High-Tech and High-Touch: It Doesn’t Just Happen

by Fern Richie, DSN, RN, APRN-BC

“Isolated, invisible, and discounted.” Sharon Adkins, MSN, RN, Tennessee Nurses Association Executive Director, remembers with anguish the 24 hours she spent hospitalized following a surgical procedure. During this time, a nurse never touched her. She says the nurses were very proficient with their use of technology—the pumps, the monitoring devices, and such. “Already feeling vulnerable,” Adkins said, “the lack of human connection closed the door” on her asking questions about her post-operative care. “It would have been so easy to touch, to meet such an essential human need,” she notes.

She is quick to add that nursing practice has been revolutionized by the impact of technology. Technology has enhanced nurses’ ability to be more efficient, to make procedures less invasive, more comfortable and private, and more cost-effective. But how can nurses remain person-focused amidst all the technology that makes our work so much more efficient and effective?

Not all patients experience these feelings of isolation and being discounted. Leo Lindsay, MSN, MPH, RN, a TNA District 3 member, shares a story that is in stark contrast to that of Adkins’. Poised to undergo a second operation for retinal detachment, he was comforted by the nurse anesthetist who told him she would be holding his hand throughout the procedure. “Eye surgery is pretty intimidating,” Lindsay recalls, “and this nurse’s approach worked for me for two reasons.”

He goes on to say that the anesthetist told him to squeeze her hand if he began to feel pain, and that she would respond by adjusting the anesthesia via the technological apparatus. Her approach was a very effective pain management strategy, but this human connection of holding Lindsay’s hand also comforted and relaxed him. This interactive process—nurse and patient working together—leaves the patient with an entirely different perspective on the outcome of the nursing care they received.

It is important to note that patients (and their families) support and expect nurses to be proficient in their use of technology in the health care setting, but they also expect nurses to be the caring interface between technology and the patient. Indeed, many recent innovations challenge nurses to think of new and different ways to practice the art of nursing. Nurses believe that healing requires human touch, if not literally, then in the nurse’s bearing witness to the patient’s experience, to our being present to the patient. We know that we are fully present to patients when they express that they feel understood and supported. When we factor in the inherent risks of potentially dehumanizing effects of technology, it becomes even more important that nurses address the personal component. A walk down a hospital corridor reveals nurses gazing onto computer screens—noting pertinent lab values, checking physician orders, entering vital signs and other clinical data. But, are we likewise looking into the eyes of our patients? Looking to detect any sign of anxiety, fear, helplessness, or despair?

Some would contend that it is an either-or dilemma—nurses must focus on the emerging technology at the expense of the humanistic element of nursing. This suggests that technology and humanism are diametrically opposed to one another. Nurse Edwina McConnell rejects this notion and emphasizes that health care technology is inherently neither “good” nor “bad.” She points out that the nurse is at the midpoint of this technology-humanism dualism, but that facilitating the coalescence of these factors is how nurses must focus on the emerging technology at the expense of the humanistic element of nursing. This suggests that technology and humanism are diametrically opposed to one another. Nurse Edwina McConnell rejects this notion and emphasizes that health care technology is inherently neither “good” nor “bad.” She points out that the nurse is at the midpoint of this technology-humanism dualism, but that facilitating the coalescence of these factors is how nurses must focus on the emerging technology at the expense of the humanistic element of nursing. This suggests that technology and humanism are diametrically opposed to one another.

The American Association of Colleges of Nursing has developed Guidelines for Incorporating Technology into Professional Nursing Education to address the importance of nurses gaining knowledge needed to use devices, as

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well as the clinical judgments and skills inherent in their safe and appropriate use. Further, nursing education must address ethics as values as they relate to information processing and the delivery of care.

Nurse managers and administrators are responsible for fostering the environments in which patient-centered and technologically competent nursing care can be provided. Systems in which communications between administration and staff incorporate humanistic ideals of respect, trust, and autonomy will contribute to the nurse-patient relationship. Ongoing staff development must be a priority to help nurses not only become and remain competent with the technology we use, but also become more adept at identifying and meeting emotional needs of the patient.

McConnell reminds us of the importance of integrating the patient’s perspective and lived experience with technology as a component of nursing research regarding technology and nursing practice. The use of including patients in technology assessment research is increasingly emphasized and will serve to promote a more humanized delivery of nursing care based on research findings.

Nurses must always remember that the patient’s well being drives the choice of technologic intervention. Psychologically, as well as physiological conditions, in conjunction with relevant policies as procedures, must be examined in light of these choices.

Psychologist Barry Schwartz asserts that practical wisdom is the master virtue essential to solving problems and conflicts in the workplace. He identifies the “moral will to do the job right,” and the “moral skill to figure out how to do it right” as essential traits that must be developed for those of us who care for other human beings. Schwartz challenges us to look to wise teachers for mentoring. Who in your workplace seems to integrate both technology and humanism in ways that work for both patient and nurse? Who shows both the moral will and moral skill to achieve the very best outcomes for patients? Are these persons celebrated for their successes? What can we learn from them? How can we provide a more seamless delivery of nursing care that incorporates technology and attention to the human needs? If you have thoughts about these questions, the Tennessee Nurse wants to hear from you. And if you know of nurses who are good role models for integrating technology and the human element or care, please let us know who these are! We want to identify and celebrate them via the Tennessee Nurse! Please forward your comments to cglass@tnaonline.org.

The official publication of the Tennessee Nurses Association is the Tennessee Nurse. The purpose of the publication shall be to support the mission of the 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 Association encourages submissions of articles and photos for publication in the Tennessee Nurse. Any topic related to nursing will be considered for publication. Although authors are not required to be members of the Tennessee Nurses Association, when space is limited, preference will be given to TNA members. Articles and photos should be submitted by email to cglass@tnaonline.org or mailed to Managing Editor, Tennessee Nurses Association, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1286. All articles should be typed in Word. Please include two to three sentences of information about the author at the end of the article and list all references. Preferred article length is 750–1000 words. Photos are welcomed as hard copies or digital files at a high resolution of 300 DPI. The Tennessee Nurses Association reserves the right to reject or disapprove articles submitted. This association disapproves of all or damaged articles or photos. The TNA is not responsible for unsolicited freelance manuscripts or photographs. Contact the managing editor for additional contribution information.

