The Tennessee Nurse 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 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.
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 winners will be notified by email. Members of the TNF Board of Trust and TNA Board of Directors are not eligible.

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

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

Nurses Leading to the Future 2016 TNF Scholarly Writing Contest

The profession of nursing has helped me develop skill sets that have led to many job opportunities. As a nurse I have journeyed from medical-surgical nursing in the hospital setting; providing pre and post-operative care for patients as the RN for four surgeons; back to medical-surgical nursing in the hospital; teaching in an associate degree program, followed by teaching in a baccalaureate degree program, followed by teaching in a baccalaureate
nursing program; and then 20 years as Senior Vice – President of Clinical Integrity for a public healthcare company, named Healthways. Finally, my nursing career has led me back to teaching and research in a baccalaureate and Master of Science degree nursing program. TNA/ANA has been with me on these varied employment travel career stops, supporting me with evidence-based resources so I could provide significant value to each employer and especially to the patients who are receiving care interventions under my leadership. Every time I have a question about my practice I immediately go to the ANA website to search for the professional evidence-based guidelines and the supporting research that has been documented for our nursing profession. The TNA annual fall conference is another resource that I have used on a regular basis for obtaining relevant continuing education. The 2015 fall TNA Nursing conference focused on nursing ethics. Having faced a recent ethical dilemma, I looked forward to attending the educational sessions at the TNA state conference. As part of the stated agenda, the TNA conference had excellent expert speakers on the topic of ethics and from those sessions I gained insight and evidence-based practical advice that was consistent with the 2015 ANA book entitled Code of Ethics for Nurses with Interpretive Statements, which I have been referring to since its recent publication.

Robert Wood Johnson Foundation, Interdisciplinary Research that Demonstrates the Role of Nurses in Improving the Quality of Patient Care at www.imgi.org

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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.

Th e Tennessee Nurse

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

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The official publication of the Tennessee Nurses Foundation shall be the Tennessee Nurse. The purpose of the publication shall be to support the mission of the Tennessee Nurses Foundation and Tennessee Nurses Association through the communication of nursing 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 submission of articles for publication in the Tennessee Nurse. Any topic related to nursing will be considered for publication. Although authors are not required to be members of the Tennessee Nurses Association, when space is limited, preference will be given to TNA members. Articles and photos should be submitted by email to kdenton@tnaonline.org or mailed to Managing Editor, Tennessee Nurses Foundation, 545 Mainstream Drive, Suite 405, Cedar Falls, IA 50613, or faxed to (515) 227-2396. All content must be typed in Word. Please include at least the three sentences of information about the author and end 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 digital files at a high resolution of 300 DPI. The Tennessee Nurses Foundation assumes no responsibility for lost or damaged articles or digital files at a high resolution of 300 DPI. Tennessee Nurses Foundation shall not be held liable for any consequences of any advertising. Rejection of an advertisement is limited to corrections in the next issue or refund of price of advertisement.

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Nurses: Strong and Courageous
Sandy Murabito, Ed.D, MSN, RN

For the 13th year, registered nurses continue to be identified by the public as one of the most trusted professions. As I talk with my colleagues across the state, I recognize that we collectively represent a most sacred calling. With patient centeredness as the cornerstone of our practice, nursing’s influence is far reaching, meaningful and essential. Consider the multiple ways in which nurses fulfill our mission to courageously serve others.

It takes great courage to:

- Demonstrate respect towards all people regardless of differences
- Hold the hand of a dying patient
- Work in conditions where the environment is extraordinary and complex
- Preserve the good
- Care for ourselves while caring for others
- Search for evidence to support better ways to deliver care
- Listen with empathy
- Advocate relentlessly for the needs of our patients
- Ask hard questions
- Protect our patients’ safety with vigilance
- Meet others where they are
- Report actions or situations which put our patients at risk
- Engage with multiple disciplines
- Celebrate progress
- Deliver news that is difficult to hear
- Continuously be willing to learn and adapt
- Lead in turbulent times
- Act on our convictions

I applaud each of you who serve with such principled discipline every minute of every day. Contemplate how our individual efforts are enhanced and more powerful when we work together in a common direction. In these times, strength in numbers is vital to support one another, and to fully impact healthcare for all of our patients. If you are not a member of TNA, I would ask that you consider membership in our organization. If you are a member, I hope you will invite another colleague to join. We need all of you.

United we are strong and courageous.

Random Thoughts...
Sharon A. Adkins, MSN, RN

I’m writing this column for the Spring Tennessee Nurse as I am snowed in on my “mountain” in the woods. Beautiful, quiet, trees covered in ice …gives me some time to reflect.

The health care horizon is changing and traditional roles of health care professionals are evolving. Nurses can no longer deliver all the care to patients in all settings, but must be able to assess appropriate levels of care and delegate to trained assistive personnel. New patterns of practice are emerging, and nurses, while making sure that quality care and patient safety are addressed, should be part of the change process. Just as APRNs are striving for full practice authority, it is important to remember that all health care providers must be able to practice to the full extent of their training and education. Rather than looking to the past and yearning for the “good old days”, as some of our colleagues do, we need to look to the future…and be part of shaping health care in the future.

One of my dreams is to have a nurse in every school in Tennessee. You only have to look at our poor health rankings to know how vital that is. In the past, instead of putting a band aid fix on chronic diseases after they occur, we need to start at the beginning, with our children. Investment in the health of our children, our most precious resource, is the best investment this state could make.

Students! Our life blood! We need to embrace them, nurture them and encourage them. Speaking to students is one of my favorite things to do. I want to bottle up that energy, passion and commitment and drink it up on days when I’m feeling worn out, discouraged, and frustrated.

As I become more “chronologically gifted”, I am thinking more and more about the years ahead and my health/health care. I am part of the forward edge of that baby boomer explosion, and as a nurse, know all too well potential pitfalls of aging. I know the mind/body connection and how much your mental health impacts you physical health, so I am trying to teach this old dog some new tricks….adult ed. art classes, expanded role in my church, writing for fun and more reading for fun. It is very refreshing/challenging to move out of my comfort zone and experience new people and activities. I recommend it!

One of the gifts I have received from my role in TNA is the opportunity to meet so many incredible nurses from across Tennessee and the country. We are blessed in our state to have outstanding direct care nurses, nursing faculty, and advanced practice registered nurses, working in hospitals, clinics, research, underserved areas, home health, extended care facilities, schools and churches. You are that nurse!

