Quarterly publication direct mailed to approximately 84,000 Registered Nurses in Tennessee.

TNA Volume 78 • Number 4 The Official Publication of the Tennessee Nurses Foundation Winter 2015 TNF

I Am TNA

Alvin D. Jeffery, PhD(c), RN/APN

Alvin D. Jeffery

I have been fortunate to be involved in the nursing profession in so many wonderful ways! Some job titles I've carried include: emergency department technician, pediatric critical care nurse, professional development specialist, family nurse practitioner, adjunct instructor, and quality improvement/research fellow. I've also done some volunteer roles like grant reviewer, board member, conference staff, and one of my favorites - "volunteer nurse." Somewhere in the middle of all of that are the activities where I get to combine all of these experiences together: educator, mentor, author, speaker, and leader.

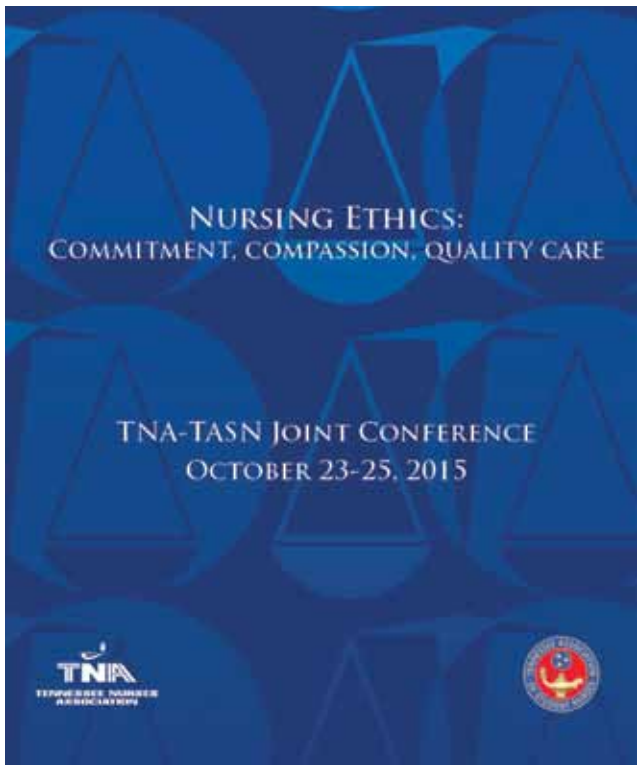
There are a variety of reasons that I've had the fortune of carrying these titles at different times, but one common theme among all of them is that in every instance, they occurred because I decided to show up, get engaged, and take a seat at the figurative table.

My introduction to state nursing associations began in 2011 as I was completing my MSN as a Family Nurse Practitioner at Northern Kentucky University. Our Policy instructor encouraged us to join because "even if you don't know all the details to get involved, at least your dues will help ensure experts (who do know the details) have a seat at the table." And because I had not graduated yet, I could get the student rate, so I thought "Why not?"

At that time in 2011, I had recently transitioned to the role of unit-based educator in a Pediatric ICU at Cincinnati Children's Hospital Medical Center in Ohio. I had no need for a state nursing association at the time. The hospital had a strong shared governance structure with no need for collective bargaining, no mandatory overtime, good staffing, protective policies, etc. I had worked there for 4 years as a bedside nurse, received my critical care certification, was feeling more comfortable in my new role as an educator, so honestly, I joined because I could get the student rate and it sounded like it might help others.

I Am TNA continued on page 2

TNA & TASN 2015 Conference Highlights



Attendees at the 2015 TNA & TASN Joint Conference, *Nursing Ethics: Commitment, Compassion, Quality Care,* held October 23-25 at the Franklin Marriott, Cool Springs, Franklin, Tenn., began their 2015 conference experience Friday with the opening of the TNA Membership Assembly and the Tennessee Nurses Foundation's Tenth Annual Silent Auction. Friday evening, participants enjoyed an excellent array of exhibit booths that were held both Friday and Saturday.

Faith Roberts, MSN, RN, Director of Magnet Professional Practice and Parish Nursing Carle Medical Center, Urbana, Illinois

Faith Roberts, TNA's keynote speaker, enchanted attendees with her wonderful keynote address titled: *It's In Every One of Us.* Roberts spoke on topics close to every nurses' heart. Her ability to make us laugh so hard at one moment, cry at another and celebrate with her on day-to-day victories was very endearing and we all went away feeling inspired.

Participants of TNPAC's 2015 Legislative Panel. From left, Rep. John Ray Clemmons, House District 55; Sen. Jack Johnson, Senate District 23; Bethany Rhoten, PhD, RN, Chair of TNA's TNPAC Committee; Sen. Ed Jackson, Senate District 27; Billie Sills, MSN, CLNC, RN, TNA's President; Carole Myers, PhD, RN, Chair of TNA's Government Affairs Committee; Sen. Jeff Yarbro, Senate District 21; Rep. Matthew Hill, House District 7

Ginny Massey-Holt, running the TNPAC booth. Thanks Ginny!

Bethany Rhoten and Ginny Massey-Holt were our Vanna Whites during the TNPAC auction.

Sharon Adkins, TNA's Executive Director, became an auctioneer.

Conference Highlights continued on page 4

current resident or

Non-Profit Org.
U.S. Postage Paid
Princeton, MN
Permit No. 14

I Am TNA continued from page 1

But that was over 4 years ago…so why did I continue being a member? Well, I decided to show up. A few months after joining the Ohio Nurses Association (ONA), I was notified by the local district of a Call for Delegates to represent the district's nurses at the ONA convention. I thought this might be a great way to meet some new people and hear what was occurring in nursing outside of my hospital's walls. When I showed up at the convention and listened to the issues presented, I was shocked! From the lack of access to healthcare in rural Ohio to the difficult working conditions for nurses at urban hospitals, it was almost overwhelming.

Throughout that conference, I quickly learned that even though I was not personally struggling with poor workplace practices, because I had worked in a great environment for 4 years, I was able to contribute ideas of best practices. People wanted to know what was working well so they could try mimicking that. It was at that conference I saw the importance of a state nurses association in making sure all of my nursing colleagues are protected in order to provide optimal care. By remaining a member of ONA/ANA, I knew I was contributing to nursing and the care nurses provide.

In 2013, I decided I really wanted to transition to a career in research, so I moved back to TN to pursue a PhD at Vanderbilt University. I was still becoming familiar with the nuances of TN nursing practice issues, but I thought it would be worth attending the statewide TNA meeting in 2013. Primarily driven by a desire to network with colleagues and simply become more informed, I decided to show up and be present at the conference. That year, there were significant changes being proposed to the Bylaws. After hearing extensive discussion regarding some particular terminology, my naïve self thought perhaps he could see a potential solution and decided to submit a resolution. It was a simple resolution, but it passed unanimously. By no means did it change the entire healthcare system, but I learned something really important: as ignorant as I might be on a particular topic, simply by listening, leveraging my nursing experience, and being willing to speak up, I could contribute. And it started by simply showing up.

I'm a member of several professional organizations, and it would be impossible to be actively involved in all of them while maintaining full-time employment. There are so many great things occurring in each of these organizations, and I wish I could be a part of more. These activities can also compete with non-professional events like family gatherings, church events, and celebrations with friends. There are important opportunities here, too, and work-life balance is a must. But whenever and however I can, I choose to show up. Whether it's simply paying my dues to a professional organization or writing the next research proposal or filling a leadership position, I want to contribute to the profession.

And showing up isn't always convenient, but it is essential. Showing up has provided me with countless opportunities in my profession. From visiting an exhibitor booth at the Magnet conference that led to writing my first book…to sitting on an abstract review panel with the American Association of Critical Care Nurses that led to speaking in front of hundreds of people…to showing up at a TNA District 3 quarterly meeting that eventually led to me serving on the Tennessee Action Coalition's board of directors. Opportunities to get involved, contribute, and help our colleagues and patients are abundant, but we must place ourselves into positions that make us ready to take advantage of these opportunities. In my opinion, most of the time, you do that by simply showing up.

I hope that the profession of nursing is as exciting for you as it has been for me so far. I plan to keep showing up, and I hope you will, too.

Have Your Credentials Changed?

Please let us know. If you have registered within TNA's website, you have access to all of the information we have for you in our database at tnaonline.org. Please login to the website and make any necessary changes to your profile today! If you have questions, call 615-254-0350. Thanks!

www.tnaonline.org

Published by:
Arthur L. Davis Publishing Agency, Inc.

Enhance the value of your continuing education offering!

Submit it to the Tennessee Nurses Association for CE 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.tnaonline.org for details TNA

JOHNS HOPKINS MEDICINE STD/HIV Prevention Training Center

The STD/HIV Prevention Training Center at Johns Hopkins (PTC) envisions a global environment that ensures sexual and reproductive health is a priority, fully integrated into education and care.

Visit us online today for information about Continuing Education & trainings in your area.

www.stdpreventiontraining.com

Austin Peay State University School of Nursing invites applications for a nine-month, tenure-track faculty position in Medical-Surgical Adult Health and for a non-tenure-track, full time clinical track nursing position. Both positions will begin Fall, 2016. Please refer to site for additional information.

Special Instructions to Applicants: Applicant review will continue until the position is filled. Please refer all questions to facultyapplications@apsu.edu. Applications taken online only at http://www.apsu.edu/human-resources/faculty.

IT IS A CLASS A MISDEMEANOR TO MISREPRESENT ACADEMIC CREDENTIALS
Austin Peay State University is an AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability, status as a protected veteran, or age in its programs and activities. For inquiries regarding non-discrimination policies, contact Nondiscrimination@apsu.edu.
Full Discrimination Policy: http://www.apsu.edu/affirmative-action.

Tennessee Nurse

The Tennessee Nurse is the official publication of the Tennessee Nurses Foundation, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296
Phone: 615/254-0350 • Fax: 615/254-0303
Email: tnf@tnaonline.org
Published exclusively by the Tennessee Nurses Foundation and the Arthur L. Davis Publishing Agency, Inc.

TNF 2015-2016 Board of Trust
Janice Harris, President
Amy Hamlin, Vice President
Sharon Chapman, Treasurer
Dara Rogers, Secretary
Sandy Murabito, Ex-Officio

Michele Arns; Donna Copenhaver; Doris Davenport; Mary Bess Griffith; Bill Jolley; Sue MacArthur; Sandra Marklin; Phillip Moore; Tommie Norris; Billie Sills; Karen Starr; Haley Vance; Sue Willoughby

TNA 2016 Board of Directors
Sandy W. Murabito, President
Billie W. Sills, Past President
Haley Vance, Vice President
Donna Copenhaver, Secretary
Mary Bess Griffith, Treasurer

Amy S. Hamlin, Director – Operations
Deb Chyka, Director – Membership
Sharon K. Davis, Director - Government Affairs
Chaundel L. Presley, Director – Practice
Debra Henline Sullivan, Director – Presidents Council

TNA 2016 District Presidents
Florence Jones, District 1; Robert Cornette, District 2; Chita Farrar, District 3; Vacant, District 4; Christine Reed, District 5; Leslie Lee, District 6; Amy Holder, District 8; Angel Brewer, District 9; Melissa Swinea, District 10; Vacant, District 12; Debra Henline Sullivan, District 15

EDITORIAL TEAM
Editorial Board: Jennie Anderson; Ruth Elliott; Amy Hamlin; Kathleen Jones; Tommie Norris; Michelle Robertson; Gloria Russell; Sandy Murabito, Ex-Officio
Managing Editor, Kathy A. Denton

TNA Staff
Sharon A. Adkins, MSN, RN, Executive Director
Barbara Martin Harrell, Executive Assistant
Wilhelmina Davis, Manager, Government Affairs
Kathy Denton, Manager, Marketing, Member Services and IT
Tracy Depp, Communications Administrator
Susan Seager, Ed.D, RN, Education Administrator and Nurse Peer Review Leader

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 represent the views of the association, its staff, its Board of Directors, or editors of the *Tennessee Nurse*.

Article Submissions: The Tennessee Nurses Foundation encourages submissions of articles and photos for publication in the *Tennessee Nurse*. 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 by 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. Please include two to three sentences of information about the author at the end of the article and list all references. Preferred article length is 750-1,000 words. Photos are welcomed as hard copies or digital files at a high resolution of 300 DPI. The Tennessee Nurses Foundation assumes no responsibility for lost or damaged articles or photos. TNF is not responsible for unsolicited freelance manuscripts or photographs. Contact the Managing Editor for additional contribution information.

Reprints: *Tennessee Nurse* allows reprinting of material. Permission requests should be directed to Tennessee Nurses Foundation at kdenton@tnaonline.org.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. TNF and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Tennessee Nurses Foundation of products advertised, the advertiser, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this Foundation disapproves of the product or its use. TNF and Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product. Articles appearing in this publication express the opinion of the authors; they do not necessarily reflect views of the staff, Board or membership of TNA and TNF or those of the national or local associations.

Copyright©2012 by the Tennessee Nurses Foundation. The *Tennessee Nurse* is published quarterly in March, June, September and December. Published free for TNA members and registered nurses licensed in Tennessee. Others may request to be added to the *Tennessee Nurse* mailing list by contacting kdenton@tnaonline.org.

From the Executive Director

110 Years of Advocacy in a Nut Shell

Sharon A. Adkins, MSN, RN

Sharon Adkins

In 1905 the Memphis Graduate Nurses Association, the Knoxville Graduate Nurses Association and the Nashville Graduate Nurses Association formed an alliance to promote the development of a Nurse Practice Act. By 1907 the alliance became a true state wide organization to focus on nursing issues in the state legislature. To put this in perspective, it was still 12 years before Congress voted to give women the right to vote!

The need for a law to regulate the practice of nursing was the motivating force that moved the association forward under the leadership of Lena Angevine Warner. At this time there was no standard nursing education, working conditions were poor, and training consisted of long hours in the hospital doing everything from assisting with surgery to doing dishes and stoking the furnace.

In 1905 and 1907 the Tennessee Nurses Association introduced bills providing for the licensure of nurses, both were defeated roundly in the legislature. Finally in 1911 the first Nurse Practice Act passed which established the Board of Examiners and state registration of graduate nurses…the title of "Registered Nurse" came into being. However, another bill passed that established membership on the Board of Examiners, 3 physicians and 2 nurses, and required that all training schools be under the direct control of physicians.

Over the ensuing decades and through two World Wars, TNA worked to change the makeup of the Board of Examiners, standardize and strengthen nursing education, improve working conditions, and improve wages. All of these changes took a great deal of time. In fact, mandatory licensure for nurses practicing in Tennessee did not pass until 1967!

In 1971 the TNA Board of Directors, recognizing that the roles of the registered nurse would continue to expand in order to meet the demands of health care, adopted a *Statement of Philosophy on the Expanded Role of the Registered Nurse*. Since that time TNA has advocated for a variety of issues for the profession including title protection, client confidentiality, scope of practice, and violence against health care workers, to name a few. Some of you may remember the efforts of the American Medical Association in 1988 to introduce the Registered Care Technologist (RCT) to replace direct care nurses, a disaster averted due to the work of the American Nurses Association and state associations including TNA.

Today, as in the past, TNA continues to work on issues affecting nursing and patient care, in both the legislative and policy arenas. At times when it feels like success is a long way off…it's good to look back and see how far we have come.

From the President

Sandy Murabito

Greetings

My name is Sandy Murabito and I am the newly elected State President for the Tennessee Nurses Association. I am deeply committed to the mission of our organization and have been a member since my initial nursing degree in 1982. I promise to work diligently alongside our membership to promote, protect and advance the practice of registered nurses in this state.

During the holiday season, we often reflect upon gratitude. Our profession results in significant experiences for which I am fulfilled. In this holiday season, I am thankful that as Registered Nurse we are able to

- cultivate relationships which significantly impact the lives of fellow human beings
- serve varied and unique patient populations across many ethnicities and cultures
- practice in unlimited and often surprising settings in our communities and over the world
- deliver care with expert knowledge, science, humility and creativity
- earn the trust of our patients to walk with them in life's most sacred moments

I am convinced that we would not have the practices we currently enjoy without the efforts of our professional organization. Our association is the **ONLY** voice which maintains vigilance in protecting our practice, so that we can care for patients. I am thankful for my fellow nurses that recognize this important mission. Therefore, to members of TNA, know that your trust and support in advancing our profession is deeply appreciated. You are all leaders in advancing our profession forward. I am looking forward to working with YOU.

Coming together is a beginning, Keeping together is progress, and Working together is success.
Henry Ford

Bank of America Cancels Credit Card Program with TNA

Since 1986, TNA has had a contract with Bank of America (BOA) to provide a TNA credit card for nurses, with a royalty payment going to TNA to support the work of the association. BOA has cancelled that contract. It is unfortunate, and a disappointment, that one of the largest banks in the country has chosen to no longer support nursing.

So what does this mean to you, the card holder? Probably not a lot that you can see or experience. Your card will still be available for use, if in good standing with BOA. Your card, should you wish to continue it, will be changed to a regular BOA card when the expiration date comes up. There will be no royalty to TNA for using the card: all profits go to the Bank of America.

