Mission Statement
Serve and support all Registered Nurses through professional development, advocacy and the promotion of excellence in every area of professional nursing practice.

President’s Message

Staffing: A Matter of Life or Death
Leah S. Kinnaird, EdD, RN

An RN, rushing to get her work done, was worried that she was keeping her husband, a FedEx express driver, waiting for her in his car outside the hospital. As she dropped into the passenger side, she apologized to him. “So sorry I’m late. We lost a patient today.” He moaned, “Bad day for me, too. We lost a package.”

So why do I tell this ridiculous, but true, story? Because generally, people don’t get it...don’t get the circumstances nurses at the bedside face every day. Not to minimize the importance of delivering packages, but the underlying disconnect between perception and real patient care is understated. In spite of countless articles and solid research about poor staffing and adverse events, nurses are crying out everywhere for solutions to what is an age-old and critical problem.

Staffing is the critical issue that bubbles to the top in acute and long-term care situations now more than ever. Why now? Because patients and skilled facility residents really are sicker and older, and admitted for one diagnosis, but complicated by co-morbidities that RNs have to deal with. A typical ICU patient has six to seven physicians, each focused on a certain condition, while the RN has it all. A patient on a medical unit will go home before he or she is well. The turnover increased the RN’s work. Workload associated with ADT (admissions, discharges, and transfers) is under-estimated and especially grim on some units.

I've heard nurses say that work is “easier” in rehab; however, although a patient may be there because of a stroke, co-morbidities require multiple medications and wide-ranging watchfulness of a nurse.

Florida’s post acute facilities have minimum staffing requirements that clearly underestimate safety and quality. A patient is likely to receive about an hour of care by a staff member (not an RN) in 24 hours. The term “nursing” home hardly fits facilities with so little care provided by RNs.

So what to do?

Go public. Patients and their loved ones need to know the impact of staffing on care—a transparency issue. One of the best accounts of nursing and staffing that I’ve seen was brought to my attention by FNA member, Pamela Delano, RN, from Jacksonville. The report, New Yorkers for Patient and Family Empowerment (2015), says, “Hospitals currently keep patients and the public in the dark about staffing levels.” The report’s recommendations include hospitals disclosing and posting on their websites both their planned, actual, and audited RN and LPN staffing ratios...by shift. Organizations can take the lead to do this...no need to wait for legislation.

Work together within the profession. Polarizing over single solutions handicaps us, especially in a state where government involvement in corporate decisions is unpopular. Nursing management and clinicians must collect...
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Notes from the Executive Director continued on page 3

The Discomfort of Unity: Working Together In Spite of Differences

Willa Fuller, RN

I cannot think of a single nursing job that could be classified as a menial trade; nurses have its own level of difficulty and stress. In this issue, Jeanie Demshar addresses the concept of mindfulness and how it can be integrated into our daily lives. This is a topic that sparks accusations, blocked conversations, impeded listening, and emotional rhetoric. The bottom line is that everyone wants safe staffing. Publicly arguing about the approach does not move anyone forward. I agree with those nurses that participate in initiatives dedicated to safe staffing.

3. We must not be afraid to have the difficult conversations. We need to explore all options and it would be beneficial for a diverse group, including all areas of nursing, to be able to have these conversations without fear and without animosity.

4. Acknowledge the value of EVERYONE’s experience and input, and recognize the importance of validating each person’s contribution. For example, staff nurses have their true to live experiences to share and administrators need to listen. Nurses also need to connect with administrators and understand the barriers and reasons for difficulties with staffing issues in order to be a part of the solution. This needs to be a collaborative conversation as is the case with all divisive issues within nursing.

5. Refrain from finger pointing, name calling, and criticism of those with differing opinions. We must learn to address these issues in a professional manner.

Public disagreement and derogation of colleagues demonstrates WEAKNESS and divisiveness within the profession. Statements that single out differences or PERCEIVED deficits are damaging to all of us. Labels and assumptions are also destructive and in many cases not even accurate.

I can share a clear example of this that cuts close to home. As most of you know, FNA has worked on advanced practice legislation for at least the past twenty-two years, in addition to countless other legislative issues. And for the past fifteen years at least, the two most frequent criticisms directed toward the organization’s legislative work are: “FNA ONLY cares about nurse practitioners” and “FNA DOES NOTHING for staff nurses.” Both of these assertions have been repeated time and time again, and there are people who believe it to be the truth. There are responses to me as their reason they do not join the association. They also pass it on as fact. This is a prime example of an erroneous perception that has proved damaging to the membership of the association.

We have over 100 years of documented evidence of the work FNA has done on behalf of nurses and patients in the state of Florida. (Thank you Jan Hess for your invaluable work). Additionally, FNA has educated nurses on political advocacy and have created a strong network for nurses at the Capitol for many years, just as ANA has at the federal level.

And who is FNA anyway? FNA is collection of a diverse group of nurses across history and across all practice arenas who believe that we must stand together to work on nursing issues. They choose to be strong because they believe in the importance of a strong voice. Sometimes, as individuals, we will agree and sometimes we won’t. But we should be able to choose our battles, work it out PRIVATELY, and go forth as a team.

An effective organization cannot be mired down in individual personal and philosophical issues. Issues emerge because of how we navigate the barriers and reasons for difficulties with staffing issues without fear and without animosity.

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Questions regarding content or membership should be directed to Jeanie Demshar, Esq., Director of Professional Practice and Advocacy, Willa Fuller, BSN, RN, Executive Director, or Vicki Sumagang, BSN, RN, Executive Director.

http://www.floridanurse.org

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political parties. We encourage members to be active advocates for their own issues at the local and state level, but as an organization we must have focus.

So, as you move forward in your daily work, and as you think about your role in shaping your profession, I would ask you to be mindful of the way you engage in professional conversations and actions on behalf of your profession. You can change the future both as an individual and as a part of a strong organization. And finally, don’t publicly repeat messages that you have not investigated and know to be true. Look to the evidence. My mother always says, “Never give your enemy a stick to crack your head with.” When you speak negatively about your professional organization that is essentially what you are doing. If you think we have or have not done something adequately, speak with us. Join us and add your voice to the efforts. Let’s seek unity to build power.

Student Forum

Hannah McRoberts: Florida nursing students took over at the NSNA convention in Orlando from March 30 – April 2, 2016! We had the honor of passing 6 resolutions in the House of Delegates, and received 3 awards. Our Sunshine State was well represented with over 50 delegates in the house: we were the biggest state!

NSNA Florida Resolutions:
• Haley Boyle: Resolution 5 “In support of raising awareness about the psychological and physical aspects associated with chronic pain” from University of Central Florida Student Nurses Association, Orlando, FL.
• Alicia Klingensmith and Jared Fox: Resolution 6 “In support of increasing undergraduate education regarding the impact of the hospital consumer assessment of healthcare providers and systems (HCAHPS) to promote patient satisfaction” from University of North Florida, Jacksonville, FL.
• Elizabeth Gaddis and Derek Lavender: Resolution 28 “In support of diverse nursing students promoting nursing careers to minority elementary school students” from Santa Fe College Student Nurses Association, Gainesville, FL.
• Anna Reifschneider and Robert Down: Resolution 30 “Improving student nurse awareness and education in communities” from Santa Fe College Student Nurses Association, Gainesville, FL.
• Hannah McRoberts: Resolution 46 “Supporting patient spiritual needs through improving holistic nursing education and increasing spiritual awareness” from Adventist University of Health Sciences, Orlando, FL.
• UF SNA: Resolution 57 “Implementation of trauma informed care awareness and education in communities and nursing curricula” from University of Florida, Gainesville, FL.

Florida Awards:
• Global Initiatives in Nursing Award: Florida Southern University, Lakeland, FL.
• Empowering Resolutions Award: University of North Florida Student Nurses Association, Jacksonville, FL.
• State Excellence Award: Florida Nursing Students Association.