TNA and TASN Joint Annual Conference
“Culture of Health”

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October 28-30, 2016
Embassy Suites
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1200 Conference Center Blvd.
Murfreesboro TN 37129
Visit www.tnaonline.org for Details
I recently attended a health policy conference. I was especially intrigued in sessions on how we can educate future nurse leaders to have maximal influence in regards to policymaking. Most of the strategies and skills covered in these sessions were tried and true, but I appreciate the reminders and self-satisfaction that I know what needs to be done. During the conference, I took pause to discern themes across speakers. One theme dominated. It was unity. The conversation was primarily about disunity and lost opportunities, but I was intrigued by the potential power of being united. The assessment of disunity as the problem and unity as the solution resonated with me. One feature I especially appreciated about the conference was the involvement of seasoned and innovative policy professionals and educators from a variety of disciplines, not just nursing. It is quite different, and more impactful for me, when someone from outside of nursing comments on how nurses do not support one another and often confuse other stakeholders with our divergent views and disparate actions. I have had Tennessee legislators say to me the same thing, noting how powerful it would be if nurses would get on the same page on issues and work together.

My father is Greek-American. My paternal grandparents immigrated to the United States after World War I. My father and his siblings were the first generation born in the US. I am the oldest of the second-generation grandchildren. My Greek-American family is clannish, strong-willed, and frequently engaged in generation grandchildren. My Greek-American family is clannish, strong-willed, and frequently engaged in church and community life. My grandparents, father, aunt, uncles and later my brothers, sister, and cousins held strong and divergent perspectives on the myriad of topics we discussed in boisterous family gatherings and individual conversations (political discussions were always interesting to me). However, there were rules to manage what seemed like total chaos and sometimes division. The number one rule was that we were family and we ALWAYS stick together. The outcome of our lively discussions included a common view of our position: what we would say and how we would act...and an agreement to continue our discussions among ourselves, just the family. Opinions were not stifled, but our family was number one and we presented a united front. We were strong and proud of whom we were despite the shared and recent family history of having to work so hard to realize the American dream my grandparents revered and be accepted as equal Americans.

Nursing is my professional family. Like my blood family, the profession is caring and engaged. However, it troubles me when I see our profession unable to reconcile our differences when they arise and work in concert. We are strong because of our diversity and our commitment to honoring the diversity in the people we care for. However, we struggle to be as effective as we can be as a profession because of those times when we cannot see our way through our differences that may be generational, related to where we work, or our specialty, and present a united front. It is painful when leaders I admire from outside of nursing point out our professional disunity and I reflect on opportunities lost...opportunities to extend our professional ethos of caring and positively impact health and health care.

The Tennessee Nurses Association and so many other respected organizations and individuals are working for a better future in Tennessee, one where all Tennesseans enjoy better health outcomes and have access to high-quality effective care. Creating a new future is a challenge. People and organizations have vested interests and generally embrace the status quo rather than change. I am convinced that if nurses unite we will be the change agents that maximize our education, training, and experiences; keep the patient first and keep the care in health care; and exert influence commensurate with our numbers, close proximity to patients, and exemplary historical legacy. We can do this!

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

We anticipate over 1000 student nurses, registered nurses and faculty to join us at the 2016 TNA Legislative Summit.

Legislative Summit offers a unique opportunity to:
1. get involved in the legislative process
2. to meet and greet legislators who will be making important decisions pertaining to health, health care and the nursing practice
3. gain a better understanding as to how a bill becomes law.

Hotest topics on the Hill will be discussed and on a federal level, our keynote Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, President of ANA, will speak to ANA’s efforts in strengthening the nursing profession through their involvement in what is happening in Washington.

Throughout the day attendees can visit with exhibitors and sponsors.

The summit is an exciting time, especially for those who haven’t had the legislative experience. We look forward to seeing you there!
Do you wish your patients would prioritize diabetes higher on their priority list? We can help!

Taking Control Of Your Diabetes (TCOYD) has been educating and empowering people with diabetes since 1995, and we are bringing our national diabetes conference and health fair to Memphis.

Saturday, April 6, 2016
Memphis Cook Convention Center
7:30am Registration and Health Fair Open
9am–5pm Conference & Health Fair

Your patients with diabetes will:
- Learn from leading experts in diabetes care
- Get cutting-edge information on medications and devices
- Take part in one-on-one consultations with specialists
- Interact with a wide variety of exhibitors in an engaging and lively health fair
- Participate in free health screenings
- Listen to insightful lectures and workshops
- Enjoy a healthy lunch

$15 per person
$10 when two or more pre-register together
Financial aid available for those in need.

For brochures to distribute to your patients, please contact Collin: collin@tyord.org

www.tcoyd.org 800.998.2693
MORE INFORMATION & CONFERENCE REGISTRATION

CME credits also available!

A Comprehensive Strategy on the Modern Management of Type 1 and Type 2 Diabetes: Making the Connection Between Patients and Providers

This separate CME conference occurs in tandem with the TCOYD Conference and Health Fair on April 16.

REGISTRATION AND INFORMATION: www.tcoycme.org
Includes, breakfast, lunch, snack and 6.25 CME credits

Taking Control Of Your Diabetes (TCOYD) is a nonprofit organization educating and motivating diabetes communities around the country since 1995.
or women’s healthcare practitioner. Requires state board of pharmacy to promulgate rules accordingly and in consideration of guidelines established by the American College of Obstetrics and Gynecology, requires pharmacists to: (1) complete a related training program approved by the state board of pharmacy; (2) provide a self-assessment risk assessment tool that the patient must use prior to the pharmacist’s prescribing the hormonal contraceptive patch or self-administered oral hormonal contraceptive; (3) refer the patient to the patient’s primary care provider if the patient has a healthcare practitioner prescribed and dispensing the hormonal contraceptive patch or self-administered oral hormonal contraceptive.

Requires a pharmacist from: (1) requiring a patient to schedule an appointment with the pharmacist for the prescribing or dispensing of a hormonal contraceptive patch or self-administered oral hormonal contraceptive; and (2) force to perform a report of its findings and recommendations or self-administered oral hormonal contraceptive to a patient who does not have evidence of a clinical visit for women’s healthcare services.