Should you choose to no longer use the card, it is recommended that rather than cancelling the account (which can have a negative impact on your credit rating) you cut up the card and dispose of it. TNA is in negotiation with another national bank to once again provide a TNA credit card. As soon as plans are finalized, notification will go out to all.

Meanwhile, TNA wishes to thank all of you who have used the TNA affinity card and for all you have done to support the mission and growth of TNA during the time we have had this credit card program.

ONLINE convenience, QUALITY education

UNIVERSITY OF SOUTHERN INDIANA
College of Nursing and Health Professions

We Offer 18 Online Accredited Certificate Programs including:

- Anticoagulation
- Case Management
- Clinical Simulation
- Diabetes
- Health Informatics
- Health Promotions and Worksite Wellness
- Heart Failure
- Neuroscience (Coming Soon)
- Pain Management
- Wound Management

PLUS: online degree programs RN-BSN, MSN, DNP

Education in Your Own Time and Place
USI.edu/health/certificate-programs
877-874-4584
D14-111193

Nursing jobs in paradise.

Live and work where you play!

Venice Regional Bayfront Health is an award-winning, nationally recognized 312-bed hospital situated on a coastal island in sunny Southwest Florida.

Hiring experienced Registered Nurses

- $3,500 Commitment Bonus for Surgical Care and Ortho/Neuro
- $5,000 Commitment Bonus for Medical Telemetry Stroke, Cardiac Telemetry and ED
- $10,000 Commitment Bonus for CCU, CVICU and CVSD

Benefits

- competitive pay
- medical
- dental
- vision
- 401(k)
- vacation
- sick and holiday time
- up to $5,000 tuition reimbursement/year
- no state income tax
- only blocks from the beach!

Apply online at VeniceRegional.com
Venice Regional Bayfront Health

Join our team!
Saint Francis Healthcare Memphis • Bartlett

Come to a city that is rich in culture! From historic sites to exciting new venues and one of the twenty largest urban parks in the United States, Memphis and its surrounding area offers a variety of residential opportunities and activities for any lifestyle.

Saint Francis Hospital-Memphis and Saint Francis Hospital-Bartlett are part of the national Tenet Healthcare system. Our acclaimed cardiac care services and our joint replacement, weight loss and gastrointestinal surgical programs (all nationally recognized for quality of care) are among the broad spectrum of quality medical services we offer residents of Memphis and the Mid-South. Other quality services include cancer, diabetes, behavioral health, sleep medicine and stroke.

To review all career opportunities, including:
- RNs ($4k-$8k sign-on bonus for some areas!)
- Management roles
- Clerical and support staff openings

Visit us at www.saintfrancishosp.com, and www.saintfrancisbartlett.com

Bartlett HR: 901-820-7085 | Memphis HR: 901-765-1950

Great benefits! Come join our team!

TNA & TASN 2015 Conference Highlights

Conference Highlights continued from page 1

Membership Assembly

During the opening of TNA's Membership Assembly, participants were greeted by TNA President Billie Sills. Recognition was given to members of the TNA Board of Directors, as well as Past Presidents in attendance, and Sills gave special recognition to participants, or those present with family members, serving in the Armed Forces. TNA business was conducted and many resolutions were voted on by the members of TNA.

TNA's Membership Assembly

TNA Past Presidents from left, Jill Kinch; Ginna Betts; Laura Beth Brown and behind Laura Beth is Gary Crotty.

TNA Awards Gala

The Awards Gala was held Saturday evening and the celebratory tone was set with wonderful melodious tunes from Robert Thompson, Concerts Manager with the Blair School of Music, Vanderbilt University. The Tennessee Nurses Association honored eleven individuals and organizations during the dinner, as well as two TNA District Associations for their outstanding membership recruitment efforts. To those of which were honored, we give a special thanks for the contributions you have made to the nursing profession and to your professional organization, the Tennessee Nurses Association. Photos of the 2015 TNA Achievement Awards are included in this issue.

The Tennessee Nurses Foundation (TNF)

The Tennessee Nurses Foundation held their Tenth Annual Silent Auction during the TNA Conference. The total amount raised from the Silent Auction and convention contributions and pledges was over $4,000. TNF's general session entitled *As the World Turns: Global Health and the Evolving Role of Nurses*, led by Carol Etherington was held Sunday morning.

TNF Silent Auction

TNA Elections and Installation of 2015 – 2016 Board of Directors

Election results were announced Sunday afternoon.

- Donna Copenhaver – Secretary
- Karen Hande – Nominating Committee-Chair
- Josh Picquet – Nominating Committee
- Diane Pace – Nominating Committee
- Carole Myers – ANA Membership Assembly Rep.
- Stephanie Nikbakht – ANA Membership Assembly Rep. Alternate 1
- Ann Schide – ANA Membership Assembly Rep. Alternate 2

TNA's newly elected positions for Director include:

- Director – Presidents Council – Debra Henline Sullivan

TNA's 2015 – 2016 Board of Directors in attendance: Debra Henline Sullivan, Director-Presidents Council; Donna Copenhaver, Secretary; Sandy Murabito, President; Haley Vance, Vice President; Mary Bess Griffith, Treasurer; Deb Chyka, Director-Membership; Sharon Davis, Director-Government Affairs.

The complete list of 2015 – 2016 TNA Board of Directors is on page 13

TNA District Presidents include:

Florence Jones, District 1; Rob Cornette, District 2; Chita Farrar, District 3; Vacant, District 4; Christine Reed, District 5; Leslie Lee, District 06; Amy Holder, District 08; Angel Brewer, District 9; Melissa Swinea, District 10; Vacant, District 12; Debra Sullivan, District 15

Change of Leadership

Billie Sills gives her last President's address

Current and past students of Billie Sills recognize her as she steps down as president of TNA.

Sandy Murabito is inducted as TNA's new president.

TNA & TASN 2015 Conference Highlights

Nursing Ethics:
Commitment, Compassion, Quality Care

The Tennessee Nurses Association along with the Tennessee Association of Student Nurses would like to express our sincere and heartfelt thanks to all those who were instrumental in helping to make the 2015 TNA/TASN Annual Conference a huge success.

We extend a special recognition and appreciation to our Sponsors and Exhibitors!

Silver Sponsorship
Arthur L. Davis Publishing Agency
BlueCross BlueShield of Tennessee
East Tennessee State University
College of Nursing

Bronze Sponsorship
BlueCare Tennessee
Parallon Workforce Solutions

Schools of Nursing Luncheon Sponsors
Belmont University
Christian Brothers University
Fortis Institute
Union University School of Nursing
University of TN Health
Science Center - Memphis

Exhibitors
Accuvein, Inc.
Argosy University
Austin Peay University
School of Nursing

Exhibitors
Board of Trustees for
UAB School of Nursing
Frontier Nursing University
Gideons International
Hurst Review Services
HCA Tristar
Innovative Finanical Group
Kaplan University
King University
Liberty University
Lincoln Memorial University
The Omni Family of Services
Rural Health Association of TN
Shoemaker Financial
Sylvia Rayfield and Associates/ ICAN
Publishing, Inc.
Tennessee Drug Card
Tennessee Professional Assistance
Program (TNPAP)
Thistle Farms
University of Memphis -
Loewenberg College of Nursing
University of Tennessee - Chattnooga
College of Nursing
University of Tennessee -
College of Nursing
Vanderbilt University School of Nursing
Western Governors University-
Tenenessee
Walden University

We extend a special recognition and appreciation to our Schools of Nursing Sponors

Schools of Nursing Luncheon Sponsors

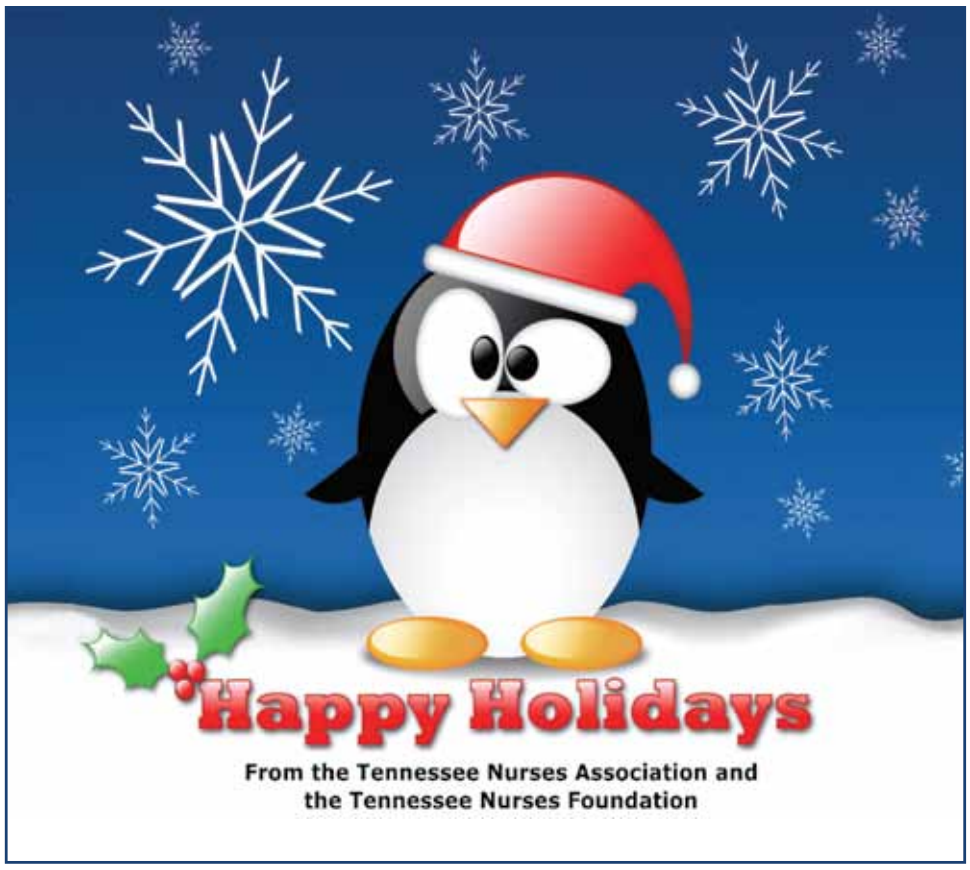
Belmont University

Christian Brothers University

Fortis Institute

Union University School of Nursing

University of Tennessee Health Science Center - Memphis



ShopNurse.com
Grand Opening Sale
Scrubs, lab coats, stethoscopes,
shoes, medical supplies, & accessories–
from all your favorite brands!
Enter code OPEN to save 15% on all orders!
KLOGS
Landau
carhartt
WonderWink
PRESTIGE MEDICAL
PerformanceScrubs.com
urbane
cherokee
Dickies
American Diagnostic Corporation
GREY'S ANATOMY
PROFESSIONAL WEAR BY BARCO
Visit ShopNurse.com today!

2015 TNA Achievement Awards

TNA Special Lifetime Achievement Award

Carolyn Whitaker, MSN, APRN, FAAN of Red Boiling Springs, received the *TNA Special Lifetime Achievement Award*. This award recognizes a retired TNA member who has demonstrated excellence or outstanding contributions to nursing and TNA, continued participation in TNA and nursing, and achieved state and/or national recognition by the profession. This award is given by the TNA Board of Directors.

TNA Outstanding Employer Award

Methodist Le Bonheur Healthcare, Memphis, received the *Employer of the Year Award*. This award recognizes a health care agency, school of nursing or other employer demonstrating commitment to nurses and nursing excellence. Florence Jones, DNP, RN, NEA-BC, FACHE, VP and Chief Nursing Officer of Methodist North, accepted the award on behalf of the hospital.

TNA Professional Promise Award

Katherine Thomas, BSN, RN of Knoxville, TN, received the *TNA Professional Promise Award*. This annual award recognizes a recent graduate (within first year) and new member of TNA who demonstrates qualities of "professional promise" in the areas of consistent attendance and contributions at the District level; commitment to excellence in nursing practice; and collegial and mentoring relationships.

TNA Alma G. Gault Leadership Award

Thomas (Tommy) Cooper, DNP, ACNP-BC, FNP-C of Piperton, received the *TNA Alma G. Gault Leadership Award*. This award recognizes a member of TNA, who demonstrates outstanding leadership qualities in all dimensions of nursing practice, including active involvement in improving the health of the population, utilizing strategies to implement desired changes in health status/outcomes, and has the capacity to inspire others—within and outside of nursing—to actively support improved health for the community.

Louise Browning Political Nurse Award

Cathy Hill McKinney, MSN, RN, APRN-BC of Union City received the TNA *Louise Browning Political Nurse Award*. This award recognizes a TNA member who demonstrates excellence in professional and technical involvement in government affairs; promoting nursing awareness and participation in policy development and political action; educating nurses about legislative issues and the political process; and guiding the policy development process of the association.

Special Recognition

State Representative Craig Fitzhugh was recognized, by the TNA Government Affairs Committee, for his earnest effort and support of the proposed 2015 Insure Tennessee Legislation. The following legislators were also recognized, but were not present; Senators Becky Massey, Doug Overbey, Richard Briggs and Jeff Yarbro.

TNA Awards for Nursing Excellence

This annual award recognizes outstanding performance in multiple areas of nursing practice. Nominees may be selected from the areas of Direct Care, Nursing Education, Nursing Administration, and Advanced Practice Nursing.

Selection criteria is specific to the major area of practice, but reflects outstanding performance in these areas: promoting and maintaining excellence in professional practice; commitment to the nursing profession and TNA; contribution to professional development of other nurses (publications, presentations, research); leadership which improves the quality of nursing care (education, administration, etc.); and professional and community service.

Award for Nursing Excellence in Advanced Practice

Kim Setser, MSN, APN, FNP of Morristown, received the *TNA Award for Nursing Excellence in Advanced Practice.*

Award for Nursing Excellence in Administration

Stephanie White, DNP, FNP-C of Arlington, received the *TNA Award for Nursing Excellence in Administration.*

Award for Nursing Excellence in Education

Leslie Higgins, PhD., APRN, FNP-BC of Nashville, received the *TNA Award for Nursing Excellence in Education.*

Award for Nursing Excellence in Direct Care

Sherrie Brown, BSN, RN of Millington, received the *TNA Award for Nursing Excellence in Direct Care.*

TNA Outstanding Member Award

Diana Baker, EdD, APN, FNP-BC of Memphis, received the *TNA Outstanding Member Award.* This award is presented to the TNA member whose contributions most closely reflect the mission and goals of TNA and the nursing profession. The criteria includes, professional leadership and service to TNA/ANA at district, state, or national levels; promotes TNA membership and political activity of nurses; represents TNA and the nursing profession through media channels, health organizations, business or government agencies; and initiates and supports programs and activities which promote nursing and TNA.

President's Membership Award

Teresa Martin, MSN, RN, FNP-BC, President of TNA District 5

Connie McCarter, MSN, RN-BC, CNRN, President of TNA District 1

This award is presented by the TNA President to the District Association/s achieving the largest membership growth (based on percent increase from previous year). TNA District 5's percentage of increase was a remarkable 18.5%. However, District 1's total increase by number was enough that TNA felt they needed to be honored as well. Great job districts!

John W. Runyan Jr. Community Service Award

J. Carolyn Graff, PhD, RN, FAAIDD received the John William Runyan Jr. Community Nursing Award, given annually by the University of Tennessee Health Science Center's College of Nursing. The award is presented each year to a nurse who makes outstanding contributions to the development and promotion of health in the community. This award is not a TNA award, but TNA offers the UT Health Science Center the opportunity to present the award during the TNA Awards Luncheon.

Government Affairs

Wilhelmina Davis, Manager, Government Affairs

We're fast approaching the second session of the 109th Tennessee General Assembly, which is scheduled to reconvene on Tuesday, January 13, 2016 at 12:00 noon in Nashville. Legislators will begin work on bills remaining to be considered, and to begin deliberations on new introduced legislation.

Before we talk about the upcoming session, we take this opportunity to thank all TNA members who attended the 2015 TNA/TASN Annual Conference, held this year in Franklin, TN. The annual meeting of professional nurses and nursing students from across the state was a huge success. TNA Membership Assembly worked diligently on issues of significant importance relating to the profession, advocacy, as well as other matters brought to the Membership Assembly with the consideration of resolutions for discussions and ultimately a vote.

As recommended by TNA Government Affairs Committee, TNA Membership Assembly adopted the new 2015-2017 Legislative and Health Policy Statements:

2015-2017 LEGISLATIVE AND HEALTH POLICY STATEMENTS

Introduction: The Tennessee Nurses Association (TNA) is the professional association representing Tennessee's approximately 100,000 registered nurses. This position paper outlines the basic philosophy of the TNA's Membership Assembly relative to health care policy which may be addressed by the Tennessee General Assembly and the U.S. Congress.

Mission: ***To improve health and health care for all Tennesseans and residents of the state, advance nurse leaders and the practice of nursing as essential to improvement efforts and transformational change, and serve as the voice for professional nurses.***

The American Nurses Association's *Code of Ethics* outlines foundational provisions that frame TNA's initiatives and actions.