Now FNSA is working on planning our Pre-Convention and Leadership Retreat conference that will be held on September 24, 2016. This event gives nursing students the opportunity to network with other nursing students in the state and get prepared for our annual convention!

The FNSA annual convention is going to be October 27-29, 2016 with the theme: Together, Stronger, Bolder! The amazing event will be focusing on the global future of nursing as a profession and technology use in the nursing profession. We look forward to seeing you there!

I was raised in Bell, FL, where I graduated from the Business Academy at Trenton High School in 2009. While in high school, I also received my C.N.A. (Certified Nursing Assistant) license from Central Florida Community College. Shortly after graduation, I began to work as a C.N.A. at Ayers Health and Rehab in Trenton, FL in the evenings and attended college during the day. I graduated from Santa Fe College in 2012 with my A.A. in General Studies. At that point, in 2012, I chose to leave my current job at North Florida Regional Medical Center to move to Orlando and pursue a BSN degree. After getting settled in Orlando, I applied to the BSN program at Adventist University (ADU) of Health Sciences and was accepted, expecting to graduate in the summer of 2016. I currently work at ADU as a peer tutor and in the nursing learning center lab. I hold the position of current president of our ADU Student Nurses Association chapter, and as of October 24, 2015, I am now the Florida Nursing Student Association President.

In memory of Linda Howe, PhD
Born 1948 – Died May 15, 2016

We are sad to report that an active FNA member, Dr. Linda Howe, passed away on May 13, 2016. Dr. Howe was an Associate Professor of Nursing at the University of Central Florida and served as a Florida Nurses Student Association (FNSA) consultant for the UCF Chapter. She received the 2014 FNA Heather Scaglione Award for her significant and outstanding contributions to support the work of the Florida Nursing Students’ Association and nursing students. She served as FNA’s Treasurer for the 2013 – 2015 term. She was a long standing member of the National League for Nursing (NLN) and served on the Board of Governor’s for two terms from 2008 – 2011 and 2011 – 2014. She was selected and inducted into the NLN prestigious Academy of Nursing Education in 2015.

Calendar of Events

JUNE 24-25, 2016
2016 ANA Membership Assembly
Washington DC

JULY 23, 2016
2016 2nd Annual Evidence-Based Practice & Nursing Research Conference
Harry P. Leu Gardens
1920 North Forest Avenue
Orlando, FL 32803

JULY 23, 2016
FNA East Central & Northeast Region Nursing Symposium For the Here and Now
Hilton Garden Inn Daytona Beach Oceanfront

JULY 26-29, 2016
Florida Public Health Association Annual Education Conference
Florida Hotel & Conference Center
1500 Sand Lake Road • Orlando, FL 32809

AUGUST 18, 2016
FNA East Central Region Meeting FNA Headquarters
1235 E. Concord Street • Orlando, FL 32803

SEPTEMBER 16, 2016
FNA Annual Member Meeting
Date & Location TBD

SEPTEMBER 21-24, 2016
National League for Nursing (NLN) Education Summit
Orlando World Center Marriott
8701 World Center Dr • Orlando, FL 32821

SEPTEMBER 24, 2016
FNSA Pre-convention Meeting
Orange County Convention Center
1800 S. Highway 500 • Orlando, FL 32819

OCTOBER 5-7, 2016
ANCC National Magnet Conference 2016
Orange County Convention Center
9800 International Dr. • Orlando, FL 32819

OCTOBER 14-16, 2016
FNA 2016 Annual Meeting Renaissance Orlando at SeaWorld
6677 Sea Harbor Drive • Orlando, FL 32821

OCTOBER 27 - 29, 2016
Florida Nurse Student Association Conference
Hilton Daytona Beach Resort
100 N. Atlantic Ave
Daytona Beach, FL 32118

MARCH 15-16, 2017
FNA 2017 Advocacy Days
Residence Inn Tallahassee Universities at the Capitol
600 W. Gaines St
Tallahassee, FL 32304

SEPTEMBER 29 - 30, 2017
FNA 2017 Membership Assembly
Naples Grande Beach Resort
475 Seagate Drive • Naples, FL 34103

FNA WANTS TO SEE YOU BLOOM

Here are some ways that FNA is offering assistance to new grade:

If you are an FNA member & new graduate, you have 4 years to graduate and 6 years to receive your new grade.

Gather all your FNA membership materials and submit them to FNA Headquarters.

This FAQ is meant to inform you of the process and requirements for FNA membership upgrade. If you have any questions or concerns, please contact our membership department at 888-530-6366 (in FL: 850-921-2710) or email membership@flnurses.org.
June 2016

Legislative Update

Alisa LaPolt
Just weeks after one of the most successful legislative sessions for nursing and healthcare policy, the Florida Nurses Association is preparing for a busy summer of policymaking and planning for 2017.

FNA members should have received by email a final list of bills tracked by the lobbying team. It outlines key pieces of legislation that passed during the 2016 session of the Florida Legislature, including controlled substance ordering and prescribing by advanced practice nurses and the Nurse Licensure Compact. You can access the list on FNA’s website under “Engage,” formerly “CapWiz.”

Barbara Lumpkin Institute series
FNA has long been an advocate for nurses and healthcare policy, especially since many of FNA’s legislative priorities exist to protect the health of Florida residents. The Barbara Lumpkin Institute supports public policy education through an annual symposium. This year, we are planning a series of events throughout the state under the theme “Beyond the Bedside: Building Power through Community.”

Through this series, we will educate nurses about ways to be engaged in their communities, get involved with local politics, and tips for getting involved with local politics, and even how to run for public office. Locations and dates will be announced in the near future.

The dates are June 17 in West Palm Beach, Sept. 24 in Jacksonville, and Oct. 14 in Pensacola. The FNA will provide additional details through a calendar posting on www.floridanurse.org.

FNA Lobbyist Bob Levy passes away
Longtime FNA lobbyist Bob Levy passed away in April following a long battle against cancer. Bob represented FNA for more than two decades and never gave up hope that one day, the Florida Legislature would pass a bill allowing ARNPs to prescribe controlled substances. He was able to see that happen when the Florida Legislature passed HB 423, the “Barbara Lumpkin Prescribing Act,” on March 13 during the final hours of the 2016 session. Bob passed away within days of Gov. Rick Scott signing the bill into law. Bob’s keen insight into Florida policy and politics will be missed.

ARNP controlled substances prescribing to start next January

While Gov. Scott signed HB 423 giving controlled substance prescribing authority to ARNPs, the new law states they cannot write those prescriptions until Jan. 1, 2017. Furthermore, ARNPs will be restricted to prescribing only those medications listed on a drug formulary. The Board of Nursing (BON) is required under HB 423 to assemble a committee of three physicians, three nurse practitioners, and a pharmacist to develop the formulary. The three NPs are Doreen Cassarino, DNP, FNP-BC, BC-ADM, FAANP; Vicky Stone-Gale, DNP, FNP-C, MSN; and Jim Quinlan, DNP, ARNP. All three NPs are FNA members!

Once the committee makes its recommendations – an action that must be made by Oct. 31 – the BON will initiate a process to put the drug formulary under its departmental rules. ARNPs who prescribe controlled substances prior to Jan. 1, 2017, are subject to disciplinary action. To learn more, visit the BON website page dedicated to this subject at www.floridanurse.org.

Candidate interviews and elections
The FNA’s political action committee, known as FNPAC, will engage in candidate interviews over the next three months to determine which office seekers should receive a coveted endorsement. From House offices to Senate candidates began in May and will continue through July. The interviews are coordinated through the Florida Association of Professional Lobbyists.

Additionally, FNPAC will conduct phone interviews in early August for those candidates who could not preserve those interviews. The goal of the interviews is to determine which candidates, both Democratic and Republican, would best represent the interests of nurses, the profession, and the public health of Florida residents.