**Senate Status** – 01/25/2016 – Referred to Senate Commerce & Labor Committee.

**House Status** – 01/26/2016 – Referred to House Health Subcommittee.

**Position – Watch**


**SENIOR GOVERNMENT OPERATIONS COMMITTEE AMENDMENT 1** – changes the number of members of the task force from the original bill from 21 to 19. Authorizes the appointment of ex-officio members above and beyond the 19 required members. Prohibits task force members from being compensated for their service on the task force. Requires task force to submit a report of its findings to the general assembly by January 15, 2017. Amends SB 699 / HB4242 – Senate Commerce & Labor Committee deferred to 02/23/16.

**SB2050 / HB2361** Checking of controlled substance database by prescribers. – Sen. Janice Bowling / Rep. Mike Stewart – Requires prescribers to check the controlled substances database prior to each prescription of one of the controlled substances which include, but are not limited to, any substance for which the board of nursing has the power to deny, revoke or suspend the certificate to practice as a medication aide under certain circumstances.

**Senate Status** – 02/17/2016 – Senate passed.

**House Status** – 02/16/2016 – House Health Subcommittee recommended. Sent to House Health Subcommittee.

**Position – Support**

**SB2091 / HB2239** Higher co-payments for anti-cancer medications prohibited. – Sen. Bill Ketron / Rep. William G. Lambeth – Prohibits an insurance policy from requiring a higher copayment, deductible, or coinsurance amount for anti-cancer medications that are injected or intravenously administered by a healthcare provider and anti-cancer medications that are patient administered. Provides that policies classified as “high deductible plans,” the above limitation shall only be applicable once the minimum deductible specified in federal law is reached. Changes terminology from “medication aide” to “medication aide,” changes the placement of the anti-cancer medication in any pricing category or tier of a health benefits contract’s pharmacy benefit, provided that the health insurance company meets certain requirements.

**Senate Status** – 02/09/2016 – Senate Commerce & Labor Committee deferred to 02/23/16.


**Position – Support**

**SB2122 / HB2422** Chart reviews at free clinics done remotely by physician. – Sen. Steve Southerland / Rep. Timlan Goins – Authorizes a nurse practitioner or physician assistant who practices in a free or reduced fee clinic or other clinic to request chart reviews by a supervising physician in the physician’s office or remotely via HIPAA-compliant electronic means instead of at the clinic site.

**Senate Status** – 02/09/2016 – Referred to Senate Health & Welfare Committee.

**House Status** – 02/09/2016 – House Health Subcommittee deferred to 02/23/16.

**Position – Support**

**SB2123 / HB2423** Advanced practice registered nurses. – Sen. Steve Southerland / Rep. Timlan Goins – Changes the title of advanced practice nurse to advanced practice registered nurses in state law and changes references to their credentials from certificates to licenses.

**Senate Status** – 01/25/2016 – Referred to Senate Commerce & Labor Committee.

**House Status** – 02/09/2016 – House Health Subcommittee deferred to 02/23/16.

**Position – Support**


**Senate Status** – 02/16/2016 – Referred to Senate Health & Welfare Committee.

**House Status** – 02/17/2016 – Referred to House Health Subcommittee.

**Position – Support**

**SB2373 / HB2331 Health insurance coverage and providers for telehealth.** – Sen. Mike Bell / Rep. Cameron Sexton – Eliminates the requirement that a healthcare service provider be at a hospital or other qualified site for the services to be considered telehealth services for insurance purposes. Requires health insurance entities to reimburse healthcare services providers at least the same rate for telehealth services as for in-person encounters.

**Senate Status** – 01/28/2016 – Referred to Senate Commerce & Labor Committee.

**House Status** – 02/23/2016 – Referred to House Insurance & Banking Subcommittee.

**Position – Watch**

**SB2383 / HB2013 Requirements for medication aide program.** – Sen. Mike Bell / Rep. Matthew Hill – Changes terminology from “medication aides certified” to “medication aide.” Adds exploitation of an adult and abuse, and provides instructions to the board to keep the list of offenses for which the board of nursing has the power to deny, revoke or suspend the certificate to practice as a medication aide once a person has been convicted of the 26 listed offenses. Requires prescription of medication aide to include a supervised clinical practice component. Revises other training and requirements for medication aide program (11pp.)

**Senate Status** – 01/25/2016 – Referred to Senate Health & Welfare Committee.

**House Status** – 02/16/2016 – House Health Subcommittee deferred to 02/22/16.

**Position – Watching for amendatory language**


**Senate Status** – 01/25/2016 – Referred to Senate Education Committee.

**House Status** – 02/17/2016 – Referred to House Health Subcommittee.

**Position – Watch**

In addition to new legislation, TNA worked feverishly in opposing HB 861/SB521, as you will recall, TMA legislation from last session title “Tennessee Healthcare Improvement Act of 2015”. The bill was calendared for House Health Subcommittee on February 16. After debate and testimony, I am happy to report, House Sponsor Rep. Cameron Sexton, took the bill off notice. As for the Senate Companion bill SB 521, it too was taken off by the Senate Health and General Welfare Committee.

TNA continues to encourage the membership to advocate on your behalf to their Representative on the 2012 Act, and opposes other provisions. Part of Administration Package, (34 pp.)

**Senate Status** – 01/25/2016 – Referred to Senate Health & Welfare Committee.

**House Status** – 02/16/2016 – House Health Subcommittee deferred to 02/22/16.

**Position – Support**

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**Senate Status** – 01/25/2016 – Referred to Senate Health & Welfare Committee.

**House Status** – 02/16/2016 – House Health Subcommittee deferred to 02/22/16.

**Position – Support**

**SUMMIT**

**Wednesday, April 6**

NURSES DAY ON THE HILL –

LEGISLATIVE SUMMIT –

Wednesday, April 6

We take this opportunity to thank all TNA members for your continued support and advocacy, we look forward to seeing you on Capitol Hill as your schedule permits.
What does the term “diversity” mean to you? Basically, it refers to the fact that we all possess differences that make us unique. How these differences impact the care we give, will be the focus of this article. There are many buzz words in the literature related to care that is respectful, non-judgmental, and non-discriminatory including global citizenship, culturally competent, ethical-moral, and cultural humility. We will employ these terms and how they help to shape the care we provide. We will then consider how these tenets can guide the development and implementation of strategies for caring for an extremely vulnerable population, LGBT youth at risk for suicide.