Vision: TNA supports a transformed health care delivery system that ensures that all Tennesseans and residents of the state are able to access equitable and affordable essential services when and where they need them. The transformed system envisioned by TNA is *patient-centered*, promotes *inter-professional collaboration* and care *coordination* to improve patient outcomes and experiences, *primary care* and prevention are priorities, *value* is emphasized, and there is *expanded use of information technology* to promote efficiency and effectiveness.

Goals: TNA is supportive of initiatives that improve health and health care and advance the following goals:

Optimal health system performance, including:
Improved patient care experiences;
Improved population health; and
Reduced per capita cost for health care.

Access to high-quality, affordable and acceptable care for all Tennesseans and residents of the state, including:

Provision of a standardized package of essential health care services provided and financed by public and private plans with protection against catastrophic costs and impoverishment; and

Direct access to a full range of professional registered nurses and other qualified providers in a variety of settings

Full practice authority and enhanced participation in the delivery of care and policymaking for all professional nurses, including:

Support for the Tennessee Board of Nursing as the sole regulatory authority over nursing education and practice;

Adoption of the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education* (2008);

Elimination of financial, regulatory, organizational, and institutional barriers to the practice of professional nursing;

Participation of registered nurses on all local, state, and national health care advisory, policymaking, and governing boards, committees, and task forces; and

Inclusion of APRNs as licensed independent providers (LIPs) in hospital licensure rules, health plans, and health care facilities.

Assuring an adequate, competent and diverse nursing workforce to meet current and projected health care demands, including:

Improved data collection and information infrastructure to inform policymaking, planning, and evaluation;

Promotion of higher levels of education and training through seamless academic progression, inter-professional education of health professionals, and lifelong learning;

Funding for nursing students and faculty, including loan forgiveness programs; and

Support for nurse safety in the patient care environment, staffing effectiveness plans, whistleblower protection, and bans on mandatory overtime.

The Membership Assembly also adopted the following resolutions:

Resolution – Initiative to Educate the Public on the Safe Harbor Act

WHEREAS, the state of Tennessee made Neonatal Abstinence Syndrome (NAS) a reportable condition as of January 1, 2013, and

WHEREAS, the incidence of NAS continues to rise above the projections of the Tennessee Department of Health, and

WHEREAS, appropriate prenatal care leads to better fetal outcomes, and

WHEREAS, the Safe Harbor Act (2013 Tenn. Pub. Acts, ch. 398) was passed in 2013 to encourage pregnant women with substance misuse issues to access prenatal care prior to 20 weeks gestation in order that the women not lose parental rights, and

WHEREAS, Public Chapter 820 was passed in 2014, allowing the criminalization of women who deliver a baby born dependent on an illegally used narcotic drug, and

WHEREAS, the public is not fully educated about the Safe Harbor Act, and

WHEREAS, fear of criminalization, resulting from the passage of Public Chapter 820, is a deterrent to prenatal care for women who illegally use narcotics, and therefore it be

RESOLVED, the TNA Membership Assembly and the TNA Board of Directors ask the Tennessee Department of Health to develop modalities to educate the public on the Safe Harbor Act, and therefore be it

RESOLVED, that the Tennessee Nurses Association will collaborate with the Tennessee Department of Health in developing and disseminating said modalities to the public, and therefore be it

RESOLVED, upon adoption, copies of this resolution shall be presented to Governor, Speaker, members of the 109th House of Representatives and Senate, collaborative health care partners, and media representatives.

RESOLVED, that this resolution shall be subject to sunset in 2020 if not reaffirmed by the TNA Membership Assembly.

Resolution – Initiative to Educate Providers in Addiction Science to Help Combat Prescription Medication Abuse

WHEREAS, the state of Tennessee has an epidemic of narcotic medication abuse, and

Government Affairs continued on page 8

FLOYD Join Our Team

The Floyd family of health care services is the leading medical provider in northwest Georgia and northeast Alabama. Floyd has over 3,000 team members who provide quality care in over 40 medical specialties.

Experienced RNs Needed
Learn more. Gain More. Be More.

- *Behavioral Health*
- *Cardiac Stepdown*
- *Hospice*
- *Medical Surgical Nursing*
- *OR Nurses and Scrub Techs*

To join the Floyd team, apply at
floyd.org/careers

An Equal Opportunity Employer

RN-BSN DNP PhD

Regional Tuition Discount applies to current and incoming nursing students from MS and AR; earning their BSN, DNP, or certificate; and residing within a 50-mile radius of Shelby County.

RN-BSN – You have choices! Complete your BSN degree full time (12 months) or part time (17 months), all online or combined on-campus/online. RNs living in AR or MS who work full time in TN are eligible for in-state tuition if enrolled part time. Courses offered in 10-week terms.

DNP, PhD, Certificate – Are you considering moving your career to the next level? Looking for a challenge and a change?

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Earn your bachelor's, doctorate or certificate in nursing.
Call (901) 448-6125 or visit *www.uthsc.edu/nursing/future-students.*

The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services.

Government Affairs

TENNESSEE NURSES TN PAC
A POWERFUL INFLUENCE

★Add strength to your contribution as a nurse★ by giving through TNPAC.

★ Ask others to contribute. ★

TNPAC is founded on the belief that nurses have a stronger voice and representation in the political process by making contributions to candidates.

TENNESSEE NURSES POLITICAL ACTION COMMITTEE

Make your contribution to TNPAC today on TNA's website www.tnaonline.org.

Government Affairs continued from page 7

WHEREAS, the incidence of drug overdose deaths continues to increase, and

WHEREAS, advanced practice registered nurses have prescriptive authority, and

WHEREAS, the Chronic Pain Guidelines have been composed and presented, and

WHEREAS, the TNA Membership Assembly and the TNA Board of Directors are committed to combat the epidemic of narcotic prescription overdose deaths, therefore be it

RESOLVED, that the Tennessee Nurses Association ask the Tennessee Department of Health and the Tennessee Board of Nursing to develop modalities to educate providers in the science of addiction, and therefore be it

RESOLVED, that the Tennessee Nurses Association will collaborate with the Tennessee Department of Health in developing and disseminating said modalities to the public, and therefore be it

RESOLVED, upon adoption, copies of this resolution shall be presented to Governor, Lt. Governor, Speaker and members of the Tennessee General Assembly, collaborative health care partners, and media representatives.

RESOLVED, that this resolution shall be subject to sunset in 2020 if not reaffirmed by the TNA Membership Assembly.

Resolution – Increased Access to Data on Narcotic Prescription Prescribing Activities

WHEREAS, the State of Tennessee has an epidemic of narcotic medication abuse, and

WHEREAS, the incidence of drug overdose deaths continues to increase, and

WHEREAS, advanced practice registered nurses have prescriptive authority, and

WHEREAS, the Chronic Pain Guidelines have been composed and presented, and

WHEREAS, the TNA Membership Assembly and the TNA Board of Directors are committed to combat the epidemic of narcotic prescription overdose deaths, and

WHEREAS, the current database of narcotic prescription medications remains confidential, and

WHEREAS, there is a paucity of data related to the root cause of prescribing behaviors surrounding narcotic medication abuse, and

WHEREAS, increased access to data on prescribing behaviors will help develop solutions to the problem of narcotic medication abuse, and therefore be it

RESOLVED, that the Tennessee Nurses Association be provided with data from the TN Department of Health Controlled Substance Monitoring Database to examine de-identified prescribing patterns in aggregate.

RESOLVED, that this resolution shall be subject to sunset in 2020 if not reaffirmed by the TNA Membership Assembly.

Also during this year's conference, TNA's TNPAC committee hosted a legislative panel with the following Legislators participating; Sens. Jack Johnson; Jeff Yarbro; Ed Jackson; and Representatives John Ray Clemmons and Matthew Hill. The legislative panel was facilitated by Carole Myers, Chair of TNA's Government Affairs Committee. Discussion began with questions from TNA members in attendance, ranging from the expansion of Medicaid and implementation of Insure Tennessee, Full Practice Authority for Advanced Practice Registered Nurses, to other healthcare issues and concerns. Legislators expressed their genuine concern for healthcare of all citizens of Tennessee, and acknowledged that the nursing profession plays an instrumental and much needed role in providing for the overall health and wellness of Tennessee's citizens. We appreciated the honest dialogue which took place and look forward to working with our legislators in 2016.

So back to the 2016 legislative session, we're anticipating a busy session as we continue our work on TNA's legislative agenda with efforts to educate and communicate with legislators the necessity of Full Practice Authority legislation. TNA will also be partnering with other healthcare advocates, as we work on various heathcare related legislation.

Weekly legislative reports will continue to be distributed and other pertinent information will be posted throughout the legislative session via TNA's website at www.tnaonline.org. As a reminder, another means of staying informed is by watching the political process in real time; all House and Senate committee meetings and full floor sessions are video streamed live via the General Assembly's website http://wapp.capitol.tn.gov/apps/livevideo/.

Looking ahead, the 2016 Legislative Summit will be Wednesday, April 6, 2016, in Nashville, on Capitol Hill at the War Memorial Building. We anticipate over 1200 nursing students and nurses from across Tennessee to be in attendance. This is a great opportunity to introduce students and others to the legislative process, discuss legislation being considered by the General Assembly and to visit with legislators. So, mark your calendars, and plan to join us. Also as a reminder, please take a moment to contact your legislator either by a personal visit, email, phone call or letter; you are a nurse professional and constituent and your voice matters.

Union welcomes Kelly Harden
as School of Nursing dean

Nationally recognized Union University is pleased to announce Kelly Harden as dean of its School of Nursing.

"Dr. Harden is an effective, energetic and faithful leader in nursing education. We are genuinely hopeful about the future of the School of Nursing."

C. Ben Mitchell
Provost, Union University

UNION UNIVERSITY

Explore all of our BSN, MSN, and DNP programs at uu.edu/nursing

JACKSON | GERMANTOWN | HENDERSONVILLE | ONLINE

Free Counseling on Medicare and related health care costs.

TN SHIP

1-877-801-0044

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 Shuttrow, at Sidney.shuttrow@tn.gov.

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

Government Affairs

Keeping It All Straight…and Together

Respectfully submitted,
Carole R. Myers, PhD, RN
Chairman-Government Affairs Committee

Carole Myers

Senator Becky Massey and Representative Joanne Favors introduced a bill (SB 680/ HB 456) that would grant full practice authority to Tennessee advanced practice registered nurses (APRNs). There was no action on the bill while the General Assembly was in session in 2015. However, the bill is still active and action is expected in 2016 when the General Assembly reconvenes.

No formal action by legislators on the bill does not mean that nothing is happening. We are encouraged by the nurses who tell us they have been talking with their elected representatives and others about the bill. This needs to continue and more nurses need to get involved.

The legislative process is highly complex and, quite frankly, messy. There are many players and discussions among the various players occur at different paces and times in a politically charged environment. The many players are competing for the attention of the major stakeholders, particularly the legislators and those that have the most influence in advancing public and self-interests. The policymaking process is fluid and can shift quickly. The only sure thing is nothing is for sure until it's done. . . and that our strength comes from being united.

It is no surprise that nurses who are having discussions with legislators can get caught up in the dynamic, fluid nature of policymaking and, at times, get caught up in the testing of ideas. These ideas generally represent earnest and reasonable attempts to bring parties together to find a policy solution that is acceptable. However there can be problems when well-intentioned nurses get engaged in discussions for which they are not well-prepared or when the discussions divert the nurse from the path laid out by our professional organization. It is one of the oldest tricks in the book for those who oppose our efforts to try to divide and conquer. The path to full practice authority is not a straight one. We need to follow the lead of the Tennessee Nurses Association and our seasoned partners, including AARP-TN, and not go down wrong paths. We need to stick together and follow our leaders.

As chair of the Government Affairs committee I frequently respond to questions from nurses across the state. Below is a sampling of questions and responses that I thought might be helpful for a broader audience.

What can we expect when the General Assembly reconvenes? Just about anything I say will be inaccurate, at least to some degree. There's a lot of time between now and January 2016 when the General Assembly reconvenes. Between now and January you can expect discussions to continue between TNA professional staff, Sharon Adkins and Wilhelmina Davis, and the bill sponsors and among the representatives of major stakeholders that promote full practice authority including AARP Tennessee.

I do not understand the transition to prescribing included in the bill introduced last year, can you please explain? Is this the same as a residency? The TNA bill has provisions for transition to prescribing whereby the new APRN must have a collaborating physician for 2080 hours (one year). Transition to prescribing is different from what I've seen in other states who have a broader transition to practice. I avoid the term residency hours because it's just an extension of the medical model. Transition to prescribing is a different model.

There is a lot of pressure, including pressure from other professional nursing organizations, that these transitions are not needed or supported by evidence. On the other side we are hearing calls for much longer transitional periods, residencies, and continued statutory control of APRN's by physicians.

It's very common for new graduates to not feel "ready." Actually I think this is a good thing. It's important for every nurse to know their limits. We know the transition from novice to expert takes time. On the other hand, as an educator, I am confident that students who leave our institution (and I'm sure others) are prepared and have been sensitized to knowing when to ask for help. This is true for all of us. I bristle at the word *independent practice*. I do not think any of us can be independent and truly be patient-centered. It takes more than a solo provider to best care for their patients; it takes a team. That said, I do not think the type of collaboration I am talking about should be codified in statute. There is no reason for physicians to have statutory control over the practice of APRNs.

What are the different types of practice authority? Practice authority is arrayed on a continuum with full practice authority at one end and restricted practice authority on the other end. Full practice authority means the Board of Nursing has sole jurisdiction over the four domains of APRN practice (the domains are: 1) evaluation of patients, 2) diagnosis of patient problems, 3) the ordering and interpretation of diagnostic tests which are necessary for evaluation and diagnosis, and 4) the initiation and management of treatments to address patient problems or potential problems, including the prescribing of medications). Restricted practice authority means that the Board of Nursing does not have sole authority and/or the APRN cannot practice fully in all of the full domains of APRN practice. This is where Tennessee is. Tennessee law requires joint Board of Nursing and Board of Medical Examiners adoption of rules related to prescribing thereby restricting practice.

What can nurses do to support full practice authority? *We need to stay united!* You are not expected to know every nuance of the bill, but it helps tremendously if you are conversant about major points and current positions. Speak about what you know about: your practice, the impact APRNs have on improving health and health care, and how full practice authority will help you better meet the needs of your patients.

Utilize resources provided by TNA and others who support full practice authority, including the Tennessee Action Coalition; consult TNA staff as needed. Let them know what you are hearing from legislators and other key stakeholders.

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 you do is so important

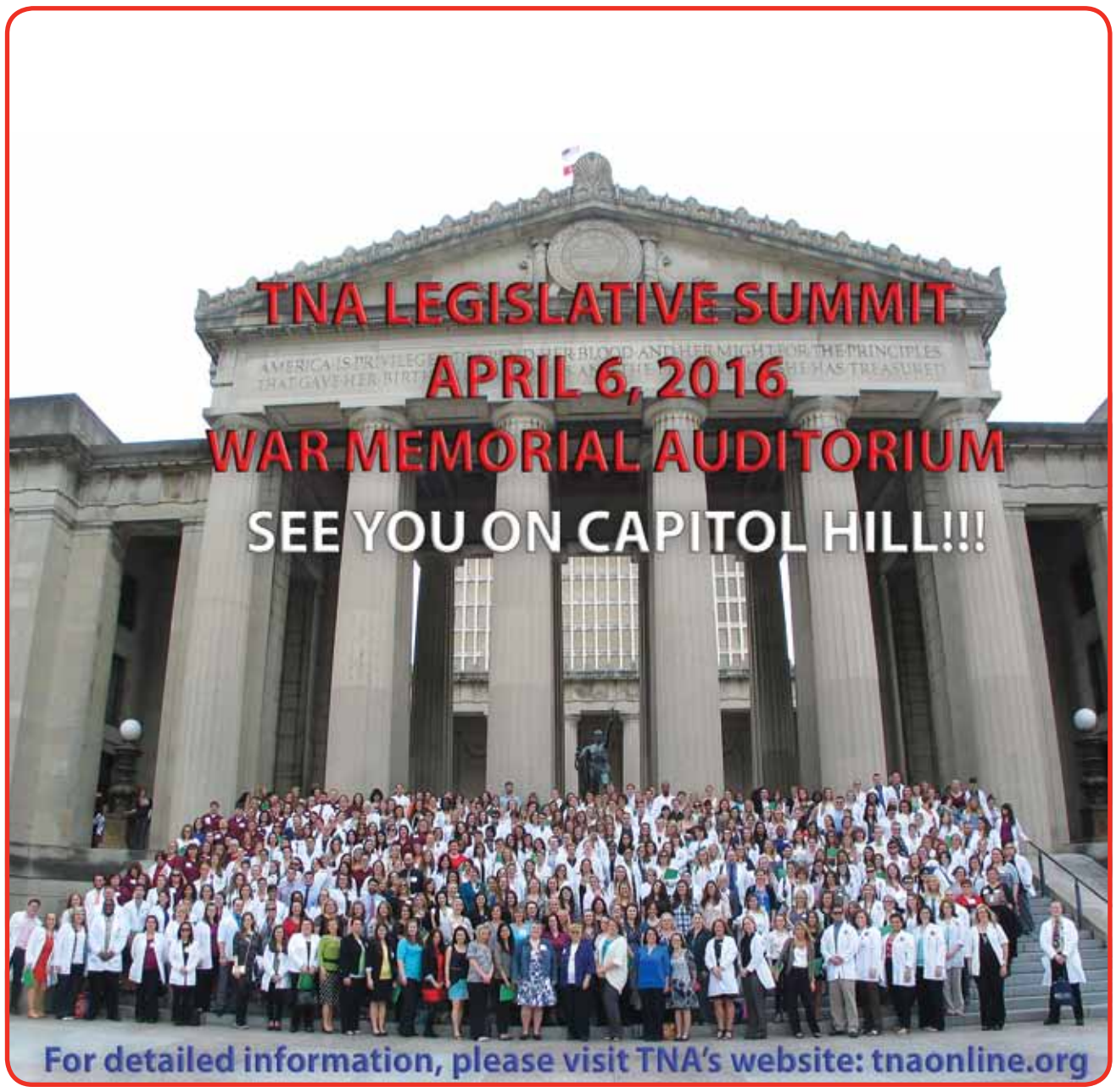
Write individual letters or emails to each member of the House Health Subcommittee and the Senate Health and Welfare Committee offering information about and advocating for full practice authority

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 TNPAC, the political action committee of the TNA. Contributions do not buy votes but they do enhance visibility and opportunities to dialogue with legislators. Our main opponent's PAC is far stronger and legislators know this.