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United We Stand, Divided We Will Fall
by Lena Patterson, MSN, RN, APRN, BC, CCNS

Nurses, the power is in our united voices. Today nursing is a respected profession in which nurses are revered as professionals. This comes as the result of decades of tireless service by many courageous and dedicated nurses and friends of nursing. It is because of these ongoing efforts, at both national and state levels, that we have been victorious in gaining the privileges to practice as we currently do. The future of our practice depends on the strategic proficiency in which we approach never ending challenges.

The nursing profession “is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations,” as specifically defined by the American Nurses Association (ANA). Webster’s dictionary generally defines a profession as “a calling requiring specialized knowledge and often long and intensive academic preparation.” It also lists medicine and law as examples of professions. To have nursing considered among these professions after many years is indeed an accomplishment. Gaberson and Oermann (2010) state “Nursing is a professional discipline.” They further define a professional as “an individual who possesses expert knowledge and skill in a specific domain, acquired through formal education in institutions of higher learning and through experience, and who uses that knowledge and skill on behalf of society by serving specified clients.” It is difficult to deny nursing as a professional discipline with such an astute, comprehensive definition. Still, there are some who do not agree nursing deserves similar consideration as medicine.

Duffy, Dresser and Fulton (2007) promote the idea that getting involved in professional organizations can be helpful in the overall advancement of the nursing profession, which also promotes self-development, and ultimately the improvement of patient care. There are many organizations from which to choose, each with its own purpose: Profession-Based Organizations (ANA, TNA…), Multidisciplinary Organizations (SCCM, AHA, ADA…), Role-Based Organizations (NACNS, NISDON, AONE, TONE…), and Population-Based Organizations (AACN, ONS, WOCN, APNA, AORN…). Each organization has its own mission statement and primary drive. For this reason, it is often advantageous to maintain membership in multiple categories of organizations leading to development opportunities for a well-rounded professional.

TNA and ANA are examples of profession based organizations which have a specific role in advancing the profession of nursing by generating and capitalizing on the financial, political, and intellectual power of the membership. The larger the membership, the more powerful the influence on the legislature and among stakeholders. Active membership in these organizations influences patient care and the overall nursing profession by making the members’ views known. TNA and ANA amplify the unified voices of its members through advocacy. Resources are combined to effect changes that individual professionals may not be able to accomplish.

What is the cost of being a nursing professional? What is the cost to practice nursing in the state of Tennessee? What is the cost to patients? Before making any decisions on a course of action, it is wise to stop and assess the costs. It is easy to assess the known costs such as college tuition, fees, and books. It is also easy to prepare for predictable post-graduation fees for NCLEX preparation, NCLEX testing and licensure. Did anyone prepare you for the professional cost? Are you paying your dues as a professional?

From the President

Are You A Member of the
Tennessee Nurses Association?
Are You Paying Dues?

By Larry Dickens, LADAC
Case Manager, Tennessee Professional Assistance Program

Helping Hands
From the dirtiest job to the simplest task,
They do whatever they are ask
Cleaning wounds or holding hands
Doing what the job demands
Being there to lend an ear
Helping calm a patient’s fear
Standing tall when most would run
Never quitting till the job was done
Through long hard days they’ve been right there
Devoted souls to human care
With some they laugh and some they cry
They do their best but still some die
They cannot hide from the pain they feel
Because each life they’ve touched is real
So when a life turns for the worse
GOD won’t send Angels:
He’ll send a Nurse

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TNA can make that happen if nurses will commit to supporting TNA. Numbers count at the Legislature AND the Legislature controls your practice. Within all practices of healthcare, there are more licensed nurses than any other healthcare group. That is huge when you think of what can be accomplished if we all come together. The TNA Board of Directors, (consisting of nurses just like you), invites you to join TNA and make a commitment to the nursing profession, your job and the people of the state of Tennessee. YOU CAN make a difference. An application for membership is in this issue, or visit www.tnaonline.org and click Join TNA today.

Do you want to see changes made in the way you practice?

Why did you become a nurse? No matter if you are an advanced beginner with limited experience or if you have advanced to the opposite end of the spectrum to an expert with numerous years of experience, this question still applies. Is patient centered care, safety, and advocacy the compass that guides everything you do, whether in the acute care setting, long term care setting, an institute of higher learning, or in the many other fields of nursing available to you? Are you fulfilling your professional duties? Are you using your talents? These are questions that only you can answer for yourself.

When is the last time you read the ANA Code of Ethics? If you have not read it lately, it is a sobering reminder of all that “professional” nursing is, a responsibility to uphold. If you haven’t read it recently, or have to ask what I am referring to, go to www.nursingworld.org and read the Code of Ethics with interpretive statement.

The bottom line is being a nursing professional carries an obligation to guide the profession to maintain, and in some instances to establish, credibility among our stakeholders and legislators. This is done by the everyday image that you project on your job, in the way you do your job, and in the way that you carry yourself. However, it is also done in the way we communicate with our peers, our patients, our families, our communities, and those that legislate our practice. They need to hear from you, their constituents, who are professionals, who are also experts on issues concerning healthcare in general and nursing’s impact on patient care specifically. TNA and ANA understand that you share these professional ideals; however, your lifestyle may not afford you the time to become an active member. Then support us with your dues and membership. In this way we have your voice. Additionally, contact your state legislators to voice your views. TNA will keep you up-to-date. It takes all of us united to uphold the profession of nursing in Tennessee. It only costs $23.07/month to increase our political power. This is a start. We are professional nurses. United we stand or divided we will fall. Will you join the efforts to face these ongoing challenges with strategic proficiency?
I have learned this quickly, as it did not take long to understand that being young with big ideas can lead to being painted as a potential target. I have heard the words “Somer you are a new nurse...” more times than I like to admit. Yet, it would not be so bad if these words weren’t usually followed by an explanation about how I will eventually find my way in nursing, and only then will I understand why things are done as they are. Most of the time I wish I could nod my head and go along—seeing as how it would probably make my life easier. In spite of knowing this, I will most likely always say or ask things that others find contentious.