It is no secret the United States health care system is undergoing tremendous change and will continue to do so for some time to come. One way nurses can meet the coming health care challenges is to prepare to care for our growing diverse population. One suggestion is by developing global citizenship.

Globalization has contributed to what Helman (2007) describes as the “age of diaspora” or a scattering of language, cultures, and populations. All across the globe, migration is occurring in record numbers with countries seeing their citizens settling in other parts of the world for reasons including: war, failing economies, religious persecution, discrimination, and on a positive note, a search for a better, more meaningful life. How do we develop this “global citizenship”?

Leininger (2006) believed health care providers must adopt a world wide perspective that personifies an ethical-moral obligation to function and practice in the global community. This ethical-moral obligation may sound familiar as it is also the foundation of the human rights-social justice platform. The human rights framework implies moral obligation and compels a health care provider to act to facilitate access to care that promotes security and survival, prevents injury and death and decreases suffering. Social justice calls for a shift from a biomedical perspective to one of moral obligation (Papazoglou, 2007).

This same perspective has been referred to by Nussbaum (1997) as a reason to develop “world citizenship skills”. These skills are not related to where we reside, but in the understanding that we must learn to view the world from another’s perspective, value equality in all people in order to develop genuine concern, respect, and commitment for their welfare and, self-reflect to examine our own values, beliefs, and ways of knowing to enable us to realize, they are not the only truths. It is when we do not possess these skills that our value judgment, attitude, and our behavior clouds our reason and reduces our sensitivity towards anyone who is different from ourselves and, if unchanged, can lead us down a path of ineffective, disrespectful and many times, harmful health care practices.

Cultural competency is another word we are all too familiar with but in many instances, find the skill elusive. This may be due in part to the fact that cultural competency is not just a good idea or a luxury, it is a right. As Betancourt (2002) states, “the ultimate goal is to provide the highest quality health care regardless of background, beliefs, or race.”

To reduce the risk of suicide attempts, consider the following strategies when working with at risk youth.

Strategies to Promote LGBT Health include:

- Always take history in person – not just via the intake form
- Do not make assumptions about sexual activity or practices, ask
  - Who are you dating?
  - What are the genders of your sexual partners? What do you do with them?
  - When you use condoms for anal or vaginal sex, how often do you use them?
- Screen for depression, alcohol, smoking, and drug use
- Discuss protective factors
  - Who do you turn to when you feel sad or need someone to talk to?
  - What is school like for you?
  - How did your family react to your coming out?

A final strategy is to be able to provide your patient and their family (either their biological or their adopted LGBT family) with resources for support.

Resources for LGBT Adolescents:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Use</th>
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<tbody>
<tr>
<td>Gay and Lesbian Medical Association (GLMA)</td>
<td>Finding a provider</td>
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<tr>
<td>Parents and Friends of Lesbians and Gays (PFLAG)</td>
<td>Support for friends and family</td>
</tr>
<tr>
<td>Gay, Lesbian, and Straight Education Network (GLSEN)</td>
<td>Support in Schools</td>
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<tr>
<td>Children of Lesbian and Gay Everywhere (COLAGE)</td>
<td>Children in LGBT Families</td>
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<tr>
<td>Lambda Legal</td>
<td>Legal Support</td>
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<tr>
<td>American Civil Liberties Union (ACLU)</td>
<td>Legal Support</td>
</tr>
<tr>
<td>The Trevor Project</td>
<td>LGBT-focused suicide hotline</td>
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Association of Gay and Lesbian Psychiatrists [http://www.aqlp.org](http://www.aqlp.org)


Gay and Lesbian Medical Association [http://www.glma.org](http://www.glma.org)

The National Alliance on Mental Illness [https://www.google.com/search?client=tessafari&rls=en&q=LGBT+Resources+%26+Fact+Sheets&ie=UTF-8&oe=UTF-8](https://www.google.com/search?client=tessafari&rls=en&q=LGBT+Resources+%26+Fact+Sheets&ie=UTF-8&oe=UTF-8)

As health care providers, it is critical to understand the culture of LGBT youth to understand the points of vulnerability to be assessed in order to reduce the risk of LGBT youth suicide. We must all come to understand that cultural competency is not just a good idea or a luxury, it is a right. As Betancourt (2002) states, “the ultimate goal is to provide the highest quality health care regardless of background, beliefs, or race.”

References


THE UNIVERSITY OF NURSING DEGREES, REINVENTED.

How did one of Fast Company’s “50 Most Innovative Companies” reinvent nursing school? By letting you fly through the material you already know, master what you don’t, and study for your BSN or MSN whenever your busy schedule allows. Learn more at tennessee.wgu.edu.
Hello! I am Canaan Lindsay, TASN Vice President. I am a senior nursing student at Tennessee Wesleyan College, a certified Pharmacy Technician at CVS, and a Patient Care Assistant at East Tennessee Children’s Hospital.

First off, I want to say how excited I am to almost be a nurse! I will soon care for others in the most vulnerable times of their lives. I am going to care for people and not only make a difference, but I will also be a part of a memory. That is something that I have thought about more and more lately. Maybe these thoughts come from being a nursing student, with everything about the RN’s role seeming glamorous, but with everything about the RN’s role seeming glamorous, but somehow know everything about it. It meant taking to your dad’s blood pressure because you knew how. It meant loving to talk to your sister about everything you have learned, even though she, being a nurse and knowing the information, would listen to me babble anyways and always corrects me when I was wrong. It meant comforting your patient’s mother when they are crying in the hallway because of a bad diagnosis, and yet, your day is made because you know that you made someone feel better. It means having water filled syringe fights with your patients because he is finally feeling like playing again. You know you are passionate when tears weld up in your eyes just thinking about all the great things you have already experienced, and all the great things that are still to come.