Spotlight on Practice

Advanced Practice Ownership: Is It Right For You?

Clarissa Crunk, APN, WHNP-BC
Owner/Nurse Practitioner, Together Women's Wellness

Clarissa Crunk

Have you considered starting your own practice? The path towards Advanced Practice Nurse (APN) ownership is one of dynamic growth and opportunity; however, you must consider all aspects of ownership before deciding to balance the many hats of a clinical entrepreneur. I began this journey nearly three years ago to open a Women's Health clinic in Middle Tennessee, and though it feels like an obstacle course, practice ownership brings great rewards.

Finances

By far, the most pressing obstacle of practice ownership is the total financial responsibility you must assume. This requires long-range financial planning and initial capital investment (and a healthy comfort level with spreadsheets). At times overwhelming, this was my biggest challenge from the onset. Unless you hold a business degree, the learning curve of business plans, balance sheets, insurance contracts, and quarterly taxes is steep. You must carefully calculate overhead expenditures and consider how payment is received. Will you contract with insurers and rely solely on their reimbursements? Will you be a cash-only based practice? Additionally, there is considerable risk in giving up a reliable salary and benefits. As a business owner, you must create every dollar you bring home, and you are responsible for health insurance, professional fees, all liability insurance, and continuing education expenditures.

However, financial responsibility can also be advantageous. Many practices employ APNs because they generate considerable income while costing, in comparison, much less. As an owner, you take full advantage of the income you generate, and you can even increase your earning potential through adding services or products. Additionally, you are empowered to make patient-centered financial decisions such as helping a patient pay for her counseling or mammogram, waiving a visit fee, or negotiating payment by fresh garden vegetables! In the end, these decisions don't fatten the bank account, but they do offer a fulfilling reminder of our intangible call to help one another.

Flexibility

Despite daunting financial concerns, there is an unmeasurable freedom in having flexibility as an APN practice owner. In control of your schedule, you decide your daily patient load and your vacation time. For example, if you know one of your patients is a "talker," you can allocate extra time for her visit so you won't run behind. You can decide to see a patient in the evening or on a weekend if need be, and you can take a last minute vacation. For me, flexibility is the most rewarding aspect of practice-ownership. We built a playroom in our office, I attend my children's daytime activities, and I'm home at a decent hour. I can finally go on international mission trips and serve in several volunteer capacities. Flexibility goes beyond scheduling, too. The practice owner has the power to update and implement best-practice without pushback from superiors, and you have the flexibility to create your own space that is most inviting for your target population. You can use cloth sheets and have a coffee maker in the waiting room, for instance. It's your choice! All in all, the flexibility of practice ownership has balanced my best professional nurse-self with my best mom-self without requiring sacrifice from either.

Practice balance has another meaning, though. A hurdle to nurse-entrepreneurship is that you never really stop working. Especially in the world of healthcare, patient and business needs never take a break. I frequently answer work-related emails on nights and weekends, and I refilled prescriptions on the beach. Business responsibilities must be equally balanced with clinical responsibilities, and so the APN practice owner must properly budget time for each of these equally important responsibilities. It is not impossible by any means, but it does require careful time-management to avoid burn-out and stress.

Defending the APN

Surprisingly, another obstacle to ownership is antiquated confusion regarding the APN's role. Our state is one of the few that still restricts practice in requiring prescribing APNs to have a collaborating physician. Sadly, this restriction does nothing to improve patient care and only creates a financial burden for the APN practice owner as collaborating physicians typically receive a monthly fee. Despite decades of data-supported APN practice safety and efficacy, there exists some unfounded ignorance among the medical and lay community about our job. Be ready to explain to patients, colleagues, friends, and family that an APN can legally and effectively evaluate, diagnose, manage, and prescribe in a multitude of settings including APN-owned practices.

Of course, our APN role is absolutely an advantage to patient care and overall healthcare delivery. We excel at prevention practices, patient education, and holistic treatment – all overriding principles of excellent, cost-effective healthcare. As a practice owner, you can choose to practice in a *nursing*, rather than a *medical*, framework. Because my *nursing* practice prioritizes prevention, we allocate an hour for new patients and thirty minutes for well-woman exams, and I am rewarded with very healthy and happy clients who spend less on their healthcare. Having the power to design your practice through a nursing framework creates both personal fulfillment and also a meaningful strategy to address Tennessee's problems of poor and costly health outcomes.

Considerations

If you are feeling the call towards rewarding practice ownership, work hard to find a strong network of professional and personal support. Go to networking events, ask colleagues for advice, and read all you can. Consult with an attorney and an accountant, and educate yourself on business strategy. Practice ethically and meticulously with a servant's heart. Invest in patient care, not marketing materials, and word-of-mouth will bring you new clients. The TNA/ANA and Board of Nursing are great resources, and most definitely reach out to your state legislators garner support for full practice authority for Advanced Practice Nurses. Similarly, be a support for your fellow APN practice owners so we can overcome these challenges together. Our cohort is growing in number and importance, and APN-owned practices will continue to play a vital role in Tennessee's nursing profession and healthcare system.

be more
KNOWLEDGEABLE...

at TENNESSEE WESLEYAN COLLEGE

Our Online R.N. to B.S.N. program offers:
✓ A new discounted tuition rate ✓ Flexible scheduling options

Complete your online degree program in as little as one year, with full-time attendance.

For more information, contact Nancy Ferguson at (865) 777-5100 or visit **www.twcnet.edu.**

Life is a Journey

Beverly H. Coulter, MSN, APRN, GANP

It was a typical busy Wednesday at the Memorial North Shore Health Center and my first patient after lunch, well known to me, was late as her truck broke down on the highway. When she arrived, her color was different, she had obviously lost a lot weight and her chief complaint was that of weakness and fatigue. She is uninsured as are 80% of the people we care for. Her vital signs were indicative of a problem somewhere. Her H & H were very low; pulse ox 91%m and she had a personal history of splenic rupture when her bipolar son stopped his meds because he was feeling better. Drunk, he pushed her down and kicked her in the stomach 2 years ago. Hemoccult was positive, so I decided to transfer her to the hospital. She couldn't afford ambulance service, or drive herself and no one in her family was available to transport her. We transferred via taxi cab accepting the risk. She was admitted and stabilized after 3 days, 2 units PRBCs, an upper and lower endoscopy finding bleeds in both areas.

My nursing career began 35 years ago, in the regional Tulsa Oklahoma Burn Center. My degrees are from the Univ. of Tulsa, Univ of Oklahoma and my post Master's certificate is from Univ. of Missouri, at Kansas City.

I am the child of two German natives and survivors of World War II and the Holocaust. I grew up watching my parents give the shirts off their backs to those who had nothing; although, they had very little themselves.

I am the former Exec. Director of Project Get Together, Tulsa OK; Volunteer and Board member of the KC Free Health Center in Kansas City, Missouri and now, work for Catholic Health Initiatives, another "mission driven" organization, to care for those who would otherwise go without care or concern.

We, as a family of four moved to Chattanooga, TN, 19 years ago, as my husband joined the headquarters of BCBST. I must admit, I moved here, "kicking and screaming;" leaving a place where I achieved my terminal certificate in advanced practice nursing, and many friends and co-workers. My first job after graduation was with Rockhurst College, Kansas City, MO., as their college health nurse practitioner.

I was recruited and accepted the role as the first Kay Kittrell Chitty, Professor of Nursing, UTC, Chattanooga. The role was a cooperative with Memorial Hospital. Mrs. Chitty was on their Board and wanted to support advanced practice nursing, endowing a chair in Nursing. Implementation was fun, but after a year of balancing teaching/administration/and patient care, I decided to leave UTC, for a full time position as Director of Memorial North Shore Health Center.

I continued as the Director for ten years, opening 3 other clinics in underserved areas. (Memorial Westside, Memorial Eastlake, and Center for Family Medicine). As BlueCare continued to decrease their roles, Memorial too, needed to close 2 of the outreach clinics. Today we exist as Memorial North Shore Health Center and Memorial Westside Clinic.

I have been a part-time adult nurse practitioner for 7-8 years now and continue to care for patients, who otherwise are without options for care. My greatest joy, is precepting advanced practice nursing students via UTC, SAU, Vanderbilt and UHC, Memphis. The population we serve doesn't always have much in the way of education, ability to pay for their medicines, little transportation means, and represent an entirely separate list of issues, other than their Diabetes, HTN, Lipid problems, CHF, etc etc.

Students are often times frustrated by having to prescribe from the "free" lists at area grocery stores, or $4.00 lists elsewhere, but we learn everyday together how to access what they need.

In closing, I would like to share that each of my exam rooms has a "home story photo board". I am lucky to live on a small urban farm with my husband and many "critters" that I call, my family. My patients seem to want to connect more quickly with me, once they see my flock, herd, bee hives, and hound group.

We are all just human beings, trying to do the best we can for one another. I thank Memorial Hospital for allowing me to do this for the past 18 years, one day at a time.

Education

The Importance of Evidence-Based Practice

Rick Wallace, MA, MDiv, MAOM, MPH, MSLS, EdD, AHIP ETSU Quillen College of Medicine Library

Patricia Vanhook, PhD, RN, FNP, BC, FAAN, Associate Dean of Practice, ETSU College of Nursing

There is a great amount of literature that says health professionals' information and knowledge is out of date, they have poor information retrieval skills, and their knowledge deteriorates over time. [1] This shows that clinicians are not keeping up-to-date after graduating from their professional training. The PubMed database of health science journal citations from the literature has increased from 2 million citations in 1966 to approximately 25 million now. There are studies that show that the medical profession only adheres to the best evidence in about 50% of patient care encounters and on important clinical topics does not follow recommended guidelines. [3] The amount of new studies has exploded. There are thousands of new articles published per day in the clinical literature including many clinical trials. In 2014, over 150 clinical trials per day were added to PubMed.

[4] With the implosion of information, the ability to understand EBP and how to search for the best evidence is critical to quality patient care and positive patient outcomes. Evidence-based practice (EBP) is a very important concept to understand. The process for identification of EBP guidelines takes many directions. Nurses at all levels must develop skills to access many resources to find the best and most up-to-date EBP to implement in their areas of expertise. Important terms are PICO, citation databases such as CINAHL and PubMed, and indexing vocabulary such as MESH. Nurses must have the skills to understand the difference between primary and secondary literature, information needs issues, the methodology hierarchy, critical appraisal, information overload, knowledge decay, the five-step process in using clinical evidence, the FRISBE appraisal tool, the usefulness equation, and the concepts of hunting and foraging.

The original definition of evidence-based practice is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of patients. [2] It means integrating individual clinical expertise with best available clinical evidence from systematic research and also the values of patients.

There is a five step process that clinicians can follow in making best use of available evidence for supplying the best care to patients. All of the five steps start with the letter "A." The first is **assessing** the patient's condition which is something that nurses do continuously. This causes one to **ask** clinical questions to fill in gaps in knowledge. In order to satisfy these questions a clinical person must **acquire** the proper resources to answer them. Then if the proper resources can be acquired, after obtaining that resource, it must be **appraised** for its reliability and validity. Finally, the last step is to take this information, combine it with your clinical expertise, and **apply** it to the patient.

In the step of asking a clinical question a good technique to use is the PICO technique. The "P" stands for defining the **patient population**. The "I" represents the **intervention** that is being considered and "C" stands for what is being **compared**. This technique is particularly valuable when you are torn in a decision between two or more possible solutions. Finally the "O" stands for the **outcome** as a result of the intervention while providing patient oriented care. An example of a PICO question would be:

"In rural Tennessee residents with diabetes; does group education compared to individual education improve A1C during one year of monitoring?

To acquire a resource to answer the clinical question the nurse must realize that now there are two types of clinical literature: the primary literature and the secondary literature. The primary literature is original, unfiltered journal articles such as would be found in PubMed, CINAHL, or text books or opinions from colleagues.

The secondary literature is made up of studies that have been pre-validated to separate out high level evidence that is of high validity such as systematic reviews, evidence syntheses such as the products DynaMed and UptoDate, and article synopses which review well done individual articles from the journal literature.

A modern way of looking at clinical literature is through five S's. The first "S" is **systems** which is evidence-based information built into computerized patient data systems. The second "S" is **summaries** which summarize critically appraised disease topics. The third "S" is **synopses** which are critically appraised summaries of an individual journal article instead of a whole disease topic. The fourth "S" is **systematic reviews** and the fifth "S" is individual **studies** in the journal literature.

To understand the primary literature correctly the nurse needs to know that articles that compose it can be put in a hierarchy. The highest level of evidence comes from clinical trials. This is an experimental research design, whereas the following ones are observational designs. This is followed by cohort studies, then case control studies, then case series studies, then individual case reports, and at the very bottom are editorials, opinions, and animal research.

Primary literature databases such as CINAHL and PubMed have indexing vocabularies. The nurse should always learn to use these, as this will help to make the search more precise and the nurse should also learn to use the limits in the database to get precisely what is needed. The PICO mentioned above is helpful because it enables the nurse to conceptualize the subject vocabulary terms that is used in your search.

The value of the secondary literature is it takes out a lot of the work in acquiring high-level evidence. This can be summed up by the equation, the usefulness of any piece of evidence equals its relevance times validity divided by the work required to acquire it. [4]

$$\text{Value of literature evidence} = \frac{\text{relevance x validity}}{\text{work}}$$

Another facet of the evidence-based practice movement is to define evidence by levels. For example, level one would be a randomized controlled trial, a level two a cohort study, a level three a case-control study, and a level four a case series study in some evidence level tables. Also, guidelines are often now ranked by alphabetical designations; such as an "A" might represent a guideline represented by strong scientific evidence which would probably constitute multiple randomized controlled trials to support it.

The wonder of our modern age is not only that the concept of evidence-based practice has been developed and that several databases have been invented that only have the highest level of evidence, but at the same time technology has been developed so that these could be used at the point of care with patients. Of course, the way this is done is through the use of smart phones and tablets. Many of the evidence-based practice databases have apps that run on these devices.

After you acquire a piece of evidence, you will need to critically appraise it for its reliability and validity. This can be daunting often because the journal literature of clinical medicine involves the use of biostatistics. Most articles that you will seek deal with topics of therapy. A good way to quickly analyze an article on therapy is to use the mnemonic FRISBE. "F" is for **follow-up**. A randomized controlled trial should have at least 80% follow up in both arms. "R" is **randomization**. Obviously, what makes a randomized controlled trial is that it is randomized so that the people in it have an equal chance to be in either arm of the trial. "I" is for **intention to treat analysis** which simply means that if somebody starts out in an arm of a trial, no matter what happens, they will be analyzed in that same arm. "S" means that both groups are the **same at baseline** and "B" means that the trial is **blinded**. Single blinding means the patients do not know what arm they are in. Double blinding means the clinicians do not know, and triple blinding means that the statisticians do not know. Finally, "E" means that each arm of the trial gets **equal treatment** except for the specific intervention which is being tested. (https://mclibrary.duke.edu/sites/mclibrary.duke.edu/files/public/guides/FRISBE.pdf)

There are two types of clinical needs for information. One is hunting and the other is foraging. The discussion in this article has dealt with hunting for information in order to satisfy a particular information need. There are other times when the nurse does not have a pressing need, but wants to increase his/her general knowledge. There are several services that have been designed to help with this, such as the Essential Evidence Plus product's service called the Daily POEMS. The authors critically appraise 100 major clinical journals in order to identify and summarize articles important to patient care. One summary is delivered daily by email. (http://www.essentialevidenceplus.com/)

This is a short overview of evidence-based practice. Each one of these topics deserves a whole journal article. Often access is a problem. The United States is served by the National Library of Medicine, one of the National Institutes of Health. The service arm of the National Library of Medicine is the National Network of Libraries of Medicine. The National Network of Libraries of Medicine region, that serves Tennessee, is the Southeast/Atlantic region. They are a grant funding agency and a training agency. They have funded, through East Tennessee State University medical library, money to provide free journal articles until the funding is ended. Since this is money being distributed by NNLM through ETSU College of Medicine library **any nurse or nursing student can contact the ETSU library and get the articles he/she needs until the funding is exhausted.** Please contact Rick Wallace at wallacer@etsu.edu or call (423) 439-3883 for more information. This service will end once the grant funds end. If there is enough interest another grant will be submitted to the National Network of Libraries of Medicine, Southeast/Atlantic Region. Information and evidence-based training classes are available at HSHSL-NLMsea@hshsl.umaryland.edu or we at ETSU (woodwardn@etsu.edu) would be glad to help you with EBP training.

