, Jessica Hanson, Kristen Marie Hayes, Curtis Hill, Colleen Hogue, Annette Johnson, Kamala Karri, Courtney Knowles-Rtx, Mary Carolyn Knox, Anita L Larkin, Joan Gates, Raven Oliver, Christen Payne-Webster, Wendy Pineda, Kathy Annette Putman, Tracy Rapp, Paula G Russom, Debriel Satzinger, Lakesha Shontay Sawyer-Strickland, Caryn, D Spells, Sheryl M Staton, Emily D Thomas, Janett F Turner, Turnipseed, Michelle Whitaker, Rachel Whitaker, Kelly Youngblood

**District 02**
- Sandra L. Albright, Cheri R. Allen, Amy Bloomer, Amanda Brooke Carr, Karen N Eldridge, Robyn R Gray, Erica P Griffith, Lori Hinchee, Heather Lee-Anne Hodge, Pamela Hodge, Rae-lyn Chere King, Kayla J Lee, Christine Lester, Stacy Lynn Loy, Robert E Mann, Egan M. Monroe, Deborah Ann Perry, Angela Shears, Timothy Lee Smith, Real Tatun, Courtney Turman, Diana Vermilyea, Connie Winder

**District 03**

**District 04**

**District 05**
- Patti Leanne Altman, Brooklyn Beazley, Melissa Marie Brewer-Vanover, Mary Beth Byrd, Patricia A C lick, Alyssa Flores, Jessica Guinn, Rachel N Hawks, Nathan S Hitchcock, Leigh Megan Holden, Trisha Mims, Kelley J Nacons, Monna J Nelms, Brianna L. Oris, Kaleb Roberts, Patrice Sexton, Carol F Shum, Katherine Louise Wadley, Lisa Waye, Robert E Wilson, Talina Ann Zsido

**District 06**
- David Bookser, Teresa K Gates, Bambi Lafont, Delecia J Parker, Summer H Sanders, Candice D Woodruff

**District 08**
- Anita Sp Hale, Kimberly A. Perry

**District 09**
- Lisa Helwig, Sara C Loveday, Jacqueline Reid

**District 10**
- Traci Corbin, Kristin Michelle Hill Elliott, Kerry Krawetz

**District 12**
- Julia Ann Cowden, Patricia Quinn

**District 15**
- Kimberly Franz, Michelle Hammons, Judy Lowe, Belinda Gaul Mathis, Scarlett Erica Murray, Nicole A’Mie Owen, Darletta Steinmetz

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District 1

Connie McCarter, District 1 President

TNF’s TNA District 1 Educational Scholarship Winners

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Swain Lipman, BSN, RN, CCRN</td>
<td>$1,000</td>
</tr>
<tr>
<td>Sharon H. Little, DNP, FNP</td>
<td>$1,000</td>
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</tbody>
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Happy Summer TNA District 1! Hope everyone is enjoying the beautiful signs of new life with different plants blooming as you advocate for your practice and patient care in Tennessee.

In January, February, and March District 1 was busy advocating for Insure Tennessee and Full Practice Authority with e-mail and phone calls to our legislators. On March 30th Connie McCarter spoke at the Advocacy Committee meeting at The American Association for Neuroscience Nurses(AANN) Educational Meeting at The Renaissance Hotel, March 29-April 1, sharing the current work TNA is doing to promote the passage of Insure Tennessee and Full Practice Authority. Connie McCarter, Carla Kirkland, a group of nurses from different states interested in supporting Insure Tennessee, and Gordon Bonnyman with the Tennessee Justice Center walked to the state capitol and held signs in support of Insure Bonnyman with the Tennessee Justice Center walked to the state capitol and held signs in support of Insure Tennessee with hundreds of other healthcare workers, nurses, patients, ministers, and supporters.

At the state capitol in Nashville, TN with AANN neuro nurses from various U. S. states, Connie McCarter, President TNA District 1, TNA President’s Council Chair - First Row - Second From Left; Carla Kirkland, Board of Directors member, TNA District 1 - Fourth Row - Third From Left; Mary Gaston, District 1 Director and Membership Committee Member; Kortney Stinson, UTHSC student oriented by Carla Kirkland, and Towanda Stewart, Director and Practice Committee Member study District 1 current bylaws to determine committees Kortney, Evelyn, and Kortney would like to join before enjoying some delicious refreshments.

Kortney Stinson, UTHSC student oriented by Carla Kirkland, and Towanda Stewart, Director and Practice Committee Member study District 1 current bylaws to determine committees Kortney, Evelyn, and Kortney would like to join before enjoying some delicious refreshments.