I grew up a “tom-boy” kind of girl. The color pink was gross and dresses meant you couldn’t play ball after church. My dad coached high school baseball and I had passion for something. I was wrong. I thought that playing basketball year round and dressing like a boy on game days meant that I was passionate. I was wrong, again. I quickly learned that being passionate about something meant so much more. It meant thinking about it every day. It meant starving for knowledge so that you could somehow know everything about it. It meant loving to take your dad’s blood pressure because you knew how. It meant loving to talk to your sister about everything you have learned, even though she, being a nurse and knowing the information, would listen to me babble anyways and always corrects me when I was wrong. It meant comforting your patient’s mother when they are crying in the hallway because of a bad diagnosis, and yet, your day is made because you know that you made someone feel better. It means having water filled syringe fights with your patients because he is finally feeling like playing again. You know you are passionate when tears weld up in your eyes just thinking about all the great things you have already experienced, and all the great things that are still to come.
Nursing Leadership
Carol Crisp, MSN, APRN, BC

Advanced Practice Registered Nurses (APRNs) are nursing leaders responsible for not only leading their profession forward into a better tomorrow, but mentoring as they go. It is difficult and heart-wrenching to watch APRNs across the country struggling to perform their duties autonomously as their colleagues do, with equivalent degrees and certifications. Twenty-one states now have passed laws and more are struggling to get similar laws passed for autonomy for the APRN nationwide. Yet these nurses continue to serve in the only capacity they can to care for their patients.

As a military family nurse practitioner (FNP) of nine years, I have struggled to perform my duties in many states. I, unlike my civilian cohorts in nursing, am able to work more autonomously in the federal system. At the same time, I feel more limited. While stationed in California and Ohio, many of my orders were not accepted unless a physician was “partnered” with a physician per their state requirements. I know they feel like they will have to pay a physician to work in their practice beside them at least part time in order for them to be “partnered” with a physician per their state requirements. I know they feel like they will never have autonomy. Though I keep encouraging them that progress is being made, it has taken us this long to start making a dent in the surface of our practice.

APRNs as Transformational Leaders
As APRNs it is our duty to be leaders in our field. Leader integrity is of upmost importance in order to transform our career. It is not just the charismatic and heroic leaders of our field that make differences. It is each and every one of us, from standing on stage in scrubs and a stethoscope to working daily to remind people what it is we do and who we are. It has been said that dissent is an important feature of innovation or change and that dissent is often a vital ingredient in balanced decision-making.

Hutchinson and Jackson (2013) stated that if the vision has been properly highlighted, the leader inspires the follower to meet the common vision. If, as APRNs, we want to move nursing forward, we must believe in our vision and lead others toward this vision. As transformational leaders we don’t want to limit other nurses and young followers from making recommendations on meeting the vision. Transformational leaders should be morally mature and able to include a moral uplifting of their followers (Bass & Steidlmeier, 1999).

Bass (1999) discloses that transformational leadership fosters autonomy and challenging work, which improves job satisfaction. Organizational commitment, job satisfaction, and staff health have been found to be high with studies from transformational leadership while anxiety, emotional exhaustion, and stress have been reported as low by Cummings and colleagues (2010). This is important in both the nursing and medical community where job burnout and dissatisfaction tends to be higher than in other professions. These same researchers found significantly greater nurse empowerment with transformational leadership. These findings suggest that tuning in to the emotional needs of the staff leads to completion of tasks required in achieving the common goal. In healthcare, that goal is provision of excellent patient care (Cummings et al., 2010).

Summary
Nurse transformational leaders can serve in academic settings and at local, national, international professional nursing organizations and community-based groups. As a transformational leader, nurses can lead in any workplace. According to a study by Stanley (2012), clinical leaders are not sought for their capacity to outline a vision, but for their values and beliefs on display that are easily recognized in their actions. This encompasses the moral component of transformational leadership. It is the APRNs duty to continuously strive towards a better vision for the well-being of all nurses, patients, and colleagues. Autonomous APRNs are happier, healthier, and better prepared to provide the best patient care to their patients. We should not be happy to sit back and let others fight this fight. APRNs need to be on the front line, leading the way. This is only an insight that I have gained after many frustrating years of cheering our profession and then being made to feel inferior at the same time. Only nurses, who have that nurturing spirit, would hold the insight that I have gained after many frustrating years of cheering our profession and then being made to feel inferior at the same time. Only nurses, who have that nurturing spirit, would hold back if they felt it might hurt others. Don’t back off or hold back! It might hurt those that follow us this long to start making a dent in the surface of our practice.

References

Spotlight on Practice
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.tnnonline.org. A photo and brief paragraph may also be submitted to further recognize your honored nurse.

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Let the Lessons Go On

Diane Ruppel, MS, RN, PMHCNS-BC

December 2015; I have just completed another wound care dressing change. How can this be? I am a nurse. I am a teacher. My whole world completely changed mid-March of 2014 when I ruptured my bowel with acute diverticulitis. I had been looking forward to the semester break. My spring break turned into four surgeries, five hospitalizations, a colostomy, three incision and drainage procedures for an abdominal abscess, constant urinary tract infections and a rehabilitation hospital admission as well—and these are the main highlights.

It is one issue when I teach students about colostomy care than when I am lying flat on my back and learning how to change my own pouching system. Who made the biggest difference in providing my care? Nurses. I have had and continue to have the privilege of experiencing all their different styles and personalities. More than ever I believe that one can tell within approximately five to seven minutes whether the nurse is truly with you. We teach about verbal and nonverbal communication. For me, our nonverbal style is by far the more powerful form of communication. The nurse doesn’t have to say one word and I can sense the presence or absence of their caring.

Many of the nurses who have provided direct care for me were nursing students I had in various courses over the past sixteen years. Many of them are concerned about how much longer they will able to function as a bedside nurse. To see them now and hear them talk about their experiences—what a gift! I have learned so much from them.

One of my biggest lessons was and still is how to deal with pain. Long nights. Answering the pain scale questions over and over. Experiencing how different nurses handle the assessment of pain and provision of pain medication. How important the mind-body connection is to our healing. So many other lessons; what a wonderful caregiver my husband is, how truly special good friends and family are and that my healing timeline is in God’s time—not mine. I learned about getting a second opinion. A lesson in process is having to retire. I did not want to stop teaching. I left my school of nursing while on medical leave–so many feelings.