My problem in this arena may be in the assumption that all nurses share a desire to understand their environment. While in school, curiosity is encouraged and supported, as saying one’s curiosity usually leads to improved comprehension. Unfortunately, despite an academically based foundation, for many nurses it does not take long for complacency to blanket curiosity. I am not completely sure why this is, but after hearing “Somer you are a new nurse...” over and over again, I have a better idea. I believe many nurses are forced into complacency due to disillusionments and patterns of disappointment. We graduate ready to save lives only to be constantly reminded of our inferiority.

To combat my own feelings of inferiority and fear of complacency I sought out another avenue. An avenue where inherent curiosity is an asset rather than a source of contention. As I said before, I chose nursing to be an advocate and I don’t see the point in waiting to become experienced. I would rather feel what it is like to be part of my profession’s progression, rather than only its experience. I would rather feel what it is like to be an advocate and I don’t see the point in waiting to become experienced. I would rather feel what it is like to be part of my profession’s progression, rather than only its effects. But then again, I’m a new nurse.

TNA has given me more than I can ever hope to repay. It is my outlet, and while amongst members, I feel home. My fellow members have repeatedly offered me support and encouragement when I needed it most. TNA has given my ideas a safe haven after being stifled elsewhere. TNA has given me confidence that my passions contain actual substance rather than pure naivety. TNA has allowed me to share my excitement about the possibilities of nursing rather than only learning the status quo. TNA has allowed me purpose within my profession.

I am a new graduate. I have a voice. I am TNA.
What Does “Shortage” Really Mean?

by Brittany Conley, President, Tennessee Association of Student Nurses

As students we are watching every move made, listening to every word said, and observing every skill or procedure we possibly can. We are striving to put all of our textbook, clinical and theory knowledge together in hopes that one day we too can join the profession of nursing. Through these observations, we are beginning to see some patterns, and as I began to collaborate with other students across the nation and those here in Tennessee, this same topic is popping up—Nursing Shortage.

According to the United States Bureau of Labor and Statistics, we will be short 83,520 nurses by the year 2018. This is an issue that nursing has looked at for many years now. As students searching for a first time career, and for some a second career, the word “shortage” became appealing in that it described a job security. Unfortunately, many qualified individuals are denied their chance to even start in their journey to become a nurse. And as instructors, you have a smaller number of nurses being accepted, you have a decrease in instructors, you have to cut the number of students accepted, you have a smaller number of nurses being introduced into the job market.

Upon graduation, we have an idea that the job market is competitive, new nurses are in high demand, we have a number of opportunities, but the reality is that there are many organizations that give us a voice and support efforts being made to address the nursing shortage. We want a voice! We want to share our stories, we want to be a part of the solution, and we want to join in an effort to overcome the obstacles it presents. Please contact me, Brittany Conley, at tanspresident@gmail.com. I will look forward to hearing from you.

Tennessee Nurses Foundation

Arthur Davis LPN to RN Scholarship Program

General Information

The Arthur Davis LPN to RN Scholarship is an educational scholarship for eligible licensed practical nurses in the State of Tennessee. The Arthur L. Davis Publishing Agency, Inc., publisher of TNA’s Tennessee Nurse, is the sole contributor to this fund. The scholarship is awarded once a year in the amount of $1,000. All requests for scholarships shall be made on the Tennessee Nurses Foundation Application form available from the Tennessee Nurses Foundation, (TNF’s contact information is below), or you can download it as a PDF file from the Arthur Davis LPN to RN Scholarship Program Application link at TNAs website, www.tnaonline.org. Click Tennessee Nurses Foundation on the home page from the list on the left and then click TNF Initiatives.

Applicants must complete the application, have satisfactory references, and agree to respect the terms of this scholarship request. A personal interview with the applicant may be requested by the Tennessee Nurses Foundation Board of Trustees.

The Arthur Davis LPN to RN Scholarship is given each year in the amount of $1,000 and is intended to support further nursing academic achievement for licensed practical nurses in an accredited LPN to RN program in the State of Tennessee.

Applications are reviewed once each year. The 2011 submission deadline has been extended until April 30, 2012. Visit www.tnaonline.org, and the Tennessee Nurses Foundation link, for complete details.

The Tennessee Nurses Association is accredited as an approved continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

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The Tennessee Nurses Association is accredited as an approved continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
The proposed legislation would add healthcare providers to the existing Tennessee Code sections which address assault against law enforcement officers, transportation workers, and other public service individuals. Current law allows for enhanced penalties for Class A misdemeanor and Class B misdemeanor. Our efforts with this bill are only to have current language include healthcare providers, while acting in the discharge of the provider’s duty.

Although a number of legislators have voiced their opposition to this legislation, stating the reason for opposing “philosophical” reasons, there is little to no empirical data to support the codes seek to create a separate group of people to protect. TNA disagrees with such statements and refers to the empirical data presented by credible agencies and studies. It has been well documented that the healthcare worker’s health have the highest incidents of assault while on the job. Some of the data we have shared with legislators include:

- The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as any physical assault, threatening behavior or verbal abuse occurring in the workplace
- The healthcare sector leads all other industries, with 45% of all nonfatal assaults against workers resulting in lost work days (Bureau of Labor Statics, BLS)
- 2,050 assaults and violent acts were reported by RNs requiring an average of 4 days away from work (Emergency Nurses Association (ENA))
- In Tennessee in 2010, there were 369 claims made to Tennessee’s compensation due to workplace violence
- From 2003 to 2009, eight Registered Nurses were fatally injured at work (BLS 2011)

The American College of Emergency Physicians (ACEP) believes that optimal patient care can be achieved only when patients, health care workers, and all other persons in the emergency department (ED) are protected against violent acts occurring within the department. As such, ACEP advocates for increased awareness of violence against health care workers in the ED and for increased safety measures. The ACEP encourages all states to enact legislation that provides a maximum category of offense and criminal penalty against individuals who commit violence against health care workers in the ED. Revised and approved by the ACEP Board of Directors April 2008 and June 2011.