District News continued on page 18

The District 1 Board met on Wednesday April 15 from 5:15 p.m. – 6:30 p.m. at Methodist Le Bonheur Healthcare Wilson Hall. Watch for e-mail and news on tnaonline.org for upcoming events! Please be sure we have your current e-mail address and phone number so we can contact you about upcoming events. Send to Mary Gaston (mary.gaston@lebonheur.org) and Carla Kirkland (csbk60@aol.com) so they can update your information on our e-mail management system.

April 15 board meeting Left to Right: Carla Kirkland, Director and Membership Committee member; Kandice Vincent, CBU student, Evelyn Jones-Talley, Connie McCarter, District 1 President; Towanda Stewart, Director and Practice Committee Member; and Valerie Barfield, Director and Practice Committee Member discuss future events with Diana Baker, Government Affairs Committee Member on conference call.

Approximately 200 nurses and student nurses met at The Memphis Botanic Garden for the 2015 Margaret Newman Distinguished Visiting Professorship sponsored by TNA District 1 and Bota Theta Sigma Theta Tau on April 29. The guest speaker, Dr. Dorothy A. Jones, Ed.D, ANP, FAAN, FNI, and Professor of Adult Health at the William F. Connell School of Nursing at Boston College spoke about Responding to Dynamic Change in Health care: Health as Expanding Consciousness (Dr. Margaret Newman's Theory) as the Guiding Framework. Connie McCarter, President TNA District 1, TNA President’s Council Chair, spoke about the importance of being an active member in ANA/TNA to expand your consciousness.

Mary Gaston, District 1 Director and Membership Committee Member shows two interested Methodist Le Bonheur Healthcare NICU nurses some of the latest legislative updates related to Insure Tennessee. Left to Right: Nikki Martinez; Mary Gaston, District 1 Director and Membership Committee Member; Keely Nash, District 1 Member

Wishing you a safe and enjoyable summer as you continue to share TNA with nurses and elected officials. God Bless You, Your Families, and Your Patients!
**District News**

**District News continued from page 17**

LMU: Haley Huesman (MSN) of LMU; Hope Newman of Pellissippi State CC; Victoria Newman of Roane State CC; Chase Giford of South College; Katherine Thomas of Tennessee Wesleyan College (pictured); and Ashley Manus of UT-Knoxville.

**District 3**

Betsy Kennedy, District 3 President

| Name               | Title/Program        | Amount Received | Scholarship Winners
|--------------------|----------------------|-----------------|---------------------|
| Michael Gooch     | MSN, ACNP-BC, FNP-BC, ENP-BC | $1,000          | Teresa Martin
| Melanie Hall Morris| MSN, APRN, WHNP-BC, CCE | $1,000          | Teresa Martin

**District 5**

Teresa A. Martin, MSN, APRN-BC, District 5 Tennessee Nurses Association President

District 5 includes Carter, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Sullivan, Unicoi, and Washington County, TN. All meetings are on 4th Tuesday of 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 tamartinnp@outlook.com. Let your calendars now be made for the rest of the year and look for an email reminder about the meeting. Nursing students and nonmembers are welcome at our meetings. You can find out information about the district by contacting any of the officers/board, going to [www.tnaonline.org](http://www.tnaonline.org) and click on district associations, 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 tamartinnp@outlook.com if you choose to be on the district mailing list.

At the June meeting, we will be discussing nominations for officers for the next two year term. Up for nomination this year will be President, 2nd Vice President, and Treasurer. If you have interest in being an officer in the district please get in touch with any of the District 5 Board members for more information.

Hope to see you at a future meeting. 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 9**

Angel Brewer, District 9 President

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

**District 10**

Melissa Swinea, DNP, APRN, ANP-BC, District 10 President

| Name               | Title/Program        | Amount Received | Scholarship Winners
|--------------------|----------------------|-----------------|---------------------|
| Barbara Lancaster  | MSN, APN, WHNP-BC, DNP | $2,000          | Teresa Martin
| Liliana Marcela Mora |                        | $2,000          | Teresa Martin

**District 2**

Rob Cornette, TNA District 2 President presents Katherine Thomas, student nurse, with the Certificate of Recognition Award

**District 4**

Teresa Martin, District 4 President

**District 6**

Teresa Martin, District 6 President

**District 7**

Teresa Martin, District 7 President

**District 8**

Teresa Martin, District 8 President

**District News**

MMH; Haley Huesman and Hope Newman of Pellissippi State CC are shown at a recent TNA/MTNA Joint District Meeting for Districts 3 and 4. They are shown with District 4 President Teresa Martin (left) and former District 4 District Manager Susan Smith. This was the last district meeting for District 4 President Teresa Martin. She relinquished her role in District 4 management and handed over her duties to Susan Smith.

Baptist is now offering new positions for nursing professionals, including full-time, part-time and PRN options. We have a wide array of opportunities that allow you to do the work you are passionate about in an environment that rewards dedication and service. Baptist offers highly competitive pay and benefits. If you know someone who works at Baptist Memphis, you both may be eligible for an employee referral bonus of up to $1,000.