I write this as 2016 approaches. I plan to have another attempt to close my colostomy in the new year. I am preparing for other possible outcomes as well. One of my greatest wishes is that nurse educators teach and demonstrate mindfulness and compassionate care for all health professionals.
March, April, May 2016

Relationships, Community, and Hospitality in Nursing

Kate Payne, JD, RN, NC-BC

Every ethical theory speaks to relationships. Ethical relationships are trustworthy and concerned with the protection of those in the relationship. There is also concern to protect the vulnerable, and along with honesty, and compassion, our care makes up the core values in ethical relationships. Much ethics literature is devoted to relationships the most basic being parent/child or spouses or intimate sexual partners. In families, relationships are central. Relationships are also central in institutional settings such as student/teacher or employer/company. Participation is based on understanding norms and how to resolve multiple issues that can arise, ethical and otherwise. Relationships are central to moral reasoning and a better way to understand how people make decisions especially in an ethical dilemma. In nursing, how we understand the patient and their needs is very much based on how we know and understand them, what our relationship is with them. Attention to the social and contextual factors that the patient brings with them is crucial to our nursing plan of care as well as how we understand, relate to, and collaborate with different groups of professionals.

Collective relationships are communities. A community shares common characteristics or interests or is distinct from the larger society. In any community there is a core knowledge base that tells who is trusted to define and resolve disputes and to facilitate growth and improvement. Communities for example, can be social, religious, or occupational. Nurses often belong to many communities such as their faith tradition, university, profession, perhaps a specialty association or a special interest to name a very few. Patients are the same. They have multiple relationships and groups they are a part of, all of which go into who they are and how they make decisions about medical care and how they solve ethical problems.

Across healthcare we see renewed attention to communities. Population health is the new buzzword and focus of nursing education, care and healthcare improvement. Population health can be simply defined as the health outcomes of a group of individuals. This approach aims to improve the health of entire population such as all people in a geographic location or all people that have a certain disease or in a certain age group. Nursing is already familiar with this concept. Public health nursing (PHN) practice is population-focused and requires unique nursing knowledge, competencies, and skills. PHN roles extended beyond sick care to encompass advocacy, community organizing, health education, and political and social reform. Likewise, contemporary public health nurses practice in collaboration with agencies and community members. Developing and maintaining good relationships is required for excellence in nursing care, collegial relationships and community outreach and networking. If you wonder if this matters it might be helpful to note that again in 2015, nurses were voted the most trusted profession with high marks for honesty and ethics. Psychologists have observed that people tend to place more trust in those that directly care for them. Patients and families are confronted by so much information and by so many caregivers, especially when dealing with severe illness, it often seems like there is no captain of the ship. The nurse is the one with continuity. People responding to the survey have said in the past that they know they can get a straight answer from a nurse. A physician reflecting on being a patient in the last few years noted that he had never really understood how much greater care keeps patients safe and comfortable. “When nursing is not optimal, patient care is never good.”

Nursing relationships matter with our patients and each other. What do we owe each other, all people? What do we owe our patients? Their families? Our peers and our colleagues? Ethics is about finding the humanity in what we do to answer these questions. Humanity is found in every person, in their face, who they are, what they do, even if different from us. That woman before us is part of a family; she is a mother a few. Patients are the same. They have multiple relationships and groups they are a part of, all of which go into who they are and how they make decisions about medical care and how they solve ethical problems.

As nurses, we have responsibilities for others, which is the foundation for community. Hospitality is required as exemplified by the act of welcoming another into our home and sharing the meal we have created. In nursing we are confronted with needs and wants of many. Hospitality requires us to welcome the patient. To understand who they are, what they need, share information, work towards health or wellness even at life’s end. To do good nursing we welcome them to our care. The ability to do the things that nurses do depends on a wide range of social relationships and institutions. Welcoming and sharing with others determines who and what we are as human beings.

References
Gilligan C. In a Different Voice. Harvard University Press, Cambridge, MA:1982
MacDonald C. Nurse Autonomy as Relational. Nursing Ethics. 2002;194-201.
The Advisory Board. Why Nurses again Top Gallup’s List of ‘Most Trusted’ Professionals. Daily Briefing. 2015. Jan 5. Available at https://www.advisory.com/daily-briefing/2015/01/05/why-nurses-again-top-gallups-list-of-most-trusted-professional
As nurses, we have responsibilities for others, which is the foundation for community. Hospitality is required as exemplified by the act of welcoming another into our home and sharing the meal we have created. In nursing we are confronted with needs and wants of many. Hospitality requires us to welcome the patient. To understand who they are, what they need, share information, work towards health or wellness even at life’s end. To do good nursing we welcome them to our care. The ability to do the things that nurses do depends on a wide range of social relationships and institutions. Welcoming and sharing with others determines who and what we are as human beings.

Meet TNA’s Director of Education
Jenny Webb, PhD(c), MSN, RN, CNE

After being a member of TNA for several years without being truly involved, I decided now was the right time for me to embrace the opportunity to contribute to our professional organization and discipline in a deeper way. As I have moved through the levels of education toward my PhD, I have developed a clearer understanding of the need to have our voices heard and wish to play a part in meeting that need. I am looking forward to the challenges and opportunities for growth and involvement that this opportunity will bring.

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In 2015, the TNA Board of Directors commissioned a simple membership survey seeking information about trending practice concerns. The 2015 TNA Practice Membership Survey was sent out in July via an email link to all members. There was a robust response with 26% members participating. The practice experience of the respondents was diverse with 48% reporting 21+ years, 26% with 10-20 years, 12% with 6-10 years and 13% with 5 years or less. Similarly, there was diversity in the respondents’ highest degree earned with Diploma, ADN, BSN, MSN and Doctoral prepared registered nurses all being represented. The respondents were asked to identify areas of nursing practice in which they had general practice concerns. They were given nine specific areas as well as an “other” category to choose from, and they could select multiple categories. This chart highlights the areas of concern and the frequency of responses relating to each topic. Quality patient care, nurse staffing, and professional standards were the top three most frequent responses.

The respondents were also asked an open ended question about what specific practice related concerns they would like to have the advisory council comment on. The advisory council is a group of volunteers who have agreed to provide feedback to TNA on practice questions or concerns in their area of expertise. No prompts or choices were given on this question, and members were able to write in any topic or comment of their choosing. Multiple comments were submitted from 150 of the respondents. Each comment was reviewed and placed in broader topical categories as well. Comments covered multiple areas of nursing practice. Some were very brief (one or two words), others more lengthy and covered multiple topics.

Let’s look at some of these specific concerns in a bit more detail. There were many mentions of “safe staffing” and “staffing ratios” in general. Staffing concerns relating to all types of specialty areas, new graduates, and the impact of staffing on patient outcomes were voiced. Several respondents stated they would like to see mandated nurse/patient ratios.

