In the year 2011, as I approached the second decade mark as a registered nurse, it dawned on me that I spent most of that time as a consumer and not a contributor to the nursing profession. So, I began to consider how I could go about giving back to a profession that had given so much to me. In my quest, I discovered the disproportional ratio of minority nursing instructors in post-secondary educational institutions. This led me to pursue a higher education, beyond my Associate of Nursing degree and join the ranks of minority nurse educators.

Today, most post-secondary educational institutions require a registered nurse to have a terminal degree as a nurse educator. A terminal degree is a doctoral degree such as a Doctor of Philosophy (Ph.D.) or a Doctor of Nursing Practice (DNP). Some institutions even prefer nurse practitioners in all areas of practice for nurse education positions, even though they may only have a Master’s degree.

Going from an Associates of Nursing Degree to a Master’s of Nursing or terminal degree was going to take some years to achieve. Therefore, I began to consider what the easiest road to this accomplishment might be. I discovered there was not an easy road. I contemplated if the effort would be worth the reward. I decided there was only one way to find out.

In August of 2011, I enrolled in the University of Tennessee at Chattanooga to complete a registered nurse bridge program from an associate degree to current resident or...
From the Executive Director

A Year of Service

Sharon Adkins, MSN, RN

This past year has been a challenging one for many people on many different levels. As we look to the coming year, let it be one of service to others, let it be one of inclusion and understanding, let it be one of compassion and caring. As nurses, we all give to others in many ways...after all, it is what we do. But let us all make a commitment to take it a step further, to make 2017 a year of SERVICE.

There are so many opportunities to serve others... whether it be delivering a meal to a shut in, volunteering at a nursing home, working on a Habitat for Humanity home, working with incarcerated individuals and helping with the return to community, mentoring a student, teaching English to an immigrant, volunteering at a food bank, working in a shelter, mentoring a student, or serving on a volunteer board. Look around you, the opportunities are endless.

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Amidst the political turmoil and social upheaval our country is experiencing, I need to rely on my moral compass more than ever. My moral compass guides me regarding my personal and professional goals and objectives. A compass provides direction relative to cardinal points. Cardinal points provide a true reckoning of where places are and where we want to go. The world we live in presents many obstacles which often results in crooked paths. It is easy to get distracted or diverted along the crooked path. Hence the need for a compass.

Policymaking is a process that occurs in a political environment. Today this environment is highly-charged and players are polarized. Policymaking represents a fierce competition for scarce resources and entails both what is done and what is not done. So many people only see the politics and others get so immersed in the competition that they forget the purpose of the process. Public policy is government’s response for addressing social problems.

Regardless of whether you embrace the change or loathe it, a vote for tumultuous change won out in the United States on November 8, 2016. President-elect Trump has said his top priorities are health care, immigration, and jobs. Health care is my primary focus. I have been reflecting on the changes we may see in the weeks, months, and years to come—and what has not changed.

The underlying problems that led to the passage of the Affordable Care Act (ACA) are still with us. No matter how you spin it, health care costs are unsustainable, too many people are without adequate coverage, and all the money we spend is not producing commensurate results. Quite the contrary: the US lags behind similar advanced democracies. Despite the highest spending on health care the US has poorer health outcomes than international peers.

The cardinal points of my moral compass which direct me on my journey are: compassion, justice, commitment, and perseverance. I will rely on each of these as I chart my course and make course corrections.

Compassion: I am a fortunate person. I have a passion for my work. I live on a family farm in East Tennessee with the Smoky Mountains as a close backdrop. I am part of a close and loving family and I have trusted and dear friends and work colleagues. I am not complacent in my good fortune. Instead I heed my faith’s call to care for the least, the lost, and last among us. I have committed my career, in several iterations and many initiatives, to securing access to compassionate preventive and primary care services for everyone, regardless of status, receiving compassionate preventive and primary care services and needed and proven specialty care.

Justice: Justice for me translates to equity. Too many Americans do not have equal opportunities or circumstances. Keeping my eye on my beacon of justice and having a fix on this direction propels me to actually do more for the least among us so they can one day be equal. In doing more for disadvantaged people we are raising the bar for all.