Studies show that use of evidence-based practice can make dramatic improvements in patient care. [5, 6] Good luck in implementing evidence-based practice. It is truly an important step in providing optimal patient care.

References Available Upon Request

Letter from Deb Chyka, MSN, RN, DNP TNA Director of Membership

Deb Chyka

What We Did - that's the title I encourage every member of the TNA Membership Task Force to use when submitting their tales of recruitment events. There is no reason to reinvent the wheel every fall as districts begin to reach out to new nurses and under-involved TNA members to bring revitalization to their membership. Let us share ideas and glean from each other's successes.

Our Reboot Party in District 2 was about a 3 month adventure from beginning to end. The "must haves" included:

- Food – well-known establishment and Knoxville favorite
- Location – convenient location, easily assessable from many hospitals
- Timing – began after day shift was over
- Price – $10 for TNA member + a guest

After receiving encouragement this summer, from the State TNA Board of Directors, (BOD), to spend money from our treasury to recruit new members, our planning began. Josh Piquet, a member of the board for District 2, and a bit of a computer geek, went to work designing and branding the event; it became the Reboot Party.

Starting with the list of members from our district we sent the first email invitation in late August through the TNA website. Every 2 weeks we repeated the mailing. The RSVP email was mine so I was able to make an initial connection with each of the responders and then sent them a reminder 2 days before the event. The evening of the event I was there to greet most of them and happy to connect a face to a name.

Although our BOD talked about not charging for the event the consensus of the group was that if guests are asked to pay a nominal fee and RSVP'd affirmatively they were more likely to show up (whether they paid early or not). We were rewarded with over 90% of RSVPs attending.

So what have you been up to at the District level? Your secrets are safe with us!

Tennessee Nurses Foundation Provides Financial Support for Continuing Education

Dr. Barbara Whitman Lancaster, DNP, WHNP-BC, NCMP

Dr. Barbara Whitman Lancaster

What a power packed 2015 it has been! I finished my Doctorate of Nursing Practice (DNP) degree in June. Defending my scholarly project on the historic grounds of Frontier Nursing University in Hyden, KY, was indeed both a challenge and privilege. As an alumnus of FNU, I am grateful and proud to be part of the incredible legacy of Mary Breckinridge and in my own way take the baton to continue what she started!

My goal in pursuing my DNP was three fold. The first was a personal desire and a love of academia. Secondly, as an advanced practice registered nurse with a certification as a women's health nurse practitioner, I wanted to achieve parity with other terminal end degree professions as the American Association of Colleges of Nursing proposed. Lastly, my ultimate goal was to teach at the university level and I knew I needed a DNP to achieve that end. I am happy to report that I secured a tenured-track faculty position with Middle Tennessee State University. I started my new post in August of this year and to say I am thrilled is an understatement! I have the best of worlds, teaching within the academic milieu and continuing to practice one day a week partnering with my female patients to achieve their best well-being.

This has been a very eventful year thus far and I look forward to growing in both my roles. I am also grateful for the American Nurses Association/Tennessee Nurses Foundation (TNF) for the financial support I received from two scholarships. This enabled me to complete my DNP at FNU and carry out my scholarly project all while working as a women's health nurse practitioner. TNA/TNF provides guidance and encourages nurses to recognize the value of education and how we impact lives and pave the way for better health and well-being for those we serve. I am a DNP and I am TNA!

Student Forum

Gladys Nance, TASN President

Greetings on behalf of the Tennessee Association of Student Nurses! My name is Gladys Nance. I am the newly elected 2015-2016 President of the Tennessee Association of Student Nurses (TASN). I attend Tennessee Wesleyan College in Knoxville, TN. I am a senior in the nursing program and will be graduating with my BSN in May 2016, God willing. Aside from TASN, I also hold the Secretary position in our program's Student Nurses Association.

Since childhood, it has been my passion to aide others in need, whether it called for assistance with an illness or emotional support dealing with a psychological issue. After high school graduation I decided to join the United States Army and was appointed the military occupation specialty of Chemical Operations Specialist. I had the pleasure of connecting with many fellow soldiers and becoming unified as one big family. I learned many of them suffered from PTSD and also injuries sustained in combat in which they had never fully recovered from. They relived the stories from combat, when they would tell us about them, and it was the emphasis on the positive impact that their medics and nurses did for them that drew me into the healthcare position. I reclassified to become a Combat Medic and not long after my commencement ceremony, I was given orders to report to my new duty station. As soon as I arrived, I was told I would be leaving to Afghanistan for a year in less than a month, and that was hard news to hear since I would have to leave my daughter behind once again. Every day I prayed for God to grant me the opportunity to come to her and hold her tight in my arms yet again.

During deployment I got to work with many doctors, nurses and medics from different branches of the armed forces and countries. I valued what I did for the soldier's in need as their first responder, but I was not able to follow up on them since my team stabilized and transported patients to the nearest facility with very little connection on an intrapersonal level. I yearned to make a connection with my patients just as the caring nurses in those facilities had with the patients we transported. I knew then that nursing was my calling and I am ever so grateful to be given the opportunity to fulfill it not only by attending a nursing program, but also becoming involved with TASN and further contributing to the organization. As TASN President, I hope to combine the organizational, leadership, teamwork, and medical skills I have acquired over my 7 years in the service with the experiences of my fellow board members in order to make this a more influential association to all student nurses in the state of Tennessee. I look forward to a great year ahead.

MOCCASIN BEND MENTAL HEALTH INSTITUTE

Has **immediate** openings for:

RN 2 and PRN

We offer excellent benefits & competitive salaries.
No prior psychiatric experience required.
This is a preferred service position
for employment with the State of Tennessee.

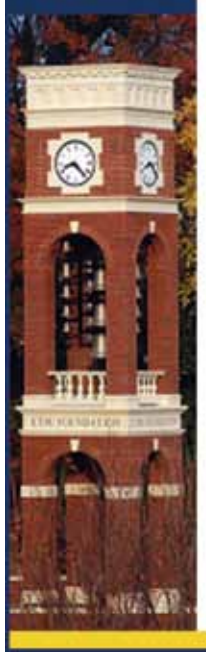
All applicants must pass a drug screen and background check.

Apply online at:
http://www.tn.gov/dohr/employment/applicant.shtml

For further information, contact: **Human Resources**
Phone: **(423) 265-2271 xt 2104**

The state of Tennessee is an Equal Opportunity, Equal Access, and Affirmative Action Employer. An Accredited Psychiatric Facility.

COLLEGE of NURSING
EAST TENNESSEE STATE UNIVERSITY



East Tennessee State University, College of Nursing is seeking applicants for the following faculty positions:

Director of Graduate Programs available immediately

Nursing Faculty (Instructor/ Assistant/Associate/Professor) beginning in January or August 2016.

For complete description and application visit
https://jobs.etsu.edu.

AA/EOE.

TNA TENNESSEE NURSES ASSOCIATION and amazon.com Partnership!

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

*Make sure to visit Amazon, through the TNA website every time you shop online. Great for Holidays and Special Occasions.

Meet Your New Board
2016 TNA Board of Directors and Staff

Sandy Murabito
MSN, Ed.D, RN
President
Nashville

Billie Sills
MSN, RN, CLNC
Past President
Johnson City

Haley Vance
DNP, APN, PNP-AC
Vice President
Nashville

Donna Copenhaver
EdD, MSN, RN
Secretary
Eagleville

Mary Bess Griffith
MSN, RN, CS, FNP
Treasurer
Union City

Amy Hamlin
Ph.D, MSN, APN, FNP-BC
Director - Operations
Ashland City

Deb Chyka
DNP, RN
Director - Membership
Knoxville

Sharon Davis
DNP, APRN, WHNP-BC
Director – Government Affairs
Powell

Chaundel Presley
DNP, FNP-BC
Director - Practice
Lafayette

Debra Henline Sullivan
PhD, MSN, RN, CNE, COI
Representative-Presidents Council
Readyville

TNA Staff

Sharon A. Adkins
MSN, RN
Executive Director

Barbara Martin Harrell
Executive Assistant

Wilhelmina Davis
Manager of Government Affairs/Lobbyist

Kathy Denton
Manager of Marketing, Member Services/IT
Managing Editor-
Tennessee Nurse

Tracy Depp
Communications Administrator

Susan Seager
Ed.D, RN, Education Administrator &
Nurse Peer Review Leader

We've Got It Here!

Sumner Regional Medical Center is your community hospital, close to home. We are seeking to hire Registered Nurses (RNs) to join our team of dedicated, caring and compassionate professionals in an excellent environment.

SUMNER Regional Medical Center
HIGHPOINT HEALTH SYSTEM

Apply online at **MySumnerMedical.com**

LMU | Caylor School *of* Nursing
LINCOLN MEMORIAL UNIVERSITY

Offering **ASN**, **BSN**, **RN-BSN**, **MSN**, and **DNP** degree programs.

Apply Today! Earn your RN-BSN or Doctor of Nursing Practice online!

1-800-325-0900
ext. 6210

www.LMUnet.edu

Collaboration: Not Always a Good Thing

Allyson Matney Neal,
DNP, APRN, FPMHNP-BC, CNS-BC, CPNP

Allyson Matney Neal

Full practice authority (FPA) and collaboration, do they go together, are they the same, how do they relate to each other? When talking to other Advanced Practice Registered Nurses (APRNs) about FPA one of the first things to come up is collaboration which started me thinking about the term in general. Going straight to the source, Merriam-Webster, I found the definition of collaborate: to work jointly with others or together especially in an intellectual endeavor; to cooperate with an agency or instrumentality with which one is not immediately connected.

No doubt, following the dictionary definition, collaboration is a good thing. It entails individuals and organizations working together to achieve shared goals. APRNs, physicians, and other health care providers routinely collaborate in their work. This is necessary if you want to ensure patients have of the best outcomes possible. It benefits patients and their families to have a team, including nurses of all sorts, physicians, physical therapists, nutritionists, psychologists, social workers, and others working together to achieve a shared outcome.

The problem with collaboration, when it is not a good thing, is when one of the team members, most commonly physicians, uses collaboration requirements to exercise unnecessary control over other team members. This in general is an unreasonable exercise of power and is about power rather than the patient. The result is limited choices of providers, restricted treatment options, and ultimately an impact on the outcome for the patients and their families.

I am an APRN, DNP and am certified as a psychiatric nurse practitioner, child and adolescent psychiatric clinical nurse specialist and a pediatric nurse practitioner. I practice in a community mental health center and I also have a small private practice. I collaborate on a daily basis with members of the health care team, school nurses, nurses that work in my office, APRNs from different practice settings, and physicians. This is part of delivering patient-centered care. The physicians I collaborate with are sometimes my supervising physician and we are discussing one of my patients that I would like his input on or we are discussing one of his patients that he would like my input on. Often I am collaborating with an APRN or physician that is referring a patient to me and are asking what they should do or can do before the appointment with me. Or I am collaborating with a physician or APRN that I am referring my patient to, or my patient has aged out of my practice and I am collaborating for continuity of care. Collaboration in these situations is a good thing, it serves to benefit patients, families, and the health care team.

When collaboration is legislated and used to exercise control over APRNs it is not a good thing. Patients, families and the health care team members lose. Too often it is not about the patient; it is about self-interests of the controlling provider. This type of unnecessary supervision has not been shown to improve outcomes, In fact, unnecessary supervision can increase costs and patient hassle and may actually be detrimental to patients and their families.

Numerous studies have shown the value of APRNs being allowed to practice to the full extent of their education and training *without unnecessary collaboration*. Twenty-two (22) states and the District of Columbia have achieved FPA and have demonstrated success in health outcomes after that change. The Federal Trade Commission (March 2014) concluded that mandatory supervision and collaborative requirements will result in negative outcomes due to decreased access to care, increased costs, reduced quality of care and limited new ways of delivering and receiving health care.

Collaboration can be a good thing, as long as any group does not exert *unnecessary* control over another and it certainly does not need to be legislatively mandated. Current APRN scope of practice limitations are standing in the way of the health and wellbeing of the residents of Tennessee. APRNs in the state of Tennessee practice under the most restricted authority. We are one of thirteen (13) states that require physician supervision of APRNs which is even more restrictive than collaboration. It is time for the elimination of supervision or *unnecessary* collaboration. It is time that all APRNs in the state of Tennessee to be able to practice to the full extent of their education and training without restrictions that do not improve patient outcomes and actually impede access and increase costs. My new question is: *what are APRNs across the state doing to promote full practice authority and unnecessary restrictions?*

Collaborative Advocacy Update: Tennessee Nurses Association and Tennessee Medical Association Working Together

Jill S. Kinch, MSN, MMHC, APN, CPNP-PC/AC

Jill Kinch

In the Spring of 2014 the TN Nurse Association and TN Medical Association called a meeting of executive committee members to strategize on how best to leverage the unique roles and responsibilities of the associations and to assess and address the health care needs of patients and populations served by our organizations.

There was consensus that professional state associations collaborating at the state level often find common ground on health policy matters that advance our common goal of improving the health of our citizens. Additionally, improved communication and common efforts can often be the foundation upon which future work can be built.

Topics at the 2014 summit included presentations from content experts on the TN state Innovation Plan and payment reform, the future of the TN health care work force, and end of life care. This collaboration was an excellent opportunity to engage in productive dialogue about health priorities for our state.

The summit established a foundation for our ongoing partnership in advocacy, and we have been collaborating for over a year on several initiatives, with a focus on how to support conversations about end of life care. After several follow-up meetings we agreed on these strategies:

- Request to the State Department of e-Health Initiatives to develop a statewide Advanced Directive repository as resource for all providers and patients, families and caregivers.
- Ask the Tennessee Department of Health to include more space on the Advance Directive form for a patient (and/or family or caregiver) narrative regarding end of life care preferences.
- Invite the Drivers Services Division of the Tennessee Department of Safety and Homeland Security to include a provision on a driver's license indicating the presence of an Advance Directive. Although this request isn't able to be implemented now, due to budget constraints, this collaborative effort is a great example of how we are partnering together and this request may encourage further discussions in the future.

We are encouraged by our continued collaboration and dialogue, and are hopeful that we will continue to establish and foster the development of a legacy of collaborative advocacy for citizens in our state.

Job Seekers: Keep Your Career on the Move!

Our Career Center is the best source for jobs in all practice settings for nurses. It's where Tennessee nurses go to find the right job and where employers go to find the right talent. With easy to use tools like customizable job alerts and multiple resumes, the TNA Career Center is the best place to grow your career!

Employers: Find the Most Qualified Candidate!

Reach the largest qualified job seeking nurses by recruiting with the TNA Career Center. Our members are highly qualified and passionate about nursing and are looking for a rewarding opportunity.

Need more information?

Contact Brian DiIorio at 1-866-376-0949 x 6028 or bdiiorio@associationcareernetwork.com

Visit the Tennessee Nurses Association Career Center today and discover the difference we can make for you.

To search or post a job, please visit us at:

http://www.tnaonline.org

yourmembership

Disaster Prevention

Kate Payne, JD, RN, NC-BC

Kate Payne

The end of the year is just around the corner, and before that the holidays. We are thinking about the gifts we will give and celebrations with family and friends. It is hard to think about that given the difficult headlines and news broadcasts about terrible disasters from weather to terrorist attacks. Nurses are often at the forefront of such disasters as caregivers and responders. Each disaster is followed by recommendations to protect yourself, family and community. Fortunately, many of us will never have to deal with a big disaster. However, as nurses and as people we will all confront what can be a natural disaster and that is death. In the United States about 2.5 million people die each year. Even though it is something every person will face, few of us know much about it or have made any kind of plan to deal with it. For some they are too afraid and others believe that their loved ones will live forever. Many simply don't know where to start. Maybe we should treat it like any other disaster. We need to have a plan to keep those we love and ourselves safe at life's end.