We strongly encourage FNA members to donate to FNPAC. To do so, go to www.floridanurse.org.

Scott

and analyze the data that relate hospital acquired conditions and cost with staffing. Clinicians must have an active role in staffing decisions.

Teach patients who is a nurse. In Florida, the title “nurse” is reserved for those who are licensed as RNs, LPNs, CNAs, ARNPs, CNMs, and ARNPs, and it can be a misdemeanor of the First Degree (Nurse Practice Act, 2015) when others use the title. CNAs and Medical Assistant should not call themselves “nurses.” We need to do a better job of demonstrating the value that RNs bring to the care environment.

Record organizations for excellence in staffing. This is a topic that the FNA Staffing Task Force is considering. Hospitals that have achieved Magnet designation have addressed staffing, but discussing staffing issues about patient safety and nursing stress and turnover demand more attention. Determining the criteria and choosing a reward structure for nurses is a challenge. If your organization has made safe staffing a priority, please let us know through the FNA office.

Staffing is a central issue in any business. While understaffing can often be an inconvenience to customers, in health care it is life threatening for patients and a drain on the nurses providing care. Choose carefully where to receive care and where to work...where nurse staffing is a priority.


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The HEALTH LAW FIRM


JOANNE KENNA, R.N., J.D.
Member: The American Association of Nurse Attorneys (TANAA)

Joanne Kenna is an attorney whose practice encompasses all aspects of health law and nursing law, including the representation of health care providers in professional licensing and credentialing matters, professional board representation, administrative hearings, contract, federal, state, and an attorney licensed to practice in the state of Florida.

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Administration in the Simulation Division

Clinical Nurse Specialist with the Veterans Health Ed., APRN, ACNS-BC, an advance practice practitioner, Ms. Robilotto has been in the nursing arena for 32 years with the majority of her bedside experience in critical care and trauma. Prior to her transition into the simulation division, she spent 6 years at the Cleveland VA Medical Center as the critical care and ED nurse educator. She has spoken widely about professional nursing staff development and is completing her DNP with a research project regarding how confidence affects perception of competence in staff nurses. Once again, a big thank you goes to Marti Hanuschik for her ongoing efforts in planning and arranging speakers for the East Central FNA region’s quarterly meetings.

Regional News

East Central Region Update

East Central Florida Region welcomed Angel Epstein, PMHNP, LSW, a psychiatric NP and licensed social worker, who presented a continuing education program on Substance Use Issues for FL nurses at FNA headquarters in Orlando, FL, on February 18, 2016. There were over 35 members and students attending the meeting. Angel offered those present an excellent overview as to how the FL Board of Nursing’s Intervention Project for Nurses (IPN) ensures public health and safety by providing a swift and efficient system for nurses whose practice could be impaired due to the use of alcohol or drugs. The East Central FNA region met again on May 12, 2016 for our quarterly meeting at the Orlando FNA Office. Tracey E. Robilotto, MSN, Ed., APRN, ACNS-BC, an advance practice psychiatric NP and licensed social worker, who presented a new simulation approach to change the perception of competence in staff nurses. Once again, a big thank you goes to Marti Hanuschik for her ongoing efforts in planning and arranging speakers for the East Central FNA region’s quarterly meetings.

The East Central Region hosted the Nurses’ Appreciation Night during the Orlando City Lions vs Red Bulls New York Soccer game on May 6, 2016 in honor of National Nurses Week (May 6 -12, 2016). A select number of FNA members were honored on the field during the pre-game show.

East Central and Northeast FNA regions have joined forces to offer a nursing symposium to be held at the Hilton Garden Inn on the Beach in Daytona, 2560 North Atlantic Ave. on Saturday, July 23, 2016. The agenda and registration form can be found on the FNA website under the East Central Region tab. There are numerous speakers who have agreed to share their expertise with the participants. We look forward to seeing you at this “Nursing Symposium for the Here and Now.” Only a few members replied to the Survey Monkey on regional preferred meeting times, dates, and topics. Those who did reply agreed that the top topics should be related to FL mandatory reporting issues, patient safety, death and dying, legal implications, and continuing education topics and conflict resolution.

Additionally, those responding requested local meetings and webinars. I will be working with FNA to set up a webinar that will allow those who are unable to attend the regional meeting at FNA headquarters the opportunity to attend through a distance format. If anyone would like to offer further comments on topics, meeting times, etc., please call me at 386-795-3307 or email me at janhess@gmail.com.

Janice Hess, DNP, FNPI-BC, ARNP
FNA East Central Regional Director

North Central Region Update

The North Central Region held its Annual Conference on April 23, 2016. It was an amazing day. We changed the venue to Gainesville and held it at The Village. We had a good attendance with nurses from many different disciplines of nursing. The theme for this conference was “Nursing: Daring to Care.” The presentations were centered on caring for ourselves and others (patients and families). Dr. Rose Rivers began the conference with an outstanding presentation on the “Costs of Caring and the Power to Heal.” As always, she did not disappoint. We then received a legislative update given by our very own President Elect, Janegale Boyd, during which we toasted the passage of the Barbara Lumpkin Prescribing Act. Dr. Andrea Russell, from the Florida Center for Nursing, updated us on the Florida Action Coalition. We had wonderful poster presentations from Dr. Russell and students from Albany State University (9 in all). Alisa LaPolt gave a presentation on “Life Force Energy: Alternative Practices in the Clinical Setting” and we closed the day with an awesome presentation by Lotsy Dotsy (AKA Linda Herbert) on “Happy Pain.” Lotsy is a clown therapist at Joe Di Maggio Children’s Hospital. I would like to thank the students from Rasmussen College for their help throughout the day. It was a wonderful conference and we look forward to planning the 2017 conference.

Janice Hess, DNP, FNPI-BC, ARNP
FNA North Central Regional Director

North Central Region Update

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Marsha Martin
North Central Regional Director
Nurse Educator Award
Debbie McGregor
Nova University College of Nursing
Finalist – Daisy Galindo-Cioccon
Bruce W. Carter Medical Center Miami VA
HealthCare System
Finalist – Lisa Bergeron
Broward Health Medical Center
Finalist – Michelle L. Burke
Nicklaus Children’s Hospital, Miami Children’s Health System

Sixth Annual Florida Nurses Association South Region Symposium and Award Ceremony
April 9, 2016 with well over 280 in attendance
Debra Hain, PhD, ARNP, AGNP-BC, FAANP
South Region Director
Florida Nurses Association

South Region Update
2016 South Region Florida Nurses Association Excellence Awards

Community Action Award
Linda Washington-Brown
Broward College
Ann Grazioti & Rozana Orta
Miami Dade College Benjamin Leon
School of Nursing

Promoting Environment for Excellence in Nursing Award
Nicklaus Children’s Hospital Nursing Department
Nicklaus Children’s Hospital’s Hospital, Miami Children’s Health System
Finalist – Guillermo Valdes
Miami Dade College Benjamin Leon
School of Nursing

Registered Nurse Practice Award
Allison Carroll
Nicklaus Children’s Hospital, Miami Children’s Health System
Finalist – Thomas Flock
Nicklaus Children’s Hospital, Miami Children’s Health System
Finalist – Nene Forte
Bruce W. Carter Medical Center Miami VA
HealthCare System

Northeast Region Update
East Central and Northeast FNA regions have joined resources to offer a nursing symposium to be held at the Hilton Garden Inn on the Beach in Daytona, 2560 North Atlantic Ave. on Saturday, July 23, 2016. The agenda and registration can be found on the FNA website under the conference tab. There are numerous speakers who have agreed to share their expertise with the participants. We look forward to seeing you at this “Nursing Symposium for the Here and Now.”