TNA will continue to meet with legislators to advocate for the passage of SB 2658/HB2587. Our efforts to keep the passage of this legislation will be enhanced by the use of social media and email. It is imperative that legislators continue to hear from each of you, as you are their constituents and this legislation is much needed for the protection of those professionals on the front lines of providing healthcare.

Other bills TNA supports include the following:
- SB2313 by Sen. Bell and HB2516 by Rep. Cobb – this legislation extends the Board of nursing and revises its membership. Both Senate and House Government Operations Committees have considered the bills and bills are in new process for floor action.

TNA OPPOSES THE FOLLOWING BILLS:

- SB2406 by Sen. Randy McNally and HB3406 by Rep. David Shepard – Adoption of rules regulating nurse practitioners – legislation which drastically changes the rules regulating nurse practitioners. Passage of this legislation would eliminate the requirement that the board of health and nursing practice promulgate rules. The bill further deletes the provision that grandfathers in advanced practice nurses if they hold a registered nurse license in good standing and current national specialty certification in the advanced practice specialty prior to May 22, 2002.

- This would allow another profession, Medicine, the ability to determine nursing practice.

- This is an attempt by organized medical to restrict the scope of APRN practice.

- The IOM report’s first recommendation is the removal of barriers to practice, this bill goes completely contrary to those recommendations.

SB2275 by Sen. Tracey and HB2558 by Rep. Sparks – Cosmetic Procedures – this legislation attempts to redefine persons who practice medicine and who may perform cosmetic or aesthetic procedure or treatment. TNA seeks to redefine who may have ownership of facility. The bill authorizes board of medical examiners to promulgates rules. TNA’s concerns and opposition include that

- NPs provide quality care...no evidence to the contrary
- Job loss...aestheticians who are trained to perform procedures will be out of work
- Increased costs of simple cosmetic procedures
- Restraint of trade
- NPs, own clinics could not use supervising physician...would be unable to continue to provide cosmetic procedures.

SB3627 by Sen. Watson and HB2801 by Rep. Johnson – Supervision and performance of hormone replacement therapy. – Allows the board to deny, revoke, or suspend the license of any physician who supervises a non-physician performing hormone replacement therapy, if such physician is employed by or contracted with an entity not owned or controlled by physicians licensed in this state.

SB2419 by Sen. McNally and HB2573 by Rep. Dunn – Federal drug indictment - emergency suspension of practitioner. – Authorizes the commissioner of health or the practitioner’s licensing board to suspend on an emergency basis the license of a practitioner who is under any state or federal indictment involving controlled substances.

SB2542 by Sen. Campbell and HB2672 by Rep. Faison – Gun ownership by applicant or insured. – Prohibits health care providers and facilities for inquiring about a patient’s or a patient’s family members firearm or ammunition ownership or storage. Allows emergency medical providers to inquire in cases where the emergency provider is treating a patient who may own a firearm or to protect the patient or others from immediate danger. Prohibits insurance providers from discriminating against an applicant based on gun ownership.

SB2541 Bell and HB2661 Matheny, and SB2540 Bell and HB2661 Matheny – No helmet required for motorcycle drivers over 21. TNA opposes the following for the reasons:

- Data shows increased brain injury and death when not wearing a helmet.
- Increased costs to healthcare system and tax payers...long term costs of care for brain injured patients is high.
- No different than requiring seat belts in autos.

As you can see, this legislative session has been and will continue to be a busy one–TNA needs the support of the membership as we advocate for the nursing profession and healthcare for all citizens of Tennessee.

One of the goals this year by TNA is to have as many nurses as possible to visit Legislative Plaza. Thus far, APRNs from across the state and Nurses from Middle Tennessee have had their respective days on the Hill.

As we continue to inform and educate legislators of the profession of nursing, Wednesday, March 14, 2012, has been designated as a Day of Action at the Capitol. We encourage those who can to join us on Capitol Hill. This will be an opportunity for you to visit with legislators and staff.

Other dates and events to take place include:
- Tuesday, April 10, 2012 – TNA Legislative Day on the Hill
- Wednesday, May 2, 2012 – West Tennessee Day on the Hill (date subject to change if by chance session ends before this date)

We take this opportunity to thank each and everyone for your continued support of TANAs efforts, and we hope to see you in Nashville.
Stand Up! Claiming Our Profession
by Carole R. Myers, PhD, RN, Chair
Government Affairs & Health Policy Committee

What does it mean to be professional? A professional is distinguished by their mastery of a complex body of knowledge and skills. Professional knowledge is not easily understood by the general public and consequently can be under-appreciated. We have an obligation to our nursing colleagues who practice in a variety of settings to convey the value of our profession to the general public (who benefits from our specialized knowledge and skills), to legislators (who often make decisions about our profession), and to other health care providers (with whom we frequently interact).

What rights and responsibilities are conferred on a professional? Professional knowledge is validated by professional licensure and certification in some instances. In general, professionals have substantial control over the use of their knowledge. With the control comes an obligation, in the case of nursing, to use the knowledge to promote high-quality work and is guided in their work by an ethical code. Professional ethical codes govern behavior and are the anchors to clients. The social contract between professional nurses and clients, which delineates professional rights and responsibilities, entails a promise to put clients’ interests and protection above self-interests.

How are professionals governed? Professionals are governed by various entities. In Tennessee, the practice of professional nursing is governed by the Board of Nursing (which is a member of the organizational level and self-regulation, professionals must assure competency and integrity, as well as adherence to a moral obligation to clients. The social contract between professionals and nurses, who often make decisions about our profession?