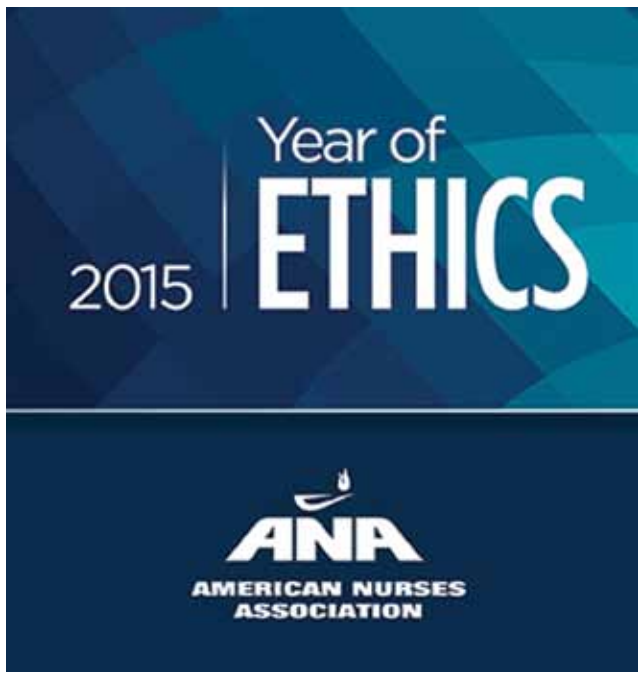
The last two decades have resulted in some significant changes in end of life care. We now have palliative care teams in many settings that get involved at the beginning of an illness as well as in hospice. More patients now get hospice care at the end of their life. About 47% of Medicare beneficiaries used hospice, which is more than double the rate in 2000. Nevertheless, studies show that many still suffer due to inadequate symptom management where death is prolonged from aggressive treatment they did not want and that does not offer them any benefit. I believe that life is precious, but by acting as if death is optional, loving family and well-intentioned doctors and nurses can make dying much harder than it needs to be.

Ira Byock, MD irabyock.org/ a pioneer in improving end of life care, has also written about this idea of disaster prevention (and here I thought I was so smart). He observes that for any disaster there are specific community and governmental organizations that have teams that respond. Organizations like the Red Cross or FEMA come to mind. Such programs often have specially trained people. Palliative care and hospice programs are those skilled responders at the end of life. They are composed of teams of doctors, nurses, social workers, spiritual care providers and others that treat the patient's symptoms and help with basic bodily needs. They also provide practical, spiritual and emotional support to families as well. Like other disasters, whole families are affected by the experience of a life threatening illness. Byock says that with skillful care and reasonable comfort, a person's dying can hold opportunities to complete a life, rather than merely have it end, to really make it a non-disaster.

Remember also that it helps to have a plan to avoid suffering from a disaster. I have a tornado box and a few days of food and water in my basement living here in middle Tennessee. For the end of life we also need to plan. Start with a conversation with the people you love and trust. Tell them what you want in the event of a life limiting illness, treatments you would or would not want like CPR or life support technologies, where you want to spend your last days. For some of us it is really hard to just get the conversation started. There are several interesting websites that can help. *The Conversation Project* http://theconversationproject.org/ offers a starter kit in PDF form you can download and print about how to have the conversation. The kit has places to make notes, check lists, all to get you prepared to talk to your healthcare provider as well as your family. *Death Over Dinner* http://deathoverdinner.org/ asks a series of questions about planning a dinner party around talking about the end of life. They will send you a personalized email with invitation language to send to your proposed guests as well as some homework and things to do before and after dinner.

After the conversation get your wishes down on paper. Fill out your medical directive and give copies to your health care providers, family and trusted friends. Put a copy in your glove box in the car as well. Everplans https://www.everplans.com/ offers a secure digital archive of everything your loved ones might need should something happen to you. They also provide expert guidance and resources to help you plan. Come January, CMS will begin to pay physicians and hospitals for having advance care planning conversations. I hope you find that your physician asks you about it.

Love your family and prepare for the end of your life. Death is a natural part of living, but it can turn into a disaster. Don't let it. The gift-giving season is here. Make one of them the gift of a plan for the end of your life; help your patients plan for theirs.



An Exciting Opportunity to Advance Your Career in Nursing

- Online Core Courses
- Maximum transferability for previous courses
- Supportive faculty
- Flexible scheduling to fit work needs
- With approved transfer credits, completion in as few as five quarters
- Friendly online environment
- Credit for RN licensure

Call Today for More Information: 865.251.1800
West Campus: 400 Goody's Lane • Knoxville, TN 37922
Main Campus: 3904 Lonas Drive • Knoxville, TN 37909 • Phone: 1.865.251.1800 • SouthCollegeTN.edu

South College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award degrees at the doctorate, master's, baccalaureate, and associate levels.
For information on graduation rates, median debt of graduates and other important information, visit www.southcollegetn.edu.

it begins at KING UNIVERSITY
ESTABLISHED IN 1867
Accredited. Achievable. Affordable.

Online Nursing Programs

Bachelor of Science in Nursing (RN to BSN)
Master of Science in Nursing (MSN)
- MSN nurse educator
- MSN administrator with dual MBA option

CCNE ACCREDITED

Fast-track your nursing career!

Learn More by visiting us at
online.KING.edu/TNnurse

King University
1350 King College Road | Bristol, TN 37620 | 888.391.8252

052114

American Nurses Association

Bringing Nurse-Developed Health Care Recommendations to Consumers

The American Academy of Nursing has partnered with *Consumer Reports* to translate its new *Choosing Wisely*® list of "Things Nurses and Patients Should Question," containing recommendations developed by nurse leaders, into engaging brochures for consumers to reference for common health practices and treatments.

The Academy and *Consumer Reports* released the first two brochures June 23 that were developed from the Academy's first set of five recommendations, with plans to provide updated materials as other recommendations are added.

The *Choosing Wisely* campaign is an initiative of the ABIM Foundation to encourage conversations between patients and their health care professionals about what care is genuinely necessary. The Academy leads the nursing profession's efforts in the *Choosing Wisely* campaign through its task force composed of leaders of many national nursing organizations.

"We are proud to partner with the Academy to break out these recommendations into easily understandable information for patients and their families," said Tara Montgomery, senior director for Health Impact at *Consumer Reports*. "These brochures will help arm consumers with useful advice in order to have more engaging and impactful conversations with nurses and other health care providers to ensure they are getting the right tests and treatments and avoiding unnecessary care."

Diana J. Mason, PhD, RN, FAAN, Academy president and ANA-New York member, said, "The Academy is grateful for the opportunity to partner with *Consumer Reports* to make our recommendations accessible to a broad audience. The information in these brochures will empower patients and their families to approach their providers on these practices that patients and nurses should question, and come to the best health solution."

The first brochure titled, "Hospital Hazards," focuses on four practices that can harm older people including bed rest, physical restraints, interrupted sleep and urinary catheters. The second focuses on fetal monitoring, titled, "Monitoring Your Baby's Heartbeat During Labor," and includes a section offering advice to women on making their labor and birth experience easier.

The brochures can be found at http://www.aannet.org/choosing-wisely and will be distributed through the *Consumer Reports* network of partners, which consists of more than 50 national, regional and local organizations.

The *Choosing Wisely* initiative has engaged more than 70 national specialty societies, and has identified more than 350 tests and procedures that have been described as overused and inappropriate and that should be discussed with patients. *Consumer Reports* develops plain-language translations of these topics, including questions to help patients engage their health care provider in meaningful conversations.

Conscientious Objection

When Care Collides with Nurses' Morals, Ethics

Susan Trossman

Last winter, two high-profile — and very tragic — cases pitted family members against hospital administrations and stirred debates nationwide about brain death, policies and laws, and ethics. No matter where they practice, nurses may have wondered what they would do if they found themselves in similar circumstances — whether they could object to providing patient care. The answer is a qualified "yes."

First, the Two Cases

According to published reports, Jahi McMath, 13, was admitted into a California children's hospital for surgical procedures to address sleep apnea. Following surgery, she developed a complication, went into cardiac arrest, and was declared brain dead by two hospital-associated physicians and ultimately a court-ordered physician. Her family fought to have her remain on a ventilator until she could be transferred to an undisclosed facility where she could be given additional "life-sustaining" measures.

Marlise Munoz was 14 weeks pregnant when she was found unconscious at home. She was declared brain dead and carrying a nonviable fetus; her family wanted her taken off life support, noting her wishes, the media reported. But this time, the hospital where she was admitted objected — citing a Texas law it believed required them to keep her on life support until her fetus could be delivered. Again, a legal battle ensued. A judge ultimately ruled that the hospital was misapplying the law, and the hospital removed her from life support.

Members of the American Nurses Association (ANA) Ethics and Human Rights Advisory Board were not aware of whether or not RNs objected to providing care in these specific cases. However, nurse ethicists did find it crucial to ensure that all RNs understand that they can conscientiously object to participating in interventions if certain criteria are met.

Confronting Difficult Decisions

Nurse ethicist Anita Catlin, DNSc, FNP, FAAN, followed the Munoz case in the national press. "Nurses have a right to conscientiously object to participate in technologically supported treatment of a brain-dead person," shared Catlin, a member of ANA's ethics advisory board. "Additionally, when a woman and her surrogate have made their wishes known, it is unethical to go against these wishes as stated in *ANA's Code of Ethics for Nurses with Interpretive Statements.*

"If members of the nursing staff wished to be excused from participating in this patient's care for anything other than palliative care and comfort measures, they have every right to do so."

When it comes to nursing practice, there are two broad categories in which RNs can conscientiously object to participate — based on provisions addressed in the *Code of Ethics*, according to Marsha Fowler, PhD, MS, MDiv, RN, FAAN, a member of the ANA's professional issues panel steering committee, which has been leading a revision of the Code.

Nurses can refuse to participate in all instances of an intervention — such as an abortion or sexual reassignment surgery — based on religious or moral grounds, said Fowler, an ANA\California member. RNs who hold these strong beliefs should make their objections to participate in these types of interventions or procedures known at the time of hiring, Fowler said.

"If that's not possible for some reason, the nurse should make her or his objection as timely as possible so the nurse manager can find a replacement," she said.

Vicki Lachman, PhD, MBE, APRN, FAAN, added that for nurses to ethically object to participating in an intervention, that intervention "must challenge their moral integrity — and not be based on false motivation. It really has to violate a deeply held conviction of what's right or wrong. A nurse might believe that the sanctity of life trumps all."

The *Code* does not allow nurses to refuse care based on prejudice, discrimination or dislike. For example, they can't refuse to take care of someone because the patient abuses alcohol or because the patient is homosexual, according to Lachman, chair of ANA's ethics advisory board.

To decrease the chances of having to object on moral or religious grounds, nurses ideally should practice in settings where they are less likely to be confronted with interventions — such as abortions, cardiac transplants or palliative sedation — that conflict with their beliefs, Lachman said.

The other broad category in which nurses can conscientiously object involves a specific intervention with a specific patient, Fowler said. A common example of this ethically sound objection is when a nurse is asked to participate in an intervention that goes against a patient's autonomy and expressed desires, as in the patient's not wanting a blood transfusion, antibiotics or other lifesaving measures.

Given the fast pace of technology and other advances, nurses may increasingly find themselves in ethically challenging situations, Lachman noted.

Additionally, many sensitive cases that might have been kept private in decades past are now being played out in the media, according to Fowler.

Parting Words

To make a conscientious objection, Fowler said nurses should follow the lines of authority and the structures that are in place in their facilities. They also can contact their organization's ethics committee or patient ombudsman.

And they must be aware of an obligation not to abandon a patient.

"Once a nurse begins treating a patient, she or he is legally bound to care for that patient until another nurse is available to assume responsibility for the patient," Lachman said.

And although it may take courage to conscientiously object — particularly given some workplace cultures — not doing so can have dire consequences for the individual nurse and for the nursing profession.

"Most of the time, nurses just remain silent and do not make their objections known. They also worry that their decision will place a burden on colleagues by giving them more work," Lachman said. "If nurses cannot move away from these situations, it becomes intolerable. They experience moral distress, emotional and physical fatigue, and burnout. Therefore, organizations must provide nurses with the staffing necessary to maintain their moral integrity, and nurses need to participate only in patient care that is not morally compromising."

Fowler added, "Nurses need to accommodate and support colleagues who conscientiously object and provide an environment that preserves professional integrity."

— Susan Trossman is the senior reporter for *The American Nurse.*

Reprinted with permission of The American Nurse

Tennessee Nurses Foundation

I WANT TO SUPPORT TNF

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Office Phone _____

Fax _____ Email _____

Please accept my donation of:

❒$1,000 ❒$250 ❒$50
❒$500 ❒$100 ❒$Other_____

❒I would like to make my donation as an Annual Pledge

(Annual pledges limited to gifts of $250 or more)

I will honor my Annual Pledge
❒Semi Annually (July & January)
❒Quarterly (July, October, January, April)

Please use my donation for:

❒General Fund (Unrestricted)
❒Memorial Education Scholarship (Restricted)
❒Leadership Nursing Program (Restricted)
❒Research Grants (Restricted)
❒In Tribute ❒In Memory
❒In Name of _____

Send acknowledgement to:
Name _____
Address _____
City/State/Zip _____

The *TNA Membership Dues Scholarship* and *Honor a Nurse* programs require additional forms. Please visit www.tnaonline.org or call 615-254-0350 for details.

Method of Payment

Check enclosed for the amount of $_____
Charge my credit/debit card in the amount of $ _____
❒VISA ❒MasterCard
Cardholder Name _____
Street Address _____
City _____ State _____ Zip _____
Credit /Debit Card # _____
Exp. Date _____ 3 Digit Authorization Code _____

_____
Signature

Mail To: TNF • 545 Mainstream Dr. • Suite 405 • Nashville, TN 37228

GIVINGMATTERS.COM
an initiative of The Community Foundation of Middle Tennessee

Nurses Change Lives

Specialty License Plate

Drive With Pride!

Nearly *one-half* of the proceeds from the sale of the specialty nurse license plate, *Nurses Change Lives*, go to help support Tennessee Nurses Foundation initiatives for nurses. Visit *www.tnaonline.org* for details on TNF programs.

Purchase the Specialty Nurse License Plate Today at your local County Court Clerk's Office!

The cost of the plate is $35 above the normal renewal fee for your vehicle.

The *Nurses Change Lives* license plate will make a **unigue gift** for new nursing graduates, for birthdays, award recognition gifts, and anniversaries. Visit www.tngiftcenter.com/gifttag to purchase your specialty license plate gift voucher.

TNF

Nurse Mentoring Toolkit Now Available to Hospitals and Schools in the State of Tennessee

Provided by the Tennessee Nurses Foundation

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.

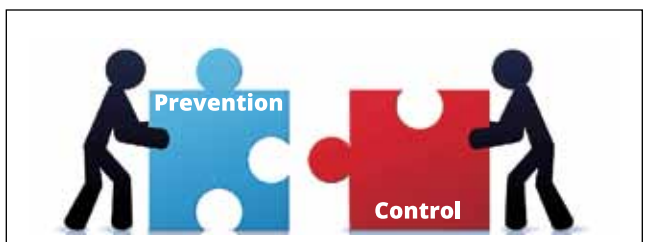
Developed by The Health Alliance of MidAmerica LLC, a limited liability company of the Kansas and Missouri hospital associations, in conjunction with the Collegiate Nurse Educators of Greater Kansas City and the Kansas City Area Nurse Executives, this successful program provides encouragement and support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



HELP YOUR PATIENTS PREVENT AND CONTROL DIABETES

Screen and test patients for prediabetes and refer them to a diabetes prevention program

Refer patients to "Take Charge of Your Diabetes" a free lifestyle change program for anyone living with diabetes or prediabetes

Visit the University of Tennessee Extension website

TN Department of Health

For More Information contact Lisa.Kocak@tn.gov

Message from the TNF President

Happy Holidays to All,

I want to thank all of you who were at the conference this year for another successful Silent Auction supporting the mission of the Tennessee Nurses Foundation, not only in attendance but in donations. There were many beautiful items for auction. I would like to personally thank each district for the donations of the baskets which were a big part of the auctions success. This is a good way to raise money for the nurses of Tennessee.

The Board of Trust is grateful for the success in order to vote for more people to come to the conference by making money available to help us offer more scholarships and opportunities for the nurses of Tennessee to obtain their goals. This year was the first time we offered the Edna Mason Scholarship for first time attendees who are bedside nurses to come to the conference. The recipients I spoke with were elated at being there. They said it was a help to them to understand how processes in the nursing profession worked and they all said they enjoyed the conference very much.

We were grateful to all of you who contribute to the Foundation making these opportunities available. There are many scholarships, leadership and research grants available and it is time to start applying for new ones for the next year. If you are in need, take the time to look them up on the website (tnaonline.org) under the Tennessee Nurses Foundation link and apply.

I wish all the nurses of Tennessee a Happy Holiday Season and may all your wishes come true. Thank you for being a nurse and having such an impact on the citizens of the state of Tennessee.