West Region Update
The quest to increase membership in NW FL continues. I left a note on the FNA website encouraging RNs to become members. Now I am seeking assistance to set-up meetings in Panama City, Destin-Fort Walton, Pensacola, and Chipley/ Marianna. The purpose of the meetings will be to meet fellow nurses who are members, as well as those who are interested in membership. The meetings will be in a “meet and greet” format to learn what is transpiring in NW FL and across Florida. An organization is only as strong as its members. The dates and locations will be determined, but meetings will be held in June, September, October, and December (2016), January, March, and May (2017).

Looking forward to an active relationship,
Dr. (Marion) Meyash
jnmeyash@gmail.com

Alone we can do so little; together we can do so much. – Helen Keller
Regional News

Southeast Region Update

The Southeast Region members met at two sites in March to discuss the ANA Healthy Nursing Initiative and our own health goals. On March 9th, we met at Keiser University, and on March 22nd, at Indian River State College. Both evenings, we enjoyed a lively discussion about the nurses’ week event was to share our passion to become active members. We invited our SON to join them in our Nurses’ Week Celebration at Miromar Outlets. The goal of the nurses’ week event was to share her stories of the Kentucky Derby of the legislative process. Alisa offered her support in helping SW Region members reach out to our legislators in our community and healthcare legislative leaders. We Care, We Vote. Florida nurses are 250,000 strong.

West Central Region Update

Dear Member of the Profession of Nursing:

Why do some nurses become involved in their professional organizations while others do not? In nursing school, I was taught that nursing is a profession and was asked to write down what it meant to be a “member of the profession of nursing.” That assignment helped to shape my attitude about my responsibilities as a nurse. It helped me to recognize that being a nurse was more than just a caregiver job.

To me, being a member of the profession meant that I was responsible for more than just operating within a set of policies and procedures to a set standard. I am also responsible for contributing to the development of future policies, procedures, and standards because I have an obligation to elevate and advance my profession, as others before me have done. Active involvement within your professional nursing organizations also benefits you as an individual. It’s empowering to know that rather than complaining about a problem you are actively involved in creating a solution.

I believe that membership and involvement in specialty-nursing organizations is great. However, I do not feel that it should replace supporting the organizations that work to serve all nursing professionals. After all, being a nurse is the foundation of my specialized practice, and in unity we can all achieve so much more.

I challenge you to write down some of the obstacles that keep you from being an active member within the profession of nursing. Next, write down some things you can do to remove those obstacles. Then, just do it. You’ll be glad you did.

Regards,
Lisa Fussell
West Central Region Director
Caring is usually an innate characteristic of the nursing personality. However, nurses often exhibit reluctance to take the time required to care for themselves. Yet there is evidence-based research that demonstrates the fact that self-care can help one cope with stressors inherent to both practicing nurses and nursing students that can lead to exhaustion, tension, and fatigue, and eventually, burnout.

Mindfulness is an increasingly common focus in both popular and professional literature. What exactly is mindfulness? It is about staying in the present moment and accepting it without judgment – which means letting go of worries about the past or future (at least temporarily). Practicing mindfulness means finding those little opportunities throughout the day (often while completing both mundane and essential tasks) to recharge your battery and maintain balance and equanimity.

Being mindful does not mean stopping your mind from thinking or trying to be relaxed and peaceful. Our minds are busy. Modern life is extremely demanding and exhausting – our careers, relationships, families, and responsibilities can overwhelm us at times. Moreover, we are bombarded with a relentless stream of information from electronic devices and social media – increasing our mental distraction and stress. Nursing adds another level of stress that is unique to the profession.

Due to an onslaught of stress, many of us live our lives on automatic pilot, with our bodies operating in a routine pattern while our minds are wandering somewhere else – contemplating future events or ruminating about the past, and in some cases, engaging in negative self-talk. This mechanize way of being can limit how we experience our lives, the choices we make, and the quality of our relationships. It can also increase our level of stress.

Being able to notice when your mind is engaged in these common but unhealthy thinking patterns, you can intentionally shift your mind to the present and disrupt stressful thinking. How does one engage in mindfulness practices?

There is more than one way to practice mindfulness, but the goal is to achieve a state of alert, focused relaxation by deliberately paying attention to thoughts and sensations without judgment. All mindfulness techniques are a form of meditation. If meditation appeals to you, consider signing up for a class or listening to a meditation tape. In the meantime, try these exercises.
Florida's Supply for Nurses, 2016

The Florida Center for Nursing is currently completing its analysis on the state's supply of Licensed Practical Nurses (LPN), Registered Nurses (RN), and Advanced Registered Nurse Practitioners (ARNP). Our nurse supply data are based on information that you provided when you renewed your nursing license — so thank you for taking the time to complete our survey!

Below are a few preliminary findings:

- The LPN workforce size has remained stable since 2012-13 at 50,719 LPNs.
- About 39% of LPNs are employed in long-term care, 15% in home health care, 11% in health provider offices and 8% in hospitals.
- The number of RNs working in nursing has grown by almost 15,000 from 2012-13 to 2014-15. Most of this growth is due to new nursing graduates entering the workforce.
- The percentage of working RNs with a baccalaureate in nursing or higher is increasing, going from 39.5% in 2011 to 45.6% in 2015.
- The ARNP workforce increased by over 3,600 people from 2012-13 to 2014-15. Most of this growth is due to RNs upgrading to ARNP/CNS.
- The most common employment settings for ARNP/CNS hospitals (44%) and health provider offices (21%).

Florida Center for Nursing Welcomes New Staff Member

Kellie Ffrench, PhD, PA, a local clinical psychologist, joined the FCN as the newest Assistant Director for Research Programs and Services. In this role, Dr. Ffrench participates in data collection, analysis, and presentation to the board of directors, Florida Action Coalition, and other state stakeholders. Welcome Kellie!

For more information about the Florida Center for Nursing or any of our programs, visit our website at FloridaCenterforNursing.org, or send an email at Nurses@FloridaCenterforNursing.org.

Florida Action Coalition

The Florida Action Coalition, with support from the Florida Blue Foundation, recently hosted our second regional reception (this time in the southeastern region of the state) and is scheduled to host more in the coming weeks. Regional receptions serve a three-fold purpose: increasing awareness of the Florida Center for Nursing and Florida Action Coalition; facilitating regional collaboration between health stakeholders; and disseminating the workforce, educational, and leadership data of nurses throughout the state of Florida.

Florida Action Coalition Board Service Initiative

The first class of the Florida Action Coalition Board Service Initiative has graduated! Congratulations to all 30 of the nurse leaders who matriculated through this program! We anticipate great things from our graduates, and we look forward to their roles on boards across the state advancing nursing practice and influencing the health and wellness of Floridians.

To stay updated on the Florida Action Coalition, including information on events in your region, please follow us on LinkedIn, Facebook, and Twitter (@FlaAction). Please also visit our website at FloridaCenterforNursing.org/FloridaActionCoalition.

Realizing the Health Industry Workforce Needs for Today and Tomorrow

An important aspect of the Florida Healthcare Workforce initiative is to determine the influence that emerging and evolving roles and occupations have on the current and future supply and demand of the Florida healthcare workforce. Emerging roles and occupations are defined for this work as those newly forming jobs that involve new skills and competencies gaining recognition in the workforce. Evolving roles and occupations are those jobs that currently exist, but redefined by changes in necessary skills and competencies.

To accomplish this objective, valuable input was received through a survey of the Leadership Council, and State Advisory Boards of the Florida Healthcare Workforce Initiative. Additionally, information was gathered from discussions with Regional Action Coalition, information from the Florida Blue Foundation, peer-reviewed literature, web searches, and industry publication web pages were also reviewed to round-out the research. A report to be released this year provides information on changes to the broader professional, allied, healthcare workforce pipeline, and their new or shifting skills and competencies. This report will help prioritize allied healthcare professions identified in critical need.