There were many responses mentioning “full practice authority” and APN supervision issues. The advanced practice committee and governmental affairs committee have ongoing work involving these concerns already in progress. Regular articles are included in the Tennessee Nurse on the latest APN issues as well as weekly email updates to members during the legislative sessions that contain up to the minute reports on developing legislative issues. A wide variety of concerns were voiced relating to various quality patient care/improvement topics. Many simply stated “quality patient care” as a concern. Other specific trending responses were best practices for patient care relating to specific issues such as infections, safety, medication errors, and patient safety.

There were also comments on ethical concerns, and these comments were related to nurses needed for nurses to handle moral dilemmas, and concern about “assisted suicide laws”. There was also concern for the care of intellectually/developmentally disabled persons residing in community settings. In the September 2015 issue of the Tennessee Nurse, Kelly Payne highlighted one of these ethical concerns in her article entitled “Consider assisted suicide”. A wide variety of nursing professionalism topics were voiced. Some specific comments were the disconnect between the patient and healthcare, “cliques” in management, nurses’ self-care, young versus seasoned nurse struggles, prescription drug abuse and delegation of care to LPNs and CNAs.

As the director of practice here at TNA, it is my goal to keep these issues at the forefront of the board of directors as influencing organizational decision making, survey results will be used to elicit trend comment and recommendations by the members for the members through the practice advisory panel and organizational media such as this newspaper.
Questions to Ask in Making the Decision to Accept a Staffing Assignment for Nurses

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1. What is the assignment? Clarify the assignment. Do not assume. Be certain that what you believe is the assignment is indeed correct.

2. What are the characteristics of the patients being assigned? Do not just respond to the number of patients; make a critical assessment of the needs of each patient, his or her age, condition, other factors that contribute to special needs, and the resources available to meet those needs. Who else is on the unit or within the facility that might be a resource for the assignment? Do nurses on the unit have access to those resources? How stable are the patients, and for what period of time have they been stable? Do any patients have communication and/or physical limitations that will require accommodation and extra supervision during the shift? Will there be discharges to offset the load? If there are discharges, will there be admissions, which require extra time and energy?

3. Do I have the expertise to care for the patients? Am I familiar with caring for the types of patients assigned? If this is a "float assignment," am I cross-trained to care for those patients? Is there a "buddy system" in place with staff who are familiar with the unit? If there is no cross-training or "buddy system," has the patient load been modified accordingly?

4. Do I have the experience and knowledge to manage the patients for whom I am being assigned care? If the answer to the question is "no," you have an obligation to articulate limitations. Limitations in experience and knowledge may not require refusal of the assignment but rather an agreement regarding supervision or a modification of the assignment to ensure patient safety. If no accommodation for limitations is considered, the nurse has an obligation to provide an assignment for which she or he lacks education or experience.

5. What is the geography of the assignment? Am I being asked to care for patients who are in close proximity for efficient management, or are the patients at opposite ends of the hall or on different units? If there are geographic difficulties, what resources are available to manage the situation? If my patients are on more than one unit and I must go to another unit to provide care, who will monitor patients out of my immediate attention?

6. Is this a temporary assignment? When other staff are located to assist, will I be relieved? If the assignment is temporary, it may be possible to accept a difficult assignment, knowing that there will soon be reinforcements. Is there a pattern of short staffing, or is this truly an emergency?

7. Is this a crisis or an ongoing staffing pattern? If the assignment is being made because of an immediate need on the unit, a crisis, the decision to accept the assignment may be based on that immediate need. However, if the staffing pattern is an ongoing problem, the nurse has the obligation to identify unmet standards of care that are occurring as a result of ongoing staffing inadequacies. This may result in a request for "safe harbor" and/or peer review.

8. Can I take the assignment in good faith? If not, you will need to get the assignment modified or refuse the assignment. Consider your individual state's nursing practice act regarding clarification of accepting an assignment in good faith. In understanding good faith, it is sometimes easier to identify what would constitute bad faith. For example, if you had not taken care of pediatric patients since nursing school and you were asked to take charge of a pediatric unit, unless this were an extreme emergency, such as a disaster (in which case you would need to let people know your limitations, but you might still be the best person, given all the factors for the assignment), it would be bad faith to take the assignment. It is always your responsibility to articulate your limitations and to get an adjustment to the assignment that acknowledges the limitations you have articulated. Good faith acceptance of the assignment means that you are concerned about the situation and believe that a different pattern of care or policy should be considered. However, you acknowledge the difference of opinion on the subject between you and your supervisor and are willing to take the assignment and await the judgment of other peers and supervisors.


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President-Elect – Carla Kirkland
Immediate Past President – Connie McCarter
Secretary – Terrica Adams
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Mary Gaston – Chairperson

Education Committee:
Carla Kirkland – Chairperson

Operations Committee:
Sherrie Brown – Chairperson

Membership Committee:
Lisa Beasley – Chairperson

Practice Committee:
Valerie Barfield – Chairperson

Government Affairs Committee:
Connie McCarter – Chairperson

As president of District 1, I plan to focus on the continued growth in membership, create an environment and programs to assist nurses in developing leadership skills and provide members educational programs with contact hours. I appreciate this opportunity to serve as the President of District 1 and look forward to a busy and exciting year.
District 3

President: Chita Farrar, Ed.D, MSN, RN

I would like to introduce myself. I am Dr. Chita Farrar, District 3’s incoming president. My membership in TNA and ANA began in 1978. I encourage everyone to become a member and advocate for nurses and their patients. We should be the one that develops our policies and regulations instead of other people. I am on the automatic monthly withdrawal payment plan from my checking account for dues. Paying dues this way is very manageable. I also encourage members to join committees and attend District 3 meetings. Officers are currently planning meetings for the 2016 year. These meetings will be posted on the TNA website.

District 3 co-sponsored the Nurses Night with the Predators with a reception in a private room followed by a game. This December meeting was a fun and social networking meeting. We welcome members, guests, and students. It is an awesome platform to stay current about your profession and network with nursing leaders. We hope to see you at a meeting!

The following are your officers for the 2016 year.