**Qualifications**

- Current American Heart Association health care providers Basic Life Support (BLS) certification
- Completion of an RN program
- Basic computer literacy skills
- BSN degree preferred

1 year of clinical experience in one of the following specialties preferred:
- Medical/Surgical ICU
- Neonate ICU
- CVICU
- Transplant
- Cardiac
- Oncology
- PACU
- ED
- Step down
- Current RN license permitting practice as a professional nurse in the state of TN required.

For more information, visit our website: [www.baptistonline.org](http://www.baptistonline.org)

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It’s a job.

Clint Latham, BSN RN

Nursing is such a broad term. Our profession encompasses disciplines of the sciences and humanities. Nurses are expected to be well versed in biology chemistry, anatomy, pathophysiology, psychology, and sociology to name a few. We are called upon to care for the sick and injured with “compassion and care”; however, that nebulous cliché could really be distilled down to knowledge, critical thinking and hard work. Regardless of specialty or environment, we all face challenges that test our ability to problem solve or make crucial decisions in emergent situations. These challenges unify us and are worn as badges of courage by those who synthesized a solution to the unique problem faced. We then move on to the next hurdle. It’s a job.

What about being a nurse is really just a job, though? Many nurses describe their profession as a calling. It is certainly one that is not for everyone. We went to college, survived nursing school then sat for the NCLEX. As a profession, we work long hours, set high standards for ourselves, and strive to make the world a little better place than it was when we found it. The process of nursing education and preparation for my career was a cathartic experience that changed how I think, work, perceive myself and interpret the world around me. I’m proud of how I make a living, my license and my achievements. My kids think I am a hero, my wife thinks I am not at home enough and I think I have not done enough yet. This is not unique. For many of us the drive that propelled us through our education and careers is still very much alive and influences our everyday lives. Our profession has deep resonance in our lives as well as those we care for.

Our roles often extend past the workplace and blend with our community. In fact, we all have acted as a community nurse on occasion. We probably did so without notice at the time. Invariably, at a social engagement someone will ask a question about their recent doctor’s visit or an elderly family member will call with a medication question. We happily answer those questions because “the nurse recognizes a need for further education by the patient’s statement…” These familiar consultations are not required by or related to our current employer. They are not a stipulation of employment or licensure. In actuality, we are being recognized by those around us as possessing information and skills that can help them. After all, helping people is what we do, right? We have taken our unique skill set and expanded our role as nurse to community nurse without effort. The very nature of how we were trained sets this in motion. Think of those community service projects we all conceived, planned and implemented while in nursing school. We were being indoctrinated with the expectation we were to serve the community in some capacity. It was shrouded by the other requirements of nursing practice we were being taught. The community service assignments were sandwiched between lessons about the rights of medication administration and patient assessment. As we accepted those concepts as imperatives, we were also absorbing “service” as an ingrained fact. If we are trained to seek a role in the service of the community, is it not reasonable to accept nurses’ role as public servant?

As we accepted those concepts as imperatives, we were also absorbing “service” as an ingrained fact. If we are trained to seek a role in the service of the community, is it not reasonable to accept nurses’ role as public servant?

The image of nurses in the community is shaped by numerous factors, but it is ultimately interfacing with public that we enjoy being one the most trusted professionals listed by Gallup polls. We are a public oriented profession. Our credentials are a matter of public record and available for anyone to investigate simply by visiting state government websites. The work we do impacts lives every day and is not limited to the environments of care in which we practice. Whether it is a single act of kindness, time spent educating or any other aspect of patient care, the effects of our actions extends beyond where we deliver it. Those effects spread with a ripple effect outward from ourselves with each interaction, discharged patient and inquiring phone call into the community around us.

I call upon all nurses to embrace a new direction in their personal self-image. Rather than thinking of ourselves as a work force that clocks in for shifts, we should be more purposeful in our community role. No longer should we accidently serve the communities we work in merely because that is where we happen to have employment. We should develop a mindset that transforms our perception of “the communities in which we work” to the “communities we serve.” Instead of inadvertently serving by default wherever we happen to be employed, we would begin actively thinking of ourselves as purposefully serving the communities influenced by our practice. There is no need to explore new career options or spend long hours volunteering in some capacity to make this happen. We continue our work as before, but with a broadened realization of our unique role in the community. Not only will seeking out the opportunity to develop a wider perspective of ourselves continue to keep us vested in public image, patient care and professional interaction, but will instill a deeper sense of purpose in those of us who perceive nursing to be just a job.

Clint Latham is the owner of The IV Team, LLC, a mobile vascular access company, is employed at St Thomas Rutherford Hospital and coordinates vascular access services at DeKalb Community Hospital

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