Some of the findings include:

- Legislative mandates for healthcare delivery and payment model shifts, technology deployment and adoption, and patient expectations and behavior are the key drivers affecting the healthcare workforce.
- There is a synthesis of competencies across professions, particularly clinical competencies, the components of health information management, information technology, or health informatics.
- There are evolving roles for nurses as care coordinators to assure optimal outcomes in each episode of care.
- Increased emphasis on community settings will create new roles to improve population health and health literacy.

For more information about the Florida Healthcare Workforce initiative, please visit the website www.FLHealthcareWorkforce.org or contact Karin Kuzim, Project Director at Karin@FLHealthcareWorkforce.org or 607-825-1130.
The Power of Partnership and Collaboration

Lisa Wright, MSN, RN
Chair Elect, QUIN

The Quality and Unity of Nursing and the Clients for Which They Care

QUIN (Quality and Unity of Nursing) wishes to emphasize the power of partnership and collaboration in nursing to address both historical and developing workforce needs in Florida. Privacy, quality and safety for nurses in Florida have been issues for many years. Nursing students have long been concerned about quality and safety for nurses in Florida. QUIN wishes to emphasize the power of partnership and collaboration and the need to band together and become a part of nursing leadership which serves to address issues impacting the profession.

The Florida Action Coalition (FL-AC) utilizes the power of partnership and collaboration to impact leadership, education and practice. The FL-AC provides Florida nurses with the knowledge and strategies to identify nursing needs within the state in the areas of leadership, education and practice. They also identify areas of leadership, education and practice that are critical to resolution and improvement. QUIN would like to call upon all nurses to utilize the power of partnership and collaboration to impact leadership, education, and practice within the profession. The goal is to lead to the development of improvements and outcomes which may positively impact the global aspect of nursing. With unity comes power!

References


Please visit the new website developed by QUIN Council to assist those who are interested in careers in nursing. This website is a great resource for those considering choosing nursing as a career or those who are considering advanced degrees. Do your homework, BEFORE you choose. Visit this helpful resource at http://www.choosewithcare.education.
Ann-Lynn Denker, PhD, ARNP, has been named the 2015 recipient of the Dorothy Smith Leadership Award from the University of Florida's College of Nursing. The award is presented to alumni who demonstrate excellence in leadership for the nursing community. She currently is the Chief Nursing Officer at Plaza Health Network.

Dr. Denker, an advanced registered nurse practitioner, was honored for more than 40 years of service and achievements as a nurse educator, researcher, nursing consultant and health policy expert. She spent more than three decades in a number of key positions at Jackson Health System, including clinical nurse specialist, assistant to the chair of the Public Health Trust, and director of the Center for Nursing Excellence.

Dr. Denker served for five years on the Florida Board of Nursing and is immediate past chair. During that time, she was a fellow of the National Council of State Boards of Nursing, where she studied regulatory issues with an interest in expanding services into Palm Beach County, and was a consultant to the Florida South Florida and is a consultant to the Florida Campaign for Action (a part of the Future of Nursing Action Coalition).

She graduated with BSN and MN degrees from the University of Florida and received her PhD in nursing from the University of Miami. Dr. Denker is a longstanding member of the bioethics committee at Jackson Health System and currently teaches graduate students at the Barry University School of Nursing.

Laura Dwelley
Right at Home in Palm Beach is proud to announce the hiring of Laura Dwelley as their Director of Clinical Services. Dwelley is a recent BSN graduate of The University of Phoenix, inducted last June as a member of the Omicron Delta Chapter of the Honor Society of Nursing and a Fellow in the American Academy of Case Management.

Combining 15 years' experience in customer service and business administration with her 17 years' experience in healthcare, Dwelley brings a unique set of skills to this new position. Right at Home is a private duty home health company founded by Alan Hager in 1995, whose mission is to improve the quality of life for those they serve by personalizing the care given, with carefully matched, skilled caregivers. Dwelley will be responsible for in-home needs assessment of clients, and the hiring, training and mentorship of all caregivers. With more than 350 franchise offices serving tens of thousands of clients across the United States, Canada, the UK, China, Ireland, and Brazil, Right at Home is now expanding services into Palm Beach County, and franchise owner, Bruce Gropper, is thrilled to have Dwelley on his team.

Ora Strickland, PhD, RN, FAAN, dean of Florida International University Nicole Wertheim College of Nursing & Health Sciences, is one of the 10 nurse researchers being inducted into the 2015 class of the International Nurse Researcher Hall of Fame. Dr. Strickland's work in rigorous nursing research and focus on measuring the outcomes of nursing interventions includes 20 years as founding editor and senior editor of the Journal of Nursing Measurement, the first measurement journal in the nursing profession. She has contributed more than 100 measurement and research articles to professionals. She also wrote or contributed to 22 books, earning her nine (9) American Journal of Nursing Book of the Year Awards.

Dr. Strickland conceptualized, initiated, and directed the Nursing Outcomes Measurement Project funded by the Department of Health and Human Services, Division of Nursing, and Research Division. She and fellow nurse researcher Carolyn Waltz, PhD, RN, FAAN, improved the applications of measurement principles and practices in nursing. The project involved mentoring more than 200 nurse researchers in measurement development and testing in excess of 250 nursing clinical and educational outcome measures and instruments.

As a consultant, Dr. Strickland assisted the National Institutes of Health (NIH) in the design of the Women's Health Initiative (WHI), a landmark 40-site study addressing major issues causing morbidity and mortality in postmenopausal women. She served as the Emory University site co-principal investigator and had a major role in overseeing and monitoring the quality of the national study. She was also chairperson of the WHI Special Populations Committee, which ensured that research methods and measurement approaches were culturally and age appropriate, reliable and valid.

Dr. Strickland's commitment to advance the scope of nursing research is further demonstrated by her leadership role in founding the NIH's National Institute for Nursing Research (NINR), and the Friends of the National Institute for Nursing Research (FNINR), along with serving as a member of the NINR's National Advisory Council for Nursing Research.

The International Nurse Researcher Hall of Fame induction will take place during STTI's 27th Annual International Nursing Congress in Cape Town, South Africa, July 21-25.

We invite you to consider a life-changing career as a Registered Nurse.

Mayo Clinic in Florida has immediate opportunities available for RN's including Intensive Care Unit, Emergency Department and Operating Room areas as well as night shift and supervisory options. In addition, we have a variety of opportunities at our Mayo Clinic and Mayo Clinic Health System locations in Arizona, Minnesota and Wisconsin.

Working as a team with physicians and allied health colleagues, Mayo Clinic nurses are committed to delivering high quality, compassionate care in keeping with our primary value – the needs of the patient come first. The result transforms lives, our patients' and our own!

Join a team where the potential for personal growth is unlimited and colleagues inspire you to stretch and grow beyond your boundaries.

To learn more please connect with us!

www.mayocareers.com/FLNurse
Florida Poised to Join Revised Nurse Licensure Compact

Joe Baker, Jr., Board Executive Director, Florida Department of Health, Division of Medical Quality Assurance, Bureau of Health Care Practitioner Regulation

The Board of Nursing is excited that legislation, which will bring Florida into the Nurse Licensure Compact (NLC), was signed into law by Governor Rick Scott on March 25, 2016. Senator Denise Grimsley (R-Sebring) and Representative Patrick Quinn (R-Bradenton) were the authors of the legislation. “We appreciate the hard work that the sponsors, and other stakeholders, dedicated to the successful passage of this important legislation,” stated Jody Newman, EdD, EdS, Board Chair.