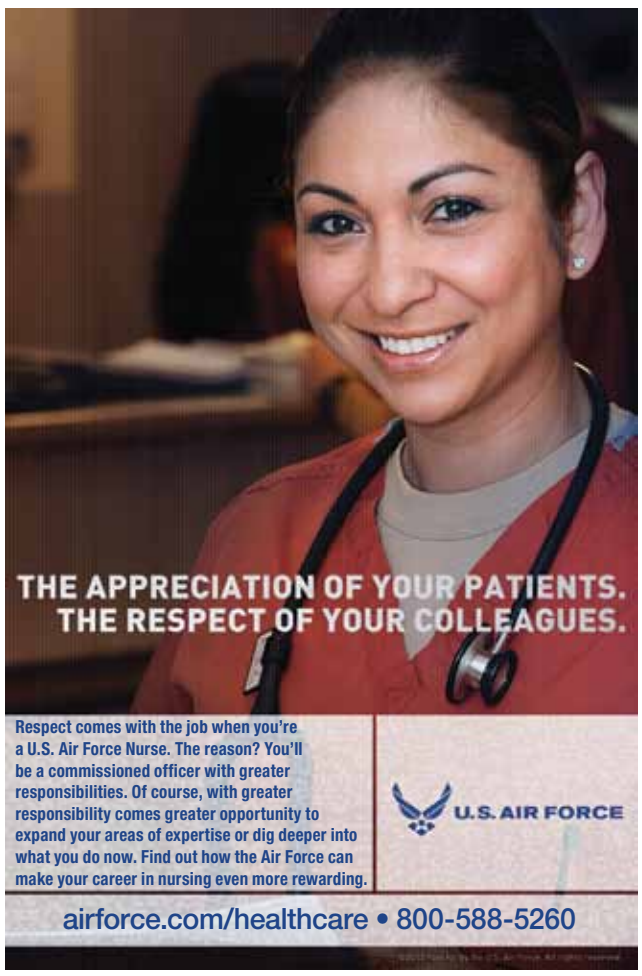
Janice Harris, President
Tennessee Nurses Foundation

Committed to Excellence. Committed to You.

- Bachelor of Science in Nursing
- Accelerated BSN for Second-Degree Students
- RN to BSN
- Associate degree to BSN dual degree
- LPN to BSN
- Master of Science in Nursing
- Clinical Nurse Leader
- Post-Master's Certificate Program
- PhD in Nursing
- Doctor of Nursing Practice (BSN or MSN to DNP)
- Professional Development Programs

COLLEGE of NURSING

Many graduate and undergraduate programs are available online.
ETSU.edu/nursing 888-37-NURSE



Respect comes with the job when you're a U.S. Air Force Nurse. The reason? You'll be a commissioned officer with greater responsibilities. Of course, with greater responsibility comes greater opportunity to expand your areas of expertise or dig deeper into what you do now. Find out how the Air Force can make your career in nursing even more rewarding.

U.S. AIR FORCE

airforce.com/healthcare • 800-588-5260

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.tnaonline.org. A photo and brief paragraph may also be submitted to further recognize your honored nurse.

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

Your $50 donation will go toward 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.

DONOR INFORMATION

Donor Name: _____ **Email Address:** _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ _____
(Home) (Work)

PAYMENT INFORMATION

Authorized Payment Amount $_____
(Minimum $50 donation for each nurse honored)

❑ Check payable to TNF is enclosed

❑ MasterCard/Visa

Card Number_____ Exp. Date:____/____ CVV:_____
3 digit code on back

Cardholder Name_____

Address_____City_____State_____Zip_____
(Please Print)

TNF Honor A Nurse…
Honor friends, family, or colleagues by marking their anniversary, birthday, special event, or as a memorial

HONORED NURSE INFORMATION

- **Please Honor-Name & Credentials:** _____
- **Choose which quarter you would like the honored nurse listed in the *Tennessee Nurse* publication and the TNA website, (choose only one quarter for both listings)** ❑Winter ❑Spring ❑Summer ❑Fall
- **Comments regarding the Honored Nurse:** _____
- **Include photo of Honored Nurse (if available) with contribution form or email to tnf@tnaonline.org. Photo requirements:** digital photo that has been taken at a high resolution of 300 dpi (which equates into setting the digital camera to take the largest file size possible) or an actual commercially printed photograph, (we cannot accept photographs that have been printed on a desktop printer)
- **Send notification of gift to:**

_____
(Name) (Street) (City) (State) (Zip)

SUBMIT COMPLETED FORM TO
TNF ◆ Honor A Nurse ◆ 545 Mainstream Dr., Ste. 405 ◆ Nashville, TN 37228 ◆ Fax: 615-254-0303
More Information, call 615-254-0350

You Could Win $1,000 Plus a FREE Membership!

Nurses Leading to the Future 2016 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 2016.

Criteria:

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

Manuscript requirements:

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

A completed submission must include:

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

Deadline for submission: March 31, 2016. Submissions must be postmarked by this date. Fax submissions are not accepted.

Entries will be judged by blind review by selected nursing experts. The winner/s will be notified by email. Members of the TNF Board of Trust and TNA Board of Directors are not eligible.

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

Recipients of TNF funding for grants or research who wish to publish findings may contact TNF for assistance with manuscript preparation at tnf@tnaonline.org, or mail to the Tennessee Nurses Foundation, 545 Mainstream Drive, Suite 405, Nashville, TN 37228.

Health Policy Report

Lin Zhan, PhD, RN, FAAN
TNA District 1

Belinda Fleming, PhD, APN, FNP-BC
TNA District 1

Dr. Lin Zhan, Dean and Professor of the Loewenberg College of Nursing, and Dr. Belinda Fleming, Director of Family Nurse have co-authored with Dr. Cyril Chang, Professor of Economics and Director for Methodist Le Bonheur Center for Healthcare Economics, and Dr. David Mirvis, Consultant and Senior research fellow Methodist Le Bonheur Center for Healthcare Economics wrote the white paper, titled

Chang, C., Zhan, L., Mirvis, D.M., & Fleming. B (2015). **The Unmet Demand for Primary Care in Tennessee: The Benefits of Fully Utilizing Nurse Practitioners: A Health Policy Report**

Major points of this study include:

- Higher levels of primary care are associated with improved personal and population health, reduced healthcare utilization and costs, and less racial and socioeconomic disparities in healthcare utilization.
- However, the demand for primary care in Tennessee, as in many other parts of the country, exceeds available services. Almost 40 percent of Tennesseans living in 51 counties have a less-than-adequate supply of primary-care physicians.
- An important approach to expanding critically-needed access to primary care in Tennessee is expanding the role of nurse practitioners (NPs). Numerous studies have demonstrated that well-trained NPs, when serving as independent primary- care providers, can provide effective and high-quality primary care.
- Adding NPs to the primary-care workforce increases the proportion of Tennesseans with adequate numbers of primary-care practitioners to 95 percent and the number of counties with adequate primary-care practitioners from 24 to 76.
- Substantial barriers exist that impede NPs from fully participating in primary care and from reducing the primary-care workforce shortage. These include restrictive state practice authority regulations, inequitable payment policies for NP-provided care, and interprofessional tensions that impede effective team practices.
- The following three recommendations can effectively reduce existing barriers and allow NPs to practice to the full extent of their education and training:

Recommendation 1: Tennessee legislators and regulators are urged to:

(1) fully implement the APRN Consensus Model, a policy blueprint for guiding the uniformity of state regulation of Advanced-Practice Registered Nurses (APRNs) supported by practically all major nursing organizations, as well as the Institute of Medicine and the National Governors Association;

(2) approve and enact Tennessee House Bill 456/Senate Bill 680 that revises requirements for NPs to ensure their full scope of practice and to enable them to provide services in the primary-care market; and

(3) support nursing's Doctor of Nursing Practice programs to raise education levels and accreditation standards for NPs to enable them to better function in an evolving and demanding primary-care market.

Recommendation 2: We recommend that current reimbursement policies be reexamined to reimburse NPs adequately at the rates of other clinicians for comparable work.

Recommendation 3: We recommend that health professional groups undertake meaningful efforts to develop truly collaborative arrangements that facilitate team-based treatment models in primary care that can yield better patient care and reduced healthcare costs.

Dr. Lin Zhan has also been elected to be on the American Academy of Nursing Selection Committee.

American Nurses Association/Tennessee Nurses Association Membership—Each of you has something to offer...a skill that would strengthen the profession in some way. Join TNA Today!

Tennessee Nurses Association Membership Application

545 Mainstream Drive, Suite 405 • Nashville, TN 37228-1296 • Phone: 615-254-0350 • Fax: 615-254-0303

Please type or print clearly. Please mail your completed application with payment to **TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296**

Last Name _____ **First Name** _____ **Middle Initial** _____

Street or PO Box Number _____ **Nickname** _____

City _____ **State** _____ **Zip** _____ **County** _____

Last Four Digits of Social Security Number _____ **Email** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Home Fax _____ **Work Fax** _____ **Pager** _____

Employed at _____ **as** _____

Employer's Address _____

Academic Degree(s) _____ **Certification(s)** _____

Graduation from basic nursing program (Month/Year ___/___ **RN License #** _____ **Date of Birth** ___/___/___

Membership Categories *(please choose one category)*

❒ANA/TNA Full Membership Dues
Employed full or part-time **$24.67 per month** or $290.00 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.

❒ANA/TNA Reduced Membership Dues
Newly-licensed graduates, not employed, RNs who are full-time students, or age 62+ and not earning more than Social Security allows. **$12.59 per month** or $145 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.

❒ANA/TNA Special Membership Dues
62+ and not employed, or totally disabled. **$6.54 per month** or $72.50 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.

❒TNA Individual Membership Dues
Any licensed registered nurse living and/or working in Tennessee. **$17.09 per month** or $199.00 annually. Includes membership in and benefits of the Tennessee Nurses Association and the TNA District Association.

American Nurses Association Direct Membership is also available. For more information, visit www.nursingworld.org.

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

Signature _____ Date _____

TO BE COMPLETED BY TNA STAFF
State: _____ District: _____ Expiration Month: _____ Year: _____

Membership Status:
❒ 1. New
❒ 2. Renewal
❒ 3. Reinstated
WINTER

Membership Type:
❒ 1. Full (100%)
❒ 2. Reduced (50%)
❒ 3. Special (25%)
❒ 4. TNA Individual

Bill Method:
❒ 1. A
❒ 2. EFT
❒ 3. CCM
❒ 4. PD

Amount Enclosed: _____
Amount Discounted: _____
Approved By: _____
Today's Date: _____

DUES PAYMENT OPTIONS
(please choose one)

SIGNATURE REQUIRED BELOW

❒ Automatic Monthly Payment Options
This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize TNA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

_____
Automatic Monthly Payment Authorization Signature

By signing the Automatic Monthly Payment Authorization you are authorizing ANA to change the amount by giving the undersigned thirty (30) days advance written notice. Undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated below. Membership will continue unless this notification is received. ANA will charge a $5.00 fee for any returned drafts or

❒ **CHECKING ACCOUNT:** Please enclose a check for the first month's payment, which will be drafted on or after the 15th day of each month using the account designated by the enclosed check.

❒ **CREDIT/DEBIT CARD:** Please complete the credit card information at right and this credit card will be debited on or after the 1st of each month (VISA and MasterCard Only on monthly draft plan).

❒ Annual Payment
Make check payable to TNA or fill out credit card information below.

❒ Charge to My Credit/Debit Card
❒ VISA ❒ American Express
❒ MasterCard ❒ Discover
Number _____
Exp. date _____
Signature _____

TNA TENNESSEE NURSES ASSOCIATION

❒ Payroll Deduction
This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

PARTICIPATING AGENCIES
VA - Nashville, Memphis, Mountain Home, Murfreesboro
Regional Medical Center - Memphis

_____
Signature for Payroll Deduction

❒ Authorization to Bill My Employer
_____
Company
_____
Contact Person
_____
Street or PO Box
_____
City State Zip

(Many employers pay professional dues. TNA's educational programs alone justify it. Ask your employer.)

Discover Everything TNA & ANA Have to Offer YOU!

Join in 2015 and save 10% – just $22.25/month or $261/year.

Use Promo Code: TNA10

Gain the advantage of education, networking and advocacy for your career, your profession and your patients. ***Because nursing is more than what you do, it's who you are.***

ACT NOW!

www.JoinANA.org

TNA TENNESSEE NURSES ASSOCIATION | ANA AMERICAN NURSES ASSOCIATION

New and Reinstated Members

District 01

Jessica Arndt, Trina L Barrett, Latarsha A Bryant, Kathleen Marie Chappell, Mary Louise Conaway, Nathan A Crumley, Ryan Keith Cummings, Jill A Dapremont, Alicia Dawn Davis, Diana D Dedmon, Frankie R Dunmore, Mary Catherine Elliotte, Linda Vernell Green, June T Holt, Dionne Helena Humphrey, Janet Montague Hunt, Laronia D Hurd-Sawyer, Ann Holbrook Jenkins, Chris Johnson, Sherry L Johnson, YaNawn Johnson, Amy Elizabeth Kalkbrenner, Elizabeth Keltz, Amy R Koehn, Seraphine H. Lambert, Porshia Elise Mahoro, Victoria McClain, Rochelle L McLarty, Lillian A Okello, Natalie C. Owsley, Graeme Parsons, Jon-David Price, Judith Ann Rosenberg, Sherita Ross, Stephanie Dawn Scissom, Taryn Marie Shrock, Jessica Renee Stanford, Jenny Strelsin, Jennifer Temple, April A Walker, Camille Stovall Wheeler, Cortina Williams, Jodi Kelley Woods, Emily Young, Meijuan Zheng

District 02

Mary Jordan Armstrong, Justin Bowers, Donna Gaines Boxwell, Tiffany A. Coffey, Donna Lee Deean, Janet L Deese, Julia Ferguson, Janice D Floyd, Archie Kendall Freeman, Farideh Golembiewski, Sarah Leandra Grissom, Lynda Hardy, Kimberly A Johnson, Stacey D. Labarre-Powell, Tamara Renee Legge, Kristen K Murray, Matthew A Norton, Alicia M Polega, Hillary A Quilliams, Jennifer C Scribner, Dana Smith, Hannah R Tipton, Susan N Toberman, Rachel B Wyatt

District 03

Candance A. Alexander, Meghan Anderson, Loretta Bond, Rebecca Bone, Deborah L Brown, Delphine Asonfac Burdick, Elizabeth B Campbell, Nicholas D. Christofidis, Edith Cloyd, Sharon H Cox, Katherine Sheridan Crocker, Grace T. Csaki, Kristin K Davis, Jie Deng, Hannah Dickens, Kinsey Danielle Dooley, Kimberly M Ezell, Elizabeth Fitzgerald, Marc Andre Furmanski, Elizabeth Diane Gerstenfeld, Patricia Wells Haeberle, Phyllis M Hector, Jennifer G Hensley, Karen Holmseth, La'Wanda Jenkins, Linda L Johnson, Nichole A Kaas, Paula R. Lee, Xiaoli Liu, Chelsea Lane Lytle, Candace Mallas, Valerie M Matthews, Donna L. McDonald, Dana Mires, Derek A Niemann, Trina D Ondrizek, Anna R Owens, Freda Russell, Erin C Schmitz, Rosheil - Ann Calang Seplon, Beverly Shields, Keturah M. Sloan, Amber B Staggs, Elizabeth Stone, Janet Gaye Usher, Dawn M. Vanderhoef, Amanda Beth Wenger, Suzanne Wetzel-Ray,

District 04

Beverly Bird, Ammatur-Raheem Egyin, Lucy M. Hampton, Dana Kelly Mitchell, Ladana L Persinger, Russell Allen Peters, Tamieka Y Simmon, Donna Swisher Smith, Marysol Montalvo Thomas, Rachel Tolliver, Kathleen Elaine York

District 05

Bernita J Armstrong, Charisma Karre Bailey, Haley Lyn Bridwell, John M. Daniel, Maria Edge, Patricia Kennedy Erwin, Carole R Hill, Christina Camille Hudson, Mary Susan Mask-Hensley, Martha Lauren Miller, Patsy Miller Pampkin, Carolyn Phipps, Connie T Rutledge, Virginia E Schlitt, Jessica Nicole Stapleton, Haley Walser

District 06

Stephanie Gulledge, Shelby D Hall, Raven G Jarrett, Erin L Owen

District 08

Thomas R Cooper, Mara M Hutchings, Debra Regynski, Stacey Salmonson, Sandra Witt

District 09

Matthew Adams, Joan Anthony, Angela D Cannon

District 10

Amy J McCoy, Sandra K Russell

District 12

Shawna M Adkins, Kelly S Childress, Molly Ann Denton, Virginia Coleman Smith

District 15

Eleanor Ann Elliott, Holly Hanna, Hitesh M Patel, Danielle Voss, Melody Welshofer

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

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

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

Part Of Your ANA/TNA Dues Are Tax Deductible!

You are allowed to deduct, as a professional/business expense, the percentage of dues that are NOT used by ANA or by TNA for political activities such as lobbying at the legislature. In 2015, the non-deductible percentage for ANA's portion of the dues is 20.24%. The non-deductible percentage for TNA's portion of the dues is 16.78%.