Professional knowledge is not self-interests. My personal concern emanates from the threats to the relatively restrictive scope of practice for APRNs in Tennessee. In 25 states and the District of Columbia there are no statutory or regulatory requirements for physician collaboration, delegation, supervision, or supervision for APRNs. Almost 20 states require physician collaboration for APRN practice. Tennessee is one of three states that requires physician supervision across the restrictive configuration than collaboration. My concern is three-fold. First, according to the Institute of Medicine (IOM) report on the Future of Nursing, “No studies suggest that APRNs are less able than physicians to deliver care that is safe, effective, and efficient that that care is better in states with more restrictive scope of practice regulations for APRNs,” such as we see in Tennessee. Secondly, in a state with relatively poor access to primary care and health outcomes and strong competition for scarce resources, it makes no sense to limit the scope of practice provided by APRNs, given their safety and efficacy.

Lastly, APRNs are faced with challenges to our relatively restricted practice. The attempts to further restrict APRN scope of practice in Tennessee defy trends elsewhere. We must advocate as nurses in Tennessee. We must advocate as nurses in Tennessee. The motivation, consistent with the definition of a professional, is not self-interests. My personal concern emanates from the threats to the relatively restrictive scope of practice for APRNs in Tennessee. In 25 states and the District of Columbia there are no statutory or regulatory requirements for physician collaboration, delegation, supervision, or supervision for APRNs. Almost 20 states require physician collaboration for APRN practice. Tennessee is one of three states that requires physician supervision across the restrictive configuration than collaboration. My concern is three-fold. First, according to the Institute of Medicine (IOM) report on the Future of Nursing, “No studies suggest that APRNs are less able than physicians to deliver care that is safe, effective, and efficient that that care is better in states with more restrictive scope of practice regulations for APRNs,” such as we see in Tennessee. Secondly, in a state with relatively poor access to primary care and health outcomes and strong competition for scarce resources, it makes no sense to limit the scope of practice provided by APRNs, given their safety and efficacy.

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Nurses in Northeast Tennessee Working Toward IOM Recommendations for Many Years

by Appalachian Consortium for Nursing Education and Practice (ACNEP)

The Institute of Medicine’s (IOM) seminal report, The Future of Nursing: Leading Change, Advancing Health in 2010, addressed recommendations that included increasing the number of baccalaureate and doctoral nursing graduates; allowing advanced practice nurses to practice to the upper limit of their education; allowing nursing graduates; allowing advanced practice nurses to become interprofessional, collaborative leaders; allowing clinical nurses to provide care to patients using the plan of care; and preparing for the expanded role of clinical nurses. The IOM report also recommended that policies be developed to improve the health care system. The second project that was undertaken by the Appalachian Consortium for Nursing Education and Practice (ACNEP) is the development of a recruitment campaign. The goal of the second project was to attract new nurses to meet the workload needs of the region. The project was funded by a grant to purchase a pediatric high-fidelity simulator and to implement a comprehensive clinical training site. The grant was not funded, but the second grant was funded and provided funding for education and training. The preliminary findings of a statewide survey on the importance of being politically active, and the program was launched with a panel of health care nursing administrators and new graduates who spoke about the transition to work as a nurse. It is expected that this workshop will be repeated on an every other year basis. Student feedback was very positive. This allowed students from different nursing programs an opportunity to collaborate.

Currently, the members of ACNEP are completing the development of a recruitment brochure for area junior and senior high school students who are interested in nursing as a career. This brochure includes information on the profession of nursing in general, but also specific information on area nursing schools and healthcare agencies. Individuals wishing to become nurses can attend nursing programs across the region from LPN through doctoral education that provide a full array of educational options which also include articulation and dual degree options between the community colleges and universities. Employment opportunities for nurses are also varied and comprehensive. In other words, one can acquire education to become a nurse at any level and can work in almost any specialty in the region that ACNEP serves. In addition, a number of other recruitment items, such as t-shirts and pens, will be a part of this campaign.

Across the years, ACNEP has met three to four times per year. One consistent part of our meetings is the discussion of policies that affect all of us and sharing information from our individual sites. Some of the policies that have been discussed are clinical health requirements, criminal background checks, and clinical placements. These policies will be discussed annually and are reviewed at the time of year. We will continue to address the recommendations of the IOM report, the roles and responsibilities of advanced practice registered nurses, and the contributions that nurses have made in our region.

We believe that much more can be accomplished when we all work together as opposed to individually. It is this belief that has allowed ACNEP to achieve those things that we set out to meet. Perhaps of most value are the relationships that we have made and strengthened over the years. We will continue to address the recommendations of the IOM report, but also to deliver graduates and products that advance the health and healthcare of our region.

*Current members of ACNEP include: Wendy Nehering, East Tennessee State University; Linda McDowell, Milligan College; Deborah Bailey, Benita Barker, Teresa England; and Linda Null, James H. Quillen Veterans Affairs Medical Center; Melessia Webb, Northeast State Community College; and Terri Marcum and Penny Miller, Wellmont Health Systems.

Nurses: Advocating, Leading, Caring

Do you know the Five Rights of Nursing Delegation?

TNA is proud to present an outstanding online CE module, Delegation in Nursing Practice. The module, which offers 1.0 Contact Hours, is now available to hospitals and schools of nursing for an annual fee!

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The Tennessee Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
Call for Candidates

In 2012, TNA will elect the following positions: President Elect, Vice President, Treasurer, and two members of the Nominating Committee. If you wish to run for office, please fill out this form and return it to the TNA office. Forms must be received in the TNA office by May 18, 2012. Fax to (615) 254-0303 or mail to 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296. Email: bmartin@tnaonline.org

Name _________________________________________________ Credentials ___________________________
Home Address ______________________________________________________________________________
City __________________________________________________  State _______  Zip ____________________
Home Telephone _______________________________  Work Telephone _______________________________
Email  _______________________________________________________________________________________
Current Employer ____________________________________________________________________________
Position _____________________________________________________________________________________
Candidate for ________________________________________________________________________________
Briefly describe your qualifications and interest in serving.