The Compact is a multi-state agreement that establishes a mutual recognition system for the licensure of Registered Nurses and Licensed Practical Nurses. In 2013, the National Council of State Boards of Nursing adopted revised model legislation for the NLC and required any state which subsequently enters the NLC to adopt the revised model legislation. Florida is now in the process of amending 2016-139, Laws of Florida, which authorizes the Board of Nursing to enter into the revised NLC. It is important to keep in mind, however, that the revised Compact will not take effect until December 31, 2018, or upon enactment of the revised NLC into law by 26 other states, whichever is first. It is anticipated that this may occur in late 2017.

Under the NLC, a nurse who is issued a multistate license from one of the states in the Compact is permitted to practice in any other state that is also a member of the Compact. However, the nurse must comply with the practice laws and standards that are in effect in the state where the nurse is practicing or where the patient is located. Florida will continue to issue a single-state license, which authorizes the practice of nursing in Florida, for those nurses who do not qualify for the multistate license. Nurses are ineligible for a multistate license if they have ever had a felony conviction or any other criminal conviction in the state. (See the Intervention Project for Nurses or a similar alternative to discipline program.) Pursuant to the law, a nurse who applies for or renews a multistate license in Florida must meet the minimum requirements of the NLC and any other requirements set by the Board. The NLC does not change the current licensure requirements under Chapter 464, Florida Statutes, the Nurse Practice Act.

Once the Compact is in effect in Florida, current licensees will have the opportunity to apply for the multistate license with Florida as their home state. The Board will establish an application and fees for this on-line process, which will require Registered Nurse (RN) fingerprinting for those nurses whose criminal history results are not yet in the Care Provider Background Screening Clearinghouse.

The new law will also require the Department of Health to conspicuously designate each nurse license as a multistate license or a single-state license. The Florida Center for Nursing is required to analyze the impact of our participation in the NLC.

This is an exciting opportunity for nurses to apply for a multistate license at the time of renewal. Please visit the Board’s website at www.FloridasNursing.gov for updates on all legislation which passed during the current session. IRMC can also sign-up for automatic updates via Twitter or e-mail. My staff and I are available to assist you by contacting us at MJA.Nursing@fDHEalt.gov.

Mr. Baker has been a board executive director since June 1987 with the Florida Department of Business and Professional Regulation. He has served in this same capacity with the Florida Department of Health since 1997 and became Executive Director of the Board of Nursing in April 2010. Until that appointment, he had been responsible for the Boards of Chiropractic Medicine, Pediatric Medicine, Optometry, Nursing Home Administrators, Orthotists & Prosthetists, and Clinical Laboratory Personnel.

He served as Interim Bureau Chief of Health Care Practitioner Regulation from 1998-2000. Joe was an appointed to the Nursing Education Commission of the National Council of State Boards of Nursing from 2010-12. In August 2012, he was elected as a Director-at-Large to the NCSBN Board of Directors and re-elected to the Board in August 2014. He was elected NCSBN Treasurer in August 2015.

He was an elected member of the Board of Directors of the Federation of Chiropractic Licensing Boards from 2005-2009. He also served as an officer of the Association of Chiropractic Board Administrators for eight years. In addition, Mr. Baker was an active participant with the Association of Regulatory Boards in Optometry as an appointee of the Member Board Executive Directors for the past 10 years.

In April 2011, he was appointed to the Allied Health Committee of the National Accrediting Commission of Career Schools and Colleges. Joe also served on the 2013 Statewide Nursing Summit Advisory Committee.

Joe earned a Bachelor of Arts degree in Political Science from Florida Southern College in 1985.

Board of Nursing, 4952 Bald Cypress Way, Bin C02, Tallahassee, FL 32399-3232

www.FloridasNursing.gov

(850) 245-4156; joe.baker@fDHEalt.gov

IRMC is a not-for-profit, non-profit hospital centrally located on Florida’s Treasure Coast.

IRMC provides a full range of inpatient services, including Acute Medicine, Surgical Services, Obstetrics & Gynecology, Heart Services, Emergency Services, Internal Medicine, Neurology, Infectious Disease, Pulmonary, Vascular, Cardiovascular, Endocrinology, Gastroenterology, Nephrology, Medical Oncology, Neurosurgery, Orthopaedic, Plastic & Reconstructive, Plastic & Reconstructive, Ophthalmology, Urology, General Surgery, Thoracic Surgery, Urology, Neurosurgery, Vascular Surgery and Critical Care.

We are an equal opportunity employer.

IRMC is an accredited Donald D.罔lack, RN, BSN, MBA, FASAHP, CEO of Indian River Medical Center.

Indian River Medical Center is a non-profit, not-for-profit hospital centrally located on Florida’s Treasure Coast. Indian River Medical Center is a 313 bed, non-profit hospital centrally located on Florida’s Treasure Coast.

The Florida Nurse Page 13
The Clinical Nurse Leader (CNL) role is the newest nursing role on the scene since the time when the Advanced Practice Nurse (AKA Nurse Practitioner) was created. The CNL role differs from the nurse practitioner role and is attractive to nurses who wish to remain at the bedside, at the point of care, and for those engaged in direct practice. In contrast, the Nurse Practitioner role has evolved over time and allows nurses to provide direct health care to varied populations within multiple care settings. The Clinical Nurse Specialist (CNS), not to be confused with the CNL role, provides specialized advanced practice care to those whom have a specific medical condition requiring education, monitoring, and best practice across systems. Numerous professional nurse specialty roles coexist today within our nursing healthcare settings which can be confusing to nurses, patients, and our interdisciplinary colleagues. Many of our nurse leadership roles overlap, which is a good thing for patients.

The CNL is a nurse generalist which is a progressive title. Nurse generalists can adapt to a myriad of multifaceted healthcare systems both inpatient, outpatient, and those non-traditional deemed outside of the box. The CNL leads at the point of care, not as a director or manager, but as a facilitator of care that is patient centered, culturally responsive, holistic, caring, ethical, and cost efficient.

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The Florida Nurse
June 2016

Colleen Morgan, DNP, RN, CNL
Current Board Member Communications and Marketing CNLA
CNL Ambassador for Certification Commission on Nurse Certification

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We would LOVE to have YOU join our TEAM!
The 2016 Florida Quality and Safety Education for Nurses (QSEN) Summit was a great success! The Brooks Rehabilitation College of Healthcare Sciences at Jacksonville University hosted the successful statewide Florida QSEN Summit on Friday, March 4, 2016. Approximately 200 nursing faculty, clinical nurses, and nursing students attended the event which was the culmination of a three-year grant that created a QSEN training program with collaboration among Florida stakeholders to identify academic/clinical partnerships. Workshop attendees provided presentations based on their outcomes from integrating QSEN in their individual academic/clinical partnership institutions. Some of the topics included: a) Improving Safety Attitudes in New Graduating Nurses; b) Empowering Perceptions to Arrest Bullying and Incivility in the Nursing Workplace; and c) From Books to Bedside: Partnering to Bridge the Gap on Hospital Quality and Safety Initiatives. The presentations will be available for review on the Florida QSEN website at http://qsen.org/faculty-resources/practices/state-qsen-initiatives/Florida-2/. The attendees were also provided a tour of the S. T. A. R. (Simulation Training and Applied Research) Center. The goal of the Florida QSEN Summit was to provide leadership in advancing the QSEN initiative and the Florida QSEN Center which is based in the Brooks Rehabilitation College of Healthcare Sciences at Jacksonville University. Information on the QSEN initiative and the Florida QSEN Center can be obtained from Dr. Chenot at tchenot@ju.edu or Roberta Christopher at rchrist6@ju.edu.

Roberta Christopher & Dr. Teri Chenot

What Keeps People from Lifesaving Colon Cancer Testing?