President: Chita Farrar (farrar@spus.edu)

Vice President: Loretta Bond (lorettabond@belmont.edu)

Secretary: Incoming: Aura Cuevas (aura.cuevas@vanderbilt.edu)

Treasurer: Ginny Massey-Holt (wholt5@columbiastate.edu)

Directors: Incoming: Alvin Jeffery, Abby Parish, Misty Evans (md.evanss@yahoo.com), Leslie Hopkins (leighhopkins@vanderbilt.edu)

Ray Romano (raymond.romano@vanderbilt.edu)

Continuing: Susan Seager (seageree@comcast.net)

District 4 and 2

In conjunction with the opening of the Tennessee General Assembly, legislative forums were recently held in Chattanooga and Knoxville. About 60 people attended the January 5th Chattanooga forum, hosted jointly by the University of Tennessee-Chattanooga College of Nursing, District 4, and the Chattanooga Area APN Association. Topics discussed by the participants, Senator Mike Bell and moderator, Carole R. Myers, included the availability of behavioral health and primary care services, particularly in rural areas, and full practice authority for nurse practitioners and certified nurse anesthetists, midwives, and clinical nurse specialists, all of whom were represented. The January 16th forum in Knoxville, hosted by the University of Tennessee-Knoxville College of Nursing, included seven area legislators (Senators Briggs and Massey and Representatives Brooks, Daniel, Dunn, Kane, and Smith) and approximately 50 participants. There was a good discussion about Insure Tennessee, opioid prescription drug use and abuse, especially among pregnant women, and full practice authority. We value nurses who see the importance of talking with legislators!

Charlotte Webb, MSN, FNP, BC-CANAP Legislative Committee Chair and Senator Mike Bell

District 5

President: Christine Reed, RN, BSN

District 5 includes Carter, Cocke, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Sullivan, Unicoi, and Washington County, TN. Monthly meetings are held with General Meeting being held every other month. February’s meeting will begin with a social at 6:00 pm, and speaker/meeting at 6:30 pm. RSVP can be sent to christine.reed@hill-rom.com. Mark your calendars now for the rest of the year and look for an email reminder about the meetings. Nursing students and nonmembers are welcome at our meetings. You can find out information about the district by contacting any of the officers/board, going to www.tnaonline.org and click on district associations, or through our Facebook page Tennessee Nurses Association/District 5. If you are not receiving emails from the district that means we do not have a current email address for you. You can send that current email to christine.reed@hill-rom.com if you choose to be on the district mailing list.

District 5 has nominated a new President, Christine Reed, BSN. RN Account Executive with Hill-Rom, three new board members, Stephanie Cook MSN, Gail Broyles, DNP, and Teresa Stephens DNP. We are excited to work with our district to grow our membership, get involved in our communities to make a positive impact on the health in our district.

At the February 16, 2016 meeting we presented our goals for the year and our speaker, Dr. Ken Tillman from ETSU College of Nursing presented, “Leading and Thriving in Complex and Chaotic Systems.”

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

See you at a district meeting in the near future.
Jennifer Barut recently received the March of Dimes, Student Nurse of the Year, Graduate award. Barut, passionate about the mentally ill, has also been recognized for her work by the American Psychiatric Nurses Association.

Dallas Gail Broyles received a Doctor of Nursing Practice from East Tennessee State University in May 2015. Dr. Broyles is currently employed as a Corporate Director of Clinical Informatics by Mountain States Health Alliance (MSHA). Dr. Broyles has been employed by MSHA for 35 years where she has expanded her nursing and informatics experience in areas such as critical care, case management, informatics, and leadership. Dallas has also been elected to serve on TNA District 5’s Board of Directors.

Dr. Kelly Harden has recently been appointed as the Dean of the School of Nursing at Union University in Jackson.

The Middle Tennessee Advanced Practice Nurses Association recently named Jennifer Jayaram its Advanced Practice Nurse of the Year. Jayaram, a nurse practitioner with Vanderbilt’s Surgical Weight Loss Clinic, has been a Nashville leader for the Walk from Obesity, a member of the Advanced Practice Nurse Advisory Council at VUMC and is an associate member of the American Society for Bariatric Surgery.

Jennifer Jayaram, MSN, RN, FNP
TNA District 3

The Patient Safety Movement has honored Kathleen Purri’s company, Fitsi Health, LLC, with an Innovation Award. Fitsi Health (www.fitsihealth.com) is the first hand hygiene solution designed specifically for patients and improving the patient experience. The product attaches to hospital beds to give patients easy access to hand sanitizer and a place to store personal items such as their cell phone, glasses and hearing aids.

Kathleen Purri, MSN, RN
TNA District 4

This year’s recipient of the Dr. Sylvia E. Hart Distinguished Alumni Award is Sandra Thomas, professor and chair of the PhD program at UT College of Nursing and editor in chief of Issues in Mental Health Nursing.

Sandra Thomas, PhD, RN, FAAN
TNA District 2

The American Nurses Association’s 2016 Book of the Year award was given to Policy and Politics in Nursing and Health Care Seventh Edition, edited by Diana J. Mason, Deborah B. Gardner, Freida Hopkins Outlaw and Eileen T. O’Grady in the category of Nursing Management and Leadership.

Frieda Hopkins Outlaw, PhD, RN, FAAN
TNA District 3

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Karen Joyce was recently selected as TTU’s School of Nursing Outstanding Alumni for 2016.

Karen Joyce, APRN-BC
TNA District 9

Todd Monroe was recently awarded the March of Dimes Research Award. Monroe’s research focuses on the critical need to improve pain management and detection in the cognitively impaired older adult.

Todd Monroe, PhD, RN-BC, FNP
TNA District 3

Dr. Debra Rose Wilson, (Tennessee State University) was awarded the March of Dimes Nurse of the Year for Middle Tennessee in the field of Nursing Education in December 2015.

Debra Rose Wilson, PhD, MSN, RN, IBCLC, AHN-BC, CHT
TNA District 15

Jennifer Joyce was recently selected as TTU’s School of Nursing Outstanding Alumni for 2016.

Jennifer Barut, PhD., MSN, RN-BC
TNA District 3

Tami Hodges Wyatt, PhD, RN, CNE, ANEF, FAAN
TNA District 02

The Tennessee Nurse and other TNA members can be found on Facebook, Twitter, and LinkedIn.

The Tennessee Nurse is a publication of the Tennessee Nurses Association located at 207 First Avenue South, Suite 102, Nashville, Tennessee 37217. For more information about TNA and its members, see our website at www.tnurse.org.
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