Commitment: One definition of commitment is the state of being emotionally or intellectually devoted. I have reflected deeply the past few days on the new circumstances and challenges in our country and I am resolved in my commitment to using my time, talents, and position for effective action needed to assure health care for all. I have heard the same from my compatriots who care about health care justice. We are not daunted in our desire of effectively using our love of nursing to make course corrections.

Perseverance: The path ahead looks rocky. I have felt a profound sense of loss the past few days and wondered if it was time to pull-back on the hours and hours I commit directly to advocacy and in developing and supporting the advocacy efforts of others. The answer is a resounding NO! We have not completed our important journey in Tennessee or the United States. Regardless of whether you embrace the change or loathe it, a vote for tumultuous change won out in the United States on November 8, 2016. President-elect Trump has said his top priorities are health care, immigration, and jobs. Health care is my primary focus. I have been reflecting on the changes we may see in the weeks, months, and years to come—and what has not changed.

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I am a nurse. It is not what I do, but who I am. The realization of the process became part of the core of my being, somewhere in the last 23 years. I feel blessed to be a nurse and amazed at where I am today because I am a nurse.

The focus of my nursing has primarily been as a case manager and coordinator of care for the elderly, intellectually and developmentally challenged, psychiatric, and complex-care individuals.

My desire is to share what I know as a registered nurse educator and continue to improve the health of those in my care through translational research and evidenced-based practice. To leave a light for other nurses to follow, will indeed make the effort of my journey worth the reward. The Tennessee Nurses Association is necessary for the furtherance of nurses pursuing higher education because it is an eternal light burning bright for our profession showing us the way.

There is a vast amount of information available through TNA for nurses that want to pursue higher education in nursing, but feel isolated. Join TNA, today, and get connected, learn about the fantastic opportunities for a master or graduate degree, and start your journey!  

Study at the Top-ranked Christian Nursing Program
The University of Tennessee Health Science Center College of Nursing

BSN, RN-BSN, DNP and PhD Applications Are Open
Deadline: Jan. 15 (PhD-Feb. 1)
Membership Assembly

During the opening of TNA’s Membership Assembly, participants were greeted by TNA President Sandy Murabito. Recognition was given to members of the TNA Board of Directors, as well as Past Presidents in attendance. Vice President, Haley Vance, gave special recognition to participants, or those present with family members, serving in the Armed Forces. Vance also gave recognition to participants, or those present with family members, serving in the Armed Forces. During the opening of TNA’s Membership Assembly, participants were greeted by TNA President Sandy Murabito. Recognition was given to members of the TNA Board of Directors, as well as Past Presidents in attendance. Vice President, Haley Vance, gave special recognition to participants, or those present with family members, serving in the Armed Forces. Vance also gave recognition to participants, or those present with family members, serving in the Armed Forces.

Keynote: Humor and Health

Audience participation was key to Barb’s address. Nurses and students gave each other shoulder rubs, wore funny red clown noses, blew bubbles and popped bubble wrap. The grand finale was no less entertaining as two very respectable nurses engaged in a silly string war that ended with our keynote, much to her surprise, being covered as well. I believe every person in the room will now carry a bottle of bubbles in their car. Instead of being aggressive and angry at drivers; roll down your window and just blow bubbles. Life should not be taken so seriously...laughing is very therapeutic. Barb Nash was such a joy!

Saturday Highlights

Ashleigh McMah, Communications Director for the Tennessee Student Nurses Association, welcomed students to the conference and gave the TASN report. Elizabeth “Libby” Lund, Executive Director of the Tennessee Board of Nursing, gave the Board of Nursing’s report.

Deb Chyka, Director of Membership, gave her report and spoke of the new benefits TNA has to offer nurses in Tennessee. Commerce Bank is offering nurses a cash back rewards card, where benefits of use are two-fold. Cash back for purchases to the card holder and extra non-dues revenue for TNA. It’s a win, win!

Carole Myers is given the silver spoon by TNA Government Affairs Committee for all the “care and feeding” she has provided to the committee and our legislators.

The Tennessee Nurses Foundation (TNF)

The Tennessee Nurses Foundation held their Eleventh Annual Silent Auction during the TNA Conference. The total amount raised from the Silent Auction, conference contributions and pledges was over $3,500. Thank you to all of our donors and those who participated in the auction.