Submit a letter of endorsement from your District President (Can be emailed or faxed.)

By signing this form, if you are elected, you agree to:
1. Assist TNA in implementing the goals of the organization.
2. Actively support all resolutions approved at the Annual Convention.
3. Attend meetings as required in the TNA Bylaws.
4. If elected as an ANA delegate, attend the ANA House of Delegates.
5. My membership in the Tennessee Nurses Association is current.

TNA Membership #_______________________________________
___________________________________ I am currently a member of TNA District # ____________
Signature

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Call for Resolutions

The Tennessee Nurses Association is issuing a formal Call for Resolutions for the 2012 TNA House of Delegates to be held during the TNA & TASN Joint Convention on October 19-21, 2012 at the Franklin Marriott Cool Springs, Franklin, Tenn.

Resolutions can be submitted by any TNA member. If you wish to submit a Resolution, please submit it in writing to TNA no later than August 20, 2012. If you need assistance, please contact Barbara at the TNA office at bmartin@tnaonline.org.

TNA & TASN Joint Annual Convention
October 19-21, 2012
Franklin Marriott Cool Springs
Franklin, Tennessee

Sponsor and Exhibitor information available online!
Visit www.tnaonline.org for details

The Tennessee Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
The Tennessee Nurses Foundation is sponsoring a scholarly writing contest for TNA members. A $1,000 award will be presented to the winner as part of the celebration of Nurses Week 2012. For details, visit www.tnaonline.org and click on the TN Nurses Foundation link on the left-hand side of the home page.

Deadline: March 31

You, To a Higher Degree.
The Online RN to BSN Degree

The University of Memphis Loewenberg School of Nursing offers an online Bachelor of Science in Nursing (BSN) degree for Registered Nurses. Advance your career while working closely with faculty, nurses and patients — at times and locations that are most convenient for you.

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rntobsn@memphis.edu

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“Nurses Leading to the Future”
2012 TNF Scholarly Writing Contest
$1,000 Award
Deadline: March 31

The Tennessee Nurses Foundation is sponsoring a scholarly writing contest for TNA members. A $1,000 award will be presented to the winner as part of the celebration of Nurses Week 2012. For details, visit www.tnaonline.org and click on the TN Nurses Foundation link on the left-hand side of the home page. Contest is open to all TNA members. Join TNA today!

Loewenberg School of Nursing
Preparing leaders. Promoting health.
Member News

Laura Beth Brown, MSN, RN, President of Vanderbilt Home Care, has been named Vice President for Vanderbilt Health Services. Her appointment was effective Jan. 15. While continuing to serve as President for Vanderbilt Home Care, Brown’s scope of responsibilities will expand to include operational oversight for Vanderbilt Health Services (VHS) and its subsidiary entities. Brown was also recently named as one of 73 CMS Innovators Advisors in the first group selected who will work to broadly help individuals refine, apply, and sustain managerial and technical skills necessary to drive delivery system reform for the benefit of Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) beneficiaries.

Susan Andrews, MSN, RN, PMHNP-BC, has been named as the new psychiatric nurse practitioner in University Health Services at the University of Tennessee Health Science Center. Andrews will provide behavioral health interventions to support students in achieving their academic goals and address issues that include stress-related anxiety and depression. Andrews’ addition to UHS is part of the unit’s expansion to meet the growing needs of the UTHSC campus community.

Cathy Taylor, DrPH, MSN, RN, has been named as the new dean of the Gordon E. Inman College of Health Sciences & Nursing at Belmont University. Taylor most recently served as the assistant commissioner for the Tennessee Department of Health’s Bureau of Health Services Administration where she oversaw delivery of traditional public health services in 89 rural counties and contracted services with Tennessee’s six metropolitan health departments.

Mona Newsome Wicks, PhD, RN, FAAN, has accepted an invitation to serve on the American Academy of Nursing 2012 Meeting and Conference Planning Committee. Wicks is Associate Dean and Professor in the Nursing-Research Programs Department at the University of Tennessee Health Science Center.

New and Reinstated Members

District 1
Lisa Best, Linda R. Billings, Jennifer Dolmon, Cynthia S. Hite, Mindy Jacobson Lipson, Roslyn D. Nichols, Josefina E. Palmer, Sue A. Piller, Paula Walker

District 2
Laura A. Cutler, Douglas Donovan Dodd, Barbara K. Folsom, Heather Hamstra, Helen G. Oldan, Joni Orrick, Charles R. Sanders, Shelly Renee Shempert

District 3
Lindsay A. Baksh, Katherine E. Farquhar, Tally Sam Fitzgerald, Kathleen Grubb, Kathryn M. Heidorn, Tara Jenkins, Stephanie Johnson-Smalley, Jana L. Landerdale, Andrea D. Lee, Carole J. Lovering, Leilani Mason-Smieja, Christina M. Moore, Sean E. Smithey, Christine S. Tomes, Joanne L. Waldrup, Lindsey Williford

District 4
Clara Jo Bradley, Curtis C. Dush, Lashaun L. Paul, Nancy Savage, Pamela L. West

District 5
Terri A. Blevins, Melissa R. Cogdill, Melinda K. Collins, Kim M. Harp, Norma Jean Rogers, Michelle L. Sampson, April L. Sudham, Somer J. Young

District 6
Melissa L. Bolton, Christine F. Byer, Twonja Goyer, Andrea L. Hay, Ramsey Paulk

District 8
Janice Peartall, Debra H. Sullivan

District 9
Ashley D. Dodson, Deborah Sutherland, Cheryl L. Watkin

District 10
Jamie J. Morris, Rina M. Prosser, Melissa B. Swinea

District 15
Jayna Reyes, Tiffany N. Smith

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Looking for a rewarding nursing career? Baptist has plenty of options. Much has changed in the past 100 years, but Baptist Memorial Health Care’s commitment to providing high-quality care has not. We offer our nurses opportunities in a number of clinical areas, from the bedside to physician offices. EOE

Whether you’re looking for high-tech, high-touch, or something in between, Baptist is the place for you. Right now, we have the following leadership opportunities:

- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator

For more information on these and other opportunities, please visit www.baptistonline.org/careers.