Deductible Amounts
Full ANA/TNA:
$290 @ 62.98%–deduction $182.64
Reduced ANA/TNA:
$145 @ 62.98%–deduction $91.32
State-Only:
$199 @ 83.22%–deduction $165.61

THE UNIVERSITY OF MEMPHIS
Loewenberg School of Nursing

Preparing Leaders. Promoting Health.

Advance your career while working closely with faculty, nurses and patients -- at times and locations that are most convenient for you

Academic programs include:

Bachelor of Science in Nursing (BSN)
Accelerated BSN
RN to BSN

Master of Science in Nursing (MSN):
-Family Nurse Practitioner
-Nursing Education
-Executive Leadership (EMSN)
-Nursing Administration
-FNP Post-Master's Certificate
-RN to MSN

14th RN to BSN 2015 Best Online Programs RNtoBSN.org

Top 100 Graduate Nursing 2015 Best Online Programs US News & World Report

To learn more about one of the nation's top nursing programs, visit nursing.memphis.edu or call 901.678.2003

CCNE ACCREDITED
All programs are fully accredited by the Commission on Collegiate Nursing Education (CCNE).

A Tennessee Board of Regents Institution. An Equal Opportunity/Affirmative Action University • 1415-LSON-501.

UofM THE UNIVERSITY OF MEMPHIS

Earn a Credential That's in Demand Nationwide

MSN MASTER OF SCIENCE IN NURSING (MSN)
DNP DOCTOR OF NURSING PRACTICE (DNP)
PhD PhD IN NURSING SCIENCE clinical interventions, health services research

- "Top 11" ranked nursing school
- Practice specialties for all interests
- State-of-the-art nursing informatics and facilities
- Community of scholars with broad faculty expertise
- Distance learning opportunities
- Seamless BSN entry-MSN-DNP option

LEARN MORE. APPLY TODAY: nursing.vanderbilt.edu

Connect with us: #VUSN

SCHOOL OF NURSING VANDERBILT UNIVERSITY
TEACHING | PRACTICE | RESEARCH | INFORMATICS

District News

District 1

President: Florence Jones

Florence Jones

District 1 has increased membership, receiving a state award for obtaining the most new members two years in a row and we have made many new legislative and community friends who are helping us promote the practice of nursing and make our profession stronger! Thanks to each and every member for all of your effort and each previous President and board members who laid the strong foundation for our organization. I am looking forward to working with our new District and State President and Board to continue to advocate for our practice and patient care in Tennessee!

August 24th – Counting the Cost Tour – Benjamin Hooks Library – 3030 Poplar-measuring the Impact of the Failure to Pass Insure Tennessee- District 1 and 12 Nurses for Affordable and Acceptable Healthcare with Margaret Ecker, Tennessee Justice Center

August 28 – Left to Right: Dr. Diana Baker, APRN, NP; Senator Ed Jackson; Carla Kirkland, APRN, NP, met in Jackson Tennessee to discuss Full Practice Authority for Advanced Practice Registered Nurses.

September 14th – Tracy Moore with recruitment at Methodist Le Bonheur Healthcare and Connie McCarter, President District 1 spoke to TASN, RN students about the importance of advocacy and employment opportunities at The University of Tennessee Nursing School, Memphis

Left to right: Dr. Jami S. Brown-UTHSC SNA Faculty Advisor; Tracy Moore-Director Methodist Le Bonheur Healthcare Recruitment; Connie McCarter- President District 1; Selina Ribnick-Vice President; Clarissa Anderson-President; Christian Garrett- Secretary/ Treasurer; Laura Caspersen-Project Officer; Charles Walker- SGA President

Installation of New District 1 Officers at Season's 52 Restaurant, Left to right: Carla Kirkland, Ann Jenkins, Kathryn Cooper, Kathy Putman, Sherrie Brown, Tommie Norris, Florence Jones, Connie McCarter

District 2

President: Rob Cornette, DNP, APRN, CNE

Rob Cornette

From as far back as the 15th century the word "boot" meant to profit, therefore, re-boot must mean to profit again; and profit we did!!! On October 1st, in West Knoxville, TNA District 2, profited from their Reboot Party as interested RNs and APRNs were wined and dined at Calhoun's restaurant. Over 50 nurses gathered to learn more about District 2 as President Rob Cornette described the events we have held before and our aspirations for the future. Guests completed information cards if they were interested in becoming more involved.

The November 12th meeting will undoubtedly prove to be a success as well. Joining efforts with local Sigma Theta Tau chapters and other East Tennessee TNA Districts, a panel of nurses from clinical and leadership roles in the community will conduct a panel discussion on ethics and current nursing issues. In the true tradition of enticing nurses to attend a meeting we will feed the masses with tacos, nachos and burritos. No margaritas though, universities tend to frown on that!

Happy Autumn! Deb Chyka, TNA Director of Membership and member of District 2

Join TNA Today!

Application on page 19 or join online at
www.tnaonline.org

Members News

Janell Cecil recently received an Excellence in Nursing Leadership award from the Tennessee Organization of Nurse Executives (TONE),

Janell Cecil, MSN, RN TNA District 2

Sharon Cox has had two books published this year. The first one, published by HCPro last January, and co-authored with TNA member, Shelley Cohen is entitled **Essential Skills for Nurse Managers: Tips, Tools and Insights.** This book is for new and experienced nurse managers and covers a variety of topics from team building, managing change, self-care and balance as well as revitalizing shared governance.

Sharon Cox, MSN, RN TNA District 3

The second ebook, published by Lippincott, entitled **Enough Already: Start Doing What Works at Work** is available at nursingcenter.com for $9.99. This includes changing management styles by moving from the "mama manager style' to more of partnership, moving decision making out in the organization where it belongs and changing how we handle disciplinary issues and evaluations.

Susan R. Jacob, PhD, RN who retired in 2012 as Professor Emeritus and Interim Dean in the University of Tennessee Health Science Center (UTHSC) College of Nursing returned to the college in October 2015 to assume the position of Professor and Interim Associate Dean of Academic Affairs. Dr. Jacob also serves as an education consultant for faith community nurses through the International Parish Nurse Resource Center at the Church Health Center in Memphis.

Susan Jacob TNA District 1

Pam Jones, DNP, RN, NEA-BC, member of TNA District 3, is the senior associate dean for clinical and community partnerships for Vanderbilt University School of Nursing, recently received the American Association of Nurse Practitioners' Advocate State Award for Excellence for being the top representative of advanced practice nursing in Tennessee.

April Kapu, associate nursing officer, director of advanced practice, Center for Nursing Excellence, Vanderbilt University Medical Center in Nashville, recently was awarded the Tennessee Hospital Association's Clinical Nurse of Distinction Award. Kapu was recognized for her contributions and positive impact on nursing, care delivery and outcomes at the hospital.

April Kapu, DNP, APRN, FAANP TNA District 3

Janice Keys, senior vice president, chief nurse executive, Erlanger Health System, in Chattanooga, recently was awarded with the Tennessee Hospital Association's Healthcare Executive Leadership Award as well as the American College of Healthcare Executives (ACHE) Senior Level Healthcare Executive Regent's Award.

Janice Keys, DNP, RN, FACHE TNA District 4

Kathi Lindstrom, Ph.D, FNP-BC, ACHPN, HSMI is Alive Hospice's new executive director of the Alive Institute, the center for outreach, innovation and advocacy. In addition to her work at Alive Hospice, Kathi continues to serve on the faculty of Vanderbilt University School of Nursing.

Kathi Lindstrom TNA District 3

Libby Lund received the Meritorious Service Award from the National Council of State Boards of Nursing (NCSBN) at the annual meeting in August held in Chicago, IL. This award is granted to a member for significant contributions to the mission and vision of NCSBN. Ms. Lund additionally received a 30 year service award.

Elizabeth (Libby) Lund, MSN, RN Executive Director, Tennessee State Board of Nursing TNA District 3

The American Nurses Association has named Frieda Hopkins Outlaw, PhD, RN, FAAN, as the executive program consultant for the Substance Abuse and Mental Health Services Administration Minority Fellowship Program at ANA.

Freida Outlaw TNA District 3

Outlaw, a Tennessee Nurses Association member, will provide academic and scientific oversight to the Minority Fellowship Program. The program supports ethnic minority nurses in obtaining advanced degrees in mental health fields so they can work to reduce disparities and improve health outcomes in diverse communities.

Debra Sullivan, PhD, MSN, RN, CNE, COI and Deborah Weatherspoon Ph.D, MSN, RN, CRNA, COI faculty at Walden University presented leadership skills to a large audience of nursing leaders in New Jersey at Lourdes Hospital in November.

Debra Henline Sullivan TNA District 15

Vanderbilt University School of Nursing Assistant Professor Dawn Vanderhoef, PhD, DNP, PMHNP/CS-BC, is the recipient of the Award for Excellence in Education from the American Nurses Psychiatric Association. "This is a tremendous national achievement. Dawn is recognized as a clinical expert on integrated health care models, an innovator in bringing technology into the academic nursing curricula and a knowledgeable national presenter," said Linda Norman, DSN, RN, FAAN, Vanderbilt University School of Nursing Dean and Valere Potter Menefee Professor of Nursing.

Dawn Vanderhoef TNA District 3

A large group of Vanderbilt nurses attended the 2015 National Magnet Conference, which took place in October in Atlanta. The conference was organized by the American Nurses Credentialing Center (ANCC).

Marilyn Dubree, MSN, R.N., executive chief nursing officer and April Kapu, DNP, APRN, associate nursing officer and VUMC advanced practice director, gave the podium presentation, "Optimized Efficiency and Effectiveness: Impact of an Academic Medical Center APRN Workflow Analysis."

Members News

Margie Gale, MSN, R.N., and Christine Tomes, MSN, R.N., gave the podium presentation, "Green Dot: A Bystander Initiative to Prevent Lateral Violence."

Loretta "Alexia" Williams obtained her PhD in Nursing Science at the University of Tennessee Health Science Center October 22, 2015.

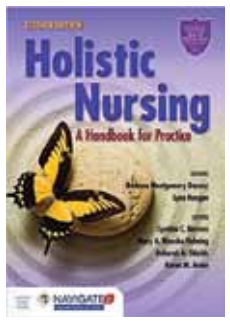
She also co-authored the following book chapter:

Betts, V. T., Tullai-McGuinness, S. & **Williams, L. A.** (2015). Serving the public through policy and politics. *Nurses Making Policy from Bedside to Boardroom* Edited by Rebecca M. Patton, Margarete L. Zalon and Ruth Ludwick, Springer Publishing.

Alexia Williams, PhD, RN TNA District 15

Debra Rose Wilson, PhD, MSN, RN, IBCLC, AHN-BC, CHT, faculty in the MSN in Holistic Nursing online program at Tennessee State University School of Nursing, authored a chapter in the new 2016 edition of *Holistic Nursing* by Dossey and Keegan. Debra is continuing post graduate studies in physics and exploring connections between quantum theory and health. She is the editor of the *International Journal of Childbirth Education* and winner of the 2013 TNA's Award for Nursing Excellence in Education.

Debra Rose Wilson TNA District 15



Deborah Weatherspoon Ph.D, MSN, RN, CRNA, COI and Debra Sullivan, PhD, MSN, RN, CNE, COI faculty at Walden University presented on Advancements in Clinical Technologies at the TN Simulation Alliance State conference in November.

Deborah Weatherspoon TNA District 15

First White Coat Ceremony at East Tennessee State University

Class of December 2017 Gold-AACN White Coat Ceremony

Article submitted and written by District 5 President: Christine Reed RN, BSN

On Friday October 16th, 2015 I had the privilege to attend ETSU's very first White Coat Ceremony for the College of Nursing class of December 2017 at the Martha Street Culp Auditorium D.P. Culp University Center at ETSU in Johnson City, TN.

Entering the auditorium I witnessed 91 enthusiastic nursing students at ETSU anticipating the honor of being presented on stage with their white pressed professional coat, a symbol of professionalism, trust, and compassion.

After 50 years, capping ceremonies have been replaced with the White Coat Ceremony. The welcome was given by Dr. Teresa Stephens, Director of Undergraduate Programs at ETSU and remarks were given by the Dean of the College of Nursing, Dr. Wendy Nehring, and ETSU President Dr. Brian Noland.

The Keynote speaker, was Dr. Wilsie Bishop, ETSU Vice President for Health Affairs and University Chief Operating Officer. Dr. Bishop's words resonated the power and beauty of our nursing profession as she shared a personal story from her nursing career in patient care. She spoke the following words which should serve as a great reminder to all of us as to why we chose to become a nurse. Dr. Bishop's inspiring words were to; "Treat each patient encounter as a gift, and do not ever lose your sense of compassion that inspired you to become a nurse. Our simple human presence is the essential foundation of healing for the patient and caregiver. You were given this job because you were strong enough to do it."

Dr. Bishop's speech was followed by the cloaking ceremony and the Associate Dean of Academic Programs, Dr. Kenneth Tillman, read each name. One by one, each nursing student went up on stage and was assisted by Dr. Nehring as she helped place their coat on them as their picture was taken.

The auditorium was filled with family and friends as cameras flashed to catch a snapshot or video of their precious loved one who will be entering into the greatest profession of the upmost highest calling, "Professional Nurse."

After the cloaking ceremony, 91 nursing students along with all faculty and administrative staff stood to recite the oath of a nursing student lead by Mrs. Ellen Drummond, assistant Director of Undergraduate Programs. After closing remarks a reception was provided for a time of celebration and pictures.

This program was made possible with a grant from the Arnold P. Gold Foundation to support the Gold-AACN White Coat Ceremony for Nursing.

American Cancer Society's Road to Recovery Program

Despite remarkable progress in the fight against cancer, there are many cancer patients today whose greatest challenge isn't lack of treatment. It's lack of transportation. Right now, the American Cancer Society's Road To Recovery program needs volunteers throughout Tennessee to drive cancer patients to and from their treatments. If you have a car and insurance, safe driving skills, and can drive as little as one morning or afternoon a month, you can give someone peace of mind and the chance to get to their potentially lifesaving treatments. **For more information, call your American Cancer Society at 1-800-227-2345 or visit cancer.org/roadtorecovery.**

GET THE ONLINE RN-BSN DEGREE
WITH ALL THE RIGHT CONNECTIONS

Connect with top professionals in nursing. Connect to current trends and clinical experience in your own community. Best of all, you can connect when and where you want, to fit with your busy schedule.

Connect with THE NET.WORK™ Cumberland University Online at cumberland.edu/online/rn-bsn or 866.477.8795

Cumberland UNIVERSITY
THE NET.WORK™ Cumberland University Online

RNs - Advance Your Career with a BSN from Baptist College

Courses are offered in an online and blended format so you can complete your BSN degree in just 4 trimesters or 15 months full-time. Part-time options available also. It's the perfect way to advance your career! To learn more, please visit www.bchs.edu or call 575-BCHS.

Higher Education. Higher Purpose

BAPTIST COLLEGE
OF HEALTH SCIENCES

1003 Monroe Avenue | Memphis, TN 38104 | 1-866-575-2247 | 901-575-2247 | www.bchs.edu

Put Your Passion to Work at CHI Memorial

CHI Memorial in Chattanooga has open positions for full time, part time and PRN registered nurses in the following areas: Clinical Resource Team/Float Pool, Med-Surg, CV Surgery. Qualified applicants will have 1+ years of recent nursing experience. BLS required. BSN preferred.

Apply online at memorial.org. For more information, contact Jamie Elliott, clinical recruiter, at BestRNs@memorial.org or (423) 495-2769.

EOE/DFW/Title VII/Section 504

CHI Memorial

2525 de Sales Avenue
Chattanooga, TN 37404

WE ARE HIRING

Select Specialty Hospitals care for medically complex, critically ill patients. Because our patients require a longer stay and a more resource-intensive level of care, we offer a unique setting for professional development and engagement. A national leader in post-acute care, we are seeking seeking full-time and PRN registered nurses for the following locations:

- **Select Specialty Hospital - Knoxville**
- **Select Specialty Hospital - Memphis**
- **Select Specialty Hospital - Nashvile**
- **Select Specialty Hospital - North Knoxville**
- **Select Specialty Hospital - Tri Cities**

CONTACT US
Mary Sutliff, RN | 877.582.2001
msutliff@selectmedical.com

selectmedical.com/careers

ASK ABOUT OUR SIGN-ON BONUS!

OUR HOSPITALS ARE PART OF SELECT MEDICAL'S NETWORK OF MORE THAN 100 LONG-TERM ACUTE CARE HOSPITALS.

Select SPECIALTY HOSPITAL

Discover what the University of Tennessee at Chattanooga School of Nursing has to offer!

Undergraduate Programs
- Traditional BSN Admission
- Gateway RN to BSN

Graduate Programs
- MSN Family Nurse Practitioner
- MSN Nurse Anesthesia
- Post Masters DNP
- BSN to DNP in Nursing Administration

High Fidelity Simulation Learning
• Major Clinical Partners • High Initial Licensure and Certification Pass Rates
• Engaged Metropolitan University

www.utc.edu/nursing

UTC is an EEO/AA/Titles VI & IX/ADA/ADEA/Section 504 institution.