Scarlett K. Mueller, MPH, RN
Chair, American Cancer Society, Inc., Board of Directors

Americans have made amazing progress in reducing colon cancer death rates. I’ve seen it first-hand during my nursing career. This progress is a direct result of increased screening for colon cancer and removal of pre-cancerous polyps. The nation has embraced the American Cancer Society goal of increasing national screening rates to 80% by the end of 2018 – which will substantially reduce the terrible toll that colon cancer exacts every year. Everyone is at risk for colon cancer, whether anyone in the family has ever had a colon polyp or colon cancer. Thus, everyone should be screened at age 50, and people at higher risk should start before they reach age 50. Colon cancer screening is one of the best opportunities ever discovered to prevent cancer. Despite this compelling evidence, many people either have never had a colon cancer screening or are not up-to-date.

Messages help people get tested

The first message targets individual risk. Colon cancer is the second leading cause of cancer-related death when men’s and women’s data are combined. Waiting for symptoms is a mistake; screening is intended for people without symptoms and is aimed at finding and removing polyps. Remove the polyp – prevent the cancer. Other messages target the expense, the disruption to daily routine, and the screening difficulty. Many don’t know there is a cheap, easy way to screen for colon cancer—at home (for people without symptoms and is aimed at finding and removing polyps. Remove the polyp – prevent the cancer). Other messages target the expense, the disruption to daily routine, and the screening difficulty. Many don’t know there is a cheap, easy way to screen for colon cancer—at home (for those who are at average risk). If done every year, it works just as well as being screened with colonoscopy. That test is a fecal immunochemical test (FIT), which looks for microscopic amounts of blood in the feces.

Nurses’ role in helping people get tested

Nurses are essential in convincing people to be screened. We can give clear messages; everyone is at risk, screening dramatically reduces the risk of developing and dying from colon cancer, and there are screening options—a colonoscopy at recommended intervals or a home stool blood test done every year (with colonoscopy needed only for people testing positive). The right messages help, but messages alone aren’t enough. We need good systems of care: smooth handoffs of people and information from primary care to specialists; innovative approaches to financial help; affordable, tolerable preparation for colon-cancer testing; and transportation. Patient navigators who help eliminate testing barriers and guide the screening process are particularly valuable, and we intend for them to be involved every time.

People having trouble figuring out how to complete either screening, whether a stool test at home or a colonoscopy, need to know to ask their clinicians for help. Our national 80% colon cancer screening rate will be achieved one person at a time. Everyone should be screened for colon cancer. Everyone can find the right test. Together, we can eliminate colon cancer as a major U.S. health problem.

Visit cancer.org/colonMD for resources and more information.

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The Florida Nurse Page 15

Colleges & Universities
NPs are more than just health care providers; a comprehensive perspective to health care. Prevention and health management, NPs bring conditions with an added emphasis on disease expertise in diagnosing and treating health. which I frequently cite: descriptive statements from the AANP website who and what we are. I’ve borrowed a couple of new culture that fosters more familiarity with decades (e.g. since 1965). I’ve always found it my which I personally refer anyone who is confused. My advice – don’t get hung up on titles; and take my personally do not feel that simply using the title ‘Practitioner’ provides any additional clarity or resolution to the concern expressed by the writer. My question is “practitioner” of what? Honestly, I get more frustrated in hearing some of my peers correcting patients and staff by saying “I’m just a Nurse Practitioner” when addressed with other titles. My advice – don’t get hung up on titles; and take pride in what has been achieved. We are still nurses first; and as you point out, something more.

The American Academy of Nurse Practitioners has put together a plethora of information to which I personally refer anyone who is confused. Nurse Practitioners have been around for 5 decades (e.g. since 1965). I’ve always found it my personal responsibility to be proactive within both my practice and community in creating a new culture that fosters more familiarity with who and what we are. I’ve borrowed a couple of descriptive statements from the AANP website which I frequently cite.

We are “…clinicians that blend clinical expertise in diagnosing and treating health conditions with an added emphasis on disease prevention and health management, NPs bring a comprehensive perspective to health care. NPs are more than just health care providers; they are mentors, educators, researchers, and administrators. Their involvement in professional organizations and participation in health policy activities at the local, state, national, and international levels helps to advance the role of the NP and ensure that professional standards are maintained.

Having achieved a doctoral degree, some, not all, of my patients refer to me as “Dr.,” but I always ensure they know I’m a nurse practitioner. If there’s ever a role question, I point out many other professions have doctoral degrees as well — not just physicians. That usually suffices. However, just as a matter of clarity, I call me by my first name or “Mr.,” and that’s fine too. Having participated in an organization (e.g. military) for twenty-six plus years, I recognize the importance of title recognition, but I feel there’s a time and place for everything.

Personally, I can think of no better title than “Nurse Practitioner” don’t see myself as inferior to physicians but as a colleague in a different profession and/or healthcare field, and I frequently correct my physician colleagues who call me “doctor.” Again, the Florida Physicians Health has been physician driven for much too long, and if there ever remains any role confusion – the professional, must take a larger role both personally and professionally to rectify the situation.

Very respectfully,
Dr. Brad A. Briscoe, DNP, APRN
Commander, Nurse Corps, United States Navy
(Resired)
Acute Care Nurse Practitioner, Board Certified
Emergency/Trauma Clinical Nurse Specialist
Certified Emergency Nurse

I am writing in response to the Florida Nurse March 2016 editorial regarding the Nurse Practitioner title: The definition of nursing is the diagnosis and treatment of the human response to the health state. NPs diagnosis, order, prescribe, and treat the disease. Our profession, must take a larger role both personally and professionally to rectify the situation.

I think the term ‘nurse’ is the barrier to the acceptance of NPs by physicians and insurance companies. I would welcome another descriptor such as LIP or HCP.

Resources of nursing organizations are misspent on NP issues. Besides RNs need to focus on staffing ratios, mandatory overtime, and delegation to UAPs; no prescriptive authority; no signing death certificates, lifting involuntary mental health petitions, or performing employee health exams.

Again, thank you for addressing this issue.

Sincerely,
Dr. Jeanne Saunders, MSN, RN-BC

This is in response to the editorial in the March 2016 Edition re: a name change for Nurse Practitioners.

Nursing is a unique and specialized provider of care within the health care system. While I am not a Nurse Practitioner, I am a nurse and any move to delete this profession will be a disservice to all nurses and to the profession of nursing. As a male in the nursing profession 40 years ago, I was often referred to as “doctor” to which I would always respond that I was not a doctor, but a nurse. Why? Because I was not only proud of being a nurse, very different from a doctor, but I had also worked very hard to achieve the education to become a nurse.

The Veterans Administration long ago adopted the term “Nurse Provider” to describe Doctors, Nurse Practitioners, and Physician Assistants, which is unfortunate because each of these practitioners brings a different skill set to the table of care. And again, this “title” obscures the unique qualities and approaches that a “nurse” brings to the provision and delivery of care.

I oppose any move that would diminish the unique and special qualities that the “NURSE” (in person or in title) brings to the health care arena, which is what this “Concerned Nurse Practitioner” suggests. If this letter writer truly would prefer to be known as a “medical provider” instead of a “nurse,” then he/she should go to medical school to become a doctor.

Edward L. Booth, BSN, RN
A Concerned Nurse

I am writing in response to the Florida Nurse March 2016 editorial regarding the Nurse Practitioner title: I have not encountered any patients or family members of the general public having difficulty recognizing the nurse practitioner title. Also, I have not encountered any staff members being uncomfortable calling nurse practitioners or professional assistants nurse practitioners. I believe that patients, family members, and the general public may not understand the level of care a nurse practitioner or any other advanced practice nurse provides. I have observed that there has been lack of clarity between the NP and the PA role. I think removing “nurse” from the nurse practitioner title will be a disservice to all nurses and to the lay person to add confusion. Instead of removing the “nurse” from nurse practitioner, I recommend a more inclusive title: “Advance Practice Nurse” (APN) is a useful term to use for advanced practice nurse licensure and titles (NP, CNS, CNM, CRNA).