Hometown Hospital
World Class Care

Yampa Valley Medical Center offers a variety of career opportunities including:

- Clinical Peds Expert Systemwide
- Director of Clinical Documentation
- Director of Stem Cell Transplant Center
- RN Manager-High Risk Oncology-Myslo

We offer a comprehensive benefit package with relocation allowance and a healthy working environment. The entire family will enjoy our small-town lifestyle, world-class ski resort, recreational and cultural activities and scenic splendor in the spectacular Rocky Mountains.

To apply call: 970-870-1118 Fax: 970-871-2337 email: careers@yvmc.org

YVMC is an equal opportunity workplace and applicants must pass a pre-employment drug screen.

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March, April, May 2012

The Tennessee Nurse

Vanderbilt is an equal opportunity affirmative action employer.

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Yampa Valley Medical Center offers a variety of career opportunities including:

- Clinical Nurse Educator
- RN Operating Room
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator

Hometown Hospital
World Class Care

Yampa Valley Medical Center is a community not-for-profit, regional hospital located in the ski town of Steamboat Springs, CO with 39 inpatient beds, a Level IV trauma center and a Level II nursery.

Yampa Valley Medical Center offers a variety of career opportunities including:

- Clinical Nurse Educator
- RN Operating Room
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
- Clinical Nurse Educator
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- Clinical Nurse Educator

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MEMORIAL HEALTH CARE

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970-870-1118

To apply call: 970-870-1118 Fax: 970-871-2337 email: careers@yvmc.org

YVMC is an equal opportunity workplace and applicants must pass a pre-employment drug screen.
ANA News

ANA Supports Efforts to Empower Americans to Get Better Health Care

SILVER SPRING, MD—The American Nurses Association (ANA) has signed on as a partner with the “Care About Your Care” campaign, a national initiative to increase awareness about how critically important it is that Americans take an active role in managing their health and making informed health care decisions.

Convened by the Robert Wood Johnson Foundation, the campaign is supported by the U.S. Department of Health and Human Services’ Agency for Healthcare Research and Quality, the Office of the National Coordinator for Health Information Technology. A key element of the effort is a new website, www.CareAboutYourCare.org, which includes extensive resources to help Americans understand, identify and receive high-quality health care.

“For more than 100 years, the American Nurses Association has been committed to improving the quality of health care and ensuring patient safety,” said ANA President Karen Daley, PhD, MPH, RN, FAAN. “ANA is pleased to support the Care About Your Care campaign to help empower consumers to be active participants in their health care and to make informed choices.”

Nurses play a key role in the delivery of quality health care and successful patient outcomes.

An example is the Magnet Recognition Program®, managed by ANA’s subsidiary, the American Nurses Credentialing Center (ANCC). Magnet recognition is the gold standard for nursing excellence. By choosing a hospital with Magnet status, patients can have confidence in the overall quality of a hospital and know they are going to receive excellent nursing care.

There are more than 389 health care facilities across the U.S. that have earned Magnet status. Research shows that Magnet hospitals:

• Consistently deliver better patient outcomes
• Have shorter lengths of patients stays, lower death rates
• Improve patient safety and satisfaction

For more information about the Magnet Recognition Program and to locate a facility in your area, visit www.nursecredentialing.org/Magnet.aspx.
ANA News

ANA Pledges to Help Patients Improve Care Through Use of Electronic Health Information

SILVER SPRING, MD–The American Nurses Association (ANA) pledged to educate consumers about the benefits of electronic health information, as part of a national campaign launched to engage consumers in improving their own health through information technology.

ANA made a formal pledge to develop educational materials on health information technology for registered nurses to share with consumers, in support of the Consumer eHealth Program established by the Office of the National Coordinator for Health Information Technology (ONC), U.S. Department of Health and Human Services (HHS). The ANA initiative will help people understand the benefits of using their electronic health records to prevent illness and manage chronic conditions, and to track history of immunizations, clinical exams and hospitalizations.

Health information technology provides a platform for capturing and sharing standardized data, such as lab results, tests, treatment history, medication profiles and basic medical information.

"Health information technology can improve care by ensuring that care is based on evidence. It also allows health care professionals from different clinical settings and disciplines to communicate effectively about a patient’s care to avoid duplication of services and ensure nothing important is missed through a lost paper trail or failed memory," said ANA President Karen Daley, PhD, MPH, RN, FAAN. "This unique platform for compiling and analyzing data also supports one of the strongest tenets of nursing—educating the health care consumer."

ANA will ask nurses to submit examples of innovative use of health information technology in their practices, including methods they employ to engage patients in the use of that technology to improve their health, such as patient portals. ANA intends to share such models with ONC to demonstrate nursing’s effectiveness in developing consumer-oriented health information technology strategies.

ANA has long recognized the importance of using standardized data and information technology to improve the quality of care. ANA began promoting the broad use of health information technology in the 1990s, designating nursing informatics as a nursing specialty and publishing the first scope and standards of practice documents for that specialty. Nursing informatics integrates nursing science, computer science and information science to manage and communicate data, information, knowledge and wisdom in nursing practice.

In 1998, ANA established the National Database for Nursing Quality Indicators® (NDNQI®), the nation’s only comprehensive database allowing hospitals to compare performance measures at the unit level. For example, a hospital can compare its rate of hospital-acquired pressure ulcers in intensive care units to similar units at other NDNQI-participating hospitals in the region, state or nation, providing a benchmark for performance and quality of care.

ANA values its relationship and partnership with health care consumers and their families and is well-positioned to create opportunities that will further engage consumers in improving their own health through information technology.
Part Of Your ANA/TNA Dues Are Tax Deductible!