A Concerned Clinical Nurse Specialist

I am writing in response to the Florida Nurse March 2016 editorial regarding the Nurse Practitioner title: I absolutely agree with this title for the purposes of introduction. Patients and coworkers alike hear the word “nurse” and their minds automatically go to a nursing role. Physician Assistants have the luxury of having “physician” in their title so that patients and coworkers envision a medical provider. Don’t get me wrong…physician assistants also have their challenges with role communication and have proposed to change their title to “Physician Associate.” Practitioner – implies a practitioner of something; I guess in the healthcare world, it would be assumed to be a “Practitioner” of medicine.

noun

A person actively engaged in an art, discipline, or profession, especially medicine. “patients are treated by skilled practitioners.” Honestly, the alphabet soup of credentials through education, licensure, and certifications is mind blowing to the lay person. I don’t think we need to have anything official written up. I think we all as the “Practitioner” need to direct all parties who are involved to address us in this manner if we so choose to have a title other than Ms. I think this will also address the title issue with the DNP prepared ARNP. I personally do not feel introducing yourself as Dr. is acceptable. You are not a medical doctor and it is assumed so in this setting. If we all just begin to instruct others to address us and introduce us in this manner our patients will move forward in establishing this profession as medical providers.

Thank you,
Nedra Miller, MSN, FNP, APRN-BC
(see what I mean)

Dear Concerned (and nameless) NP:

Your letter in the February Florida Nurse Newsletter raised many questions and brought forth some facts and feelings as I reflected, with others, on 50 years of dedication to developing and growing the nurse practitioner role. This life-long investment shapes our response to your concerns regarding the title “Nurse Practitioner” and we accepted your invitation for, as you aptly put it, an “honest conversation.”
I am in writing in response to the Florida Nurse March 2016 editorial regarding the Nurse Practitioner title. I read your article about patients difficulties understanding the nurse practitioner role and removing the title from NP/Nurse. I would be more concerned about the nurse practitioner who wrote this article. That author may want to consider going back to school for another role such as medical doctor or physician assistant...I absolutely know what an ARNP is – and if this concerned Nurse Practitioner believes this is not clear, maybe they can appreciate an ARNP should do a better job in communicating.

Also, this is a title offered by the Florida Nurse – not the Florida Nurse Practitioner. Not sure why or who would even think that an RN would change their title. ARNP is just that – a “NURSE” Practitioner. Not a “medical” practitioner. I believe this was clearly discussed during the ARNP academic years.

Today, patients recognize the Practitioner as a higher level nurse – which is what they are. Nothing more, nothing less.

There have been times I have heard the patient refer to their Dr. Smith...I think this is very wrong and expect it could be confusing. ARNP does not correct them - as many times as necessary. Nurse Practitioner Smith is what they are and should be called. It is what Title 18 of the Code of Federal Regulations (CFR) for nursing practice, education, and regulation states the title, if that is what they feel is happening. Which, as I said above, I do not agree to.

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Today, patients recognize the Practitioner as a higher level nurse – which is what they are. Nothing more, nothing less.
How Can Nurses Unify and Not Divide the Profession?

Janice Hess, DNP, FNP-BC
FNA East Central Region Director

FNA lobbyist, Alisa LaPolt’s, Final 2016 legislative summary report highlights the significant role FNA played in lobbying for the passage of numerous bills this session. During a discussion with other nurses about the Governor’s signing of the landmark Barbara LaPolt’s, Final 2016 legislative summary report highlights the significant role FNA played in lobbying for the passage of numerous bills this session. During a discussion with other nurses about the Governor’s signing of the landmark Barbara

Act that allows ARPNPs’ controlled substances prescriptive privileges, the conversation turned to the topic of whether or not FNA favors RNs or ARPNPs in its lobbying efforts. In response to this continued and at times divisive discussion, I decided to share my thoughts on the topic by offering a historical perspective that supports the premise that FNA offers a voice to all licensed RNs regardless of their role or membership. The information included in this discussion is the final product of my 2010 DNP research on FNA’s political advocacy history. The challenge nursing faces is not about winning or losing battles over policy or law. Nor is it about fragmenting and dividing or disagreeing with FNA’s positions on issues, rather it is about being in the discussion in order to contribute a significant voice. To be heard, nurses need to be members of the one organization that represents all nurses so they can participate in the political advocacy presence for their patients and their profession.

FNA began as a professional organization in 1900. The lack of coverage in nursing education programs as well as the need for RN title protection was the motivation for the inaugural meeting of the FNA, March 19, 1900. In a groundbreaking (2000) explained that early 20th century nursing education in the United States lacked a formal education program. Instead of a structured curriculum, there was an apprenticeship program where older students taught younger students the art of nursing. The term nurse was used loosely for their scope of practice. FNA has been influential in legally representing nurses individually and as a group when nurses did not have the resources to fight for themselves. For example, a lawsuit in 1954 nursing work week hours from 48-50 hours work environment standards that assisted in reducing nursing work week hours from 48-50 hours work week to 40 hours as well as supported improved nursing work week hours from 48-50 hours work week to 40 hours as well as supported improved safety issues such as including child car seats, home smoke detectors, and vaccinations. Additionally, FNA has long been involved in use of surveys to obtain information that can be considered as part of clinical hours. Other important past FNA legislative initiatives were patient centered. FNA lobbied for the passage of several Florida laws as well as the bill which ultimately died in committee. Passage of RN as 1st surgical assistant and RN prescriptive privileges, the conversation turned to the topic of whether or not FNA favors RNs or ARPNPs in its lobbying efforts. In response to this continued and at times divisive discussion, I decided to share my thoughts on the topic by offering a historical perspective that supports the premise that FNA offers a voice to all licensed RNs regardless of their role or membership. The information included in this discussion is the final product of my 2010 DNP research on FNA’s political advocacy history. The challenge nursing faces is not about winning or losing battles over policy or law. Nor is it about fragmenting and dividing or disagreeing with FNA’s positions on issues, rather it is about being in the discussion in order to contribute a significant voice. To be heard, nurses need to be members of the one organization that represents all nurses so they can participate in the political advocacy presence for their patients and their profession.

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Robert Levy died April 12, 2016

Robert M. Levy, 67, was a key member of the FNA Lobbying team since 1995. Bob added significant dimension to our lobbying program due to his key contacts in the legislature and other governmental entities. He helped to open many doors and created fruitful relationships for FNA, ensuring that the nurses' voices were a part of the conversation. Due to his work with our lobbyists, Barbara Lumpkin, Anna Small, and Alisa LaPolt, Bob, along with his team at Robert Levy and Associates, have helped to enhance FNA's Advocacy Days (formerly Lobby Days or Political Action Days) year after year by making sure key legislators and policy makers are in attendance at our events. His keen insight helped to position FNA as the “go to” organization on nursing issues and assisted us in placing nurses in key positions on task forces and committees over the years. Each year members look forward to Bob’s “no-nonsense” presentations on the political landscape in Tallahassee.

On his own time, Bob spoke to classes on a regular basis about FNA and legislative action for nurses. Bob took his relationship with FNA personally and his commitment prompted the FNA House of Delegates to name him “Honorary Nurse,” and in 2015, Bob was inducted into the FNA Hall of Fame at the Membership Assembly.

Edward Briggs, FNA former President, inducting Bob Levy (l) into the FNA Hall of Fame at the 2015 Membership Assembly

Jose Diaz (l) & Bob Levy (r) working at the FN PAC meeting

Bob Levy with Bonnie Sklaren, FN PAC Chair

(L to R) Barbara Lumpkin, Bob Levy, & Rosa Yi Potts

Bob Levy addressing FNA membership

Anna Small, past FNA Lobbyist, with Bob Levy

Bob Levy & Alisa LaPolt role playing at 2015 Advocacy Days

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