You are allowed to deduct, as a professional/business expense, the percentage of dues that are NOT used by ANA or by TNA for political activities such as lobbying at the legislature. In 2011, the non-deductible percentage for ANA's portion of the dues is 21.89%. The non-deductible percentage for TNA's portion of the dues is 22.8%.

**Deductible Amounts:**
- Full membership in both ANA and TNA paying $278 @ 55.31%—the deduction would be $153.76.
- Reduced membership in both ANA and TNA paying $139 @ 55.31%—the deduction would be $76.83.
- TNA State-Only member paying $190 @ 77.2%—the deduction would be $146.68.

Do you work at the VA? Join TNA today for only $10.70 a pay period.

Check Payroll Deduction on the lower right-hand side of the TNA Membership application. A TNA staff member will send you the form you need to take to the VA Payroll Department to setup your payroll deduction plans. It’s that simple. You will never miss $10.70 from your paycheck and you will have gained so much in return. If you have any questions, call 615-254-0350.

TNA also has Payroll Deduction Dues plans set up at the: Regional Medical Center – Memphis @ $11.59 per pay period

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**American Nurses Association/Tennessee Nurses Association Membership—It’s Your Privilege!**

**Tennessee Nurses Association Membership Application**

Please type or print clearly, Please mail your completed application with payment to TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37229-1296. Phone: 615-254-0350. Fax: 615-254-6003.

**Last Name:** ____________________________  **First Name:** ____________________________  **Middle Initial:** __________
**Street or PO Box Number:** ____________________________  **City:** ____________________________  **State** ____________________________  **Zip** ____________________________  **Country:** ____________________________
**Email:** ____________________________  **Phone:** ____________________________  **Cell Phone:** ____________________________
**Home Fax:** ____________________________  **Work Fax:** ____________________________  **Pager:** ____________________________
**Employed at:** ____________________________  **Employee's Address:** ____________________________
**National Academic Degree(s):** ____________________________  **Certification(s):** ____________________________  **Graduation from basic nursing program (Month/Year):** ____________________________  **RN License #:** ____________________________  **Date of Birth:** ____________________________  **Sponsor's Name:** ____________________________  **Sponsor's Phone Number:** ____________________________

**Membership Categories:**
- **ANA/TNA Full Membership Dues:** Employed full or part-time $33.67 per month $278 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.
- **ANA/TNA Reduced Membership Dues:** Newly-licensed graduates, not employed. RNs are full-time students, or age 62 and not earning more than Social Security allows. $139 per month and $2,039 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.
- **TNA Special Membership Dues:** Graduate and not employed, or totally disabled. $29 per month or $350 annually. Includes membership and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.
- **TNA Individual Membership Only:** Includes registered nurse living and/or working in Tennessee. $10.54 per month or $126.48 annually. Includes membership in and benefits of the Tennessee Nurses Association and the TNA District Association.

American Nurses Association/Dues Membership is also available. For more information, visit www.anna.org.

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

Signature ____________________________
**Date:** ____________________________

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Signature ____________________________
**Date:** ____________________________

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**Payroll Deduction**

This plan is available only when there is an agreement between your employer and the association to make such deductions. Please refer all questions to facultyapplicants@apsu.edu

Applications taken online only at https://jobs.tbr.edu

Austin Peay State University, a TBR institution, is an AA/EEO employer.

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**Register Early:**
- Orlando: March 17 & 18
- Nashville: April 14 & 15
- St. Louis: April 28 & 29
- Indianapolis: June 2 & 3

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Applications are invited for the tenure-track positions of Adult Health, Pediatric Nursing, and Community Health to begin August, 2012.

Please refer all questions to facultyapplicants@apsu.edu

Applications taken online only at https://jobs.tbr.edu

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Applications are invited for the tenure-track positions of Adult Health, Pediatric Nursing, and Community Health to begin August, 2012.

Please refer all questions to facultyapplicants@apsu.edu

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TNA’s Member-Get-A-Member Recruitment Campaign
October 1, 2011 – September 30, 2012

As a member of the Tennessee Nurses Association you already know the importance of supporting the nursing profession’s top professional membership organizations, TNA and ANA. Surveys show that many nurses have not joined because they have not been asked. Within the next 12 months, take time to share the value of being a member with your nursing colleagues and nurse friends and invite them to join. TNA will provide all the materials needed to make you a successful TNA sponsor, and in return, you will be eligible for some great prize drawings!

How It Works:
- Download membership applications and promotional materials from www.tnaonline.org or call 615-254-0350.
- Fill out the sponsorship section before giving the applications to your potential new members so you will get credit for recruiting the new member.
- New members can also join securely online with an annual payment at TNA’s website, but must fill out the sponsorship section with your name and phone number before you will receive credit.
- Credit will be given to you if the nurse is a new member or has not been a member of TNA within the last 12 months.
- You will receive one credit for each Full ANA/TNA membership or for each TNA State-Only membership.
- New Members paying the Reduced Dues payment option can be credited, but you will be required to sponsor 2 Reduced Dues memberships to receive 1 full credit.

Prizes: (how to receive credits are listed above)
- First Place*: Second Generation 32GB iPad—TNA members with 20 or more credits will be placed in a drawing for the first place prize.
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- Drawing from all TNA members that sponsored a new member*—TNA members will be placed in a drawing for a one-year FREE Full TNA/ANA membership renewal. For every new member sponsored, your name will be placed in the drawing. The more new members you sponsor, the more chances you have to win!
- Puzzle Keychain: Every TNA member that sponsors at least one new member will receive a TNA puzzle keychain.

* Only one iPad, one $100 Visa Gift Card, one $50 Visa Gift Card and only one free Full TNA/ANA membership renewal will be awarded. Prize drawings will be held at the end of the campaign.

Please call TNA at 615-254-0350 or email kdenton@tnaonline.org to have a recruitment packet sent to you.
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For more information, please contact:

Dina Byers, PhD, APRN, ACNS-BC
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