TNA Awards Gala

The Tennessee Nurses Association honored ten individuals and organizations during the dinner, as well as TNA District 5 for their outstanding membership recruitment efforts and Bethel University School of Nursing for 100% faculty membership in TNA! To those of which were honored, we give a special thanks for the contributions you have made to the nursing profession and to your professional organization, the Tennessee Nurses Association. Photos of the 2016 TNA Achievement Awards are included in this issue.

A special note of thanks goes out to Jeff Nelson for providing the music for the Awards Gala and the Sunday morning service. Jeff is a GMA Dove Award nominee and Christian music producer, arranger, recording artist, and songwriter. He is also the husband of our very own, Jenny Mullin Nelson.

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change of leadership

Vacant, District 12; Debra Sullivan, District 15; Angel Brewer, District 9; Melissa Swinea, District 10; Farrar, District 3; Martina Harris, District 4; Christine Reed, District 5; Vacant, District 6; Amy Holder, District 08; Angel Brewer, District 9; Melissa Swinea, District 10; Vacant, District 12; Debra Sullivan, District 15

TNA Elections and Installation of 2016 – 2017 Board of Directors

Election results were announced Sunday afternoon.

• Haley Vance – President Elect
• La-kenya Kellum – Vice President
• Mary Bess Griffith – Treasurer
• Jenny Webb – Director – Education
• Allyson Neal – Director – Membership

TNA’s newly elected positions for Nominating Committee include:

• Tracy Wilson and Belinda Fleming

A complete listing of the 2017 TNA Board of Directors is on page 13.

TNA District Presidents include:

Florence Jones, District 1; Deb Chyka, District 2; Chita Farrar, District 3; Martina Harris, District 4; Christine Reed, District 5; Vacant, District 6; Amy Holder, District 08; Angel Brewer, District 9; Melissa Swinea, District 10; Vacant, District 12; Debra Sullivan, District 15

Change of Leadership

Allyson Neal, Director-Membership; Haley Vance, President-Elect; Chaundel Presley, Director – Practice; Sharon Adkins, TNA’s Executive Director; Sandy Murabito, President; Donna Copenhaver, Secretary; La-Kenya Kellum, Vice President
Culture of Health: The Nurse, The Patient, The Community—Maximizing Life’s Potential

The Tennessee Nurses Association along with the Tennessee Association of Student Nurses would like to express our sincere and heartfelt thanks to all those who were instrumental in helping to make the 2016 TNA/TASN Annual Conference a huge success.

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2016 Silver Sponsors

2016 Bronze Sponsors

Culture of Health: The Nurse, The Patient, The Community—Maximizing Life’s Potential

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

Earn a certificate of completion as an RN FIRST ASSISTANT (RNFA)

NEW RNFA Online Program Begins Fall 2017
- 3 or 6 hours online didactic
- 40 hours on-campus simulation workshop
- 180 hours clinical practicum at place of residence

Who Should Apply:
- BSN or RN enrolled in BSN program (CNOR/CNOR eligible)
- MSN or DNP with APRN certification

APPLY TODAY!
uthsc.edu/nursing/RNFA or 901.448.6125
2016 TNA Achievement Awards

### TNA Special Lifetime Achievement Award

Ernestine Chism, MSN, RN of Memphis, received the TNA Special Lifetime Achievement Award. This award recognizes a retired TNA member who has demonstrated excellence or outstanding contributions to nursing and TNA continued participation in TNA and nursing, and achieved state and/or national recognition by the profession. This award is given by the TNA Board of Directors.

### TNA Professional Promise Award

**Ashleigh McMahan**, BSN, RN, received the TNA Professional Promise Award. This annual award recognizes a recent graduate (within first year) and new member of TNA who demonstrates qualities of “professional promise” in the areas of consistent attendance and contributions at the District level, nursing practice, and collegial and mentoring relationships.

### TNA Alma G. Gault Leadership Award

**Connie McCarter**, MSN, RN of Lakeland, received the TNA Alma G. Gault Leadership Award. This award recognizes a member of TNA who demonstrates leadership qualities in all dimensions of nursing practice, including active involvement in improving the health of the population, utilizing strategies to implement desired changes in health status/outcomes, and has the capacity to inspire others—within and outside of nursing—to actively support improved health for the community.

### Louise Browning Political Nurse Award

Thomas “Tommy” Cooper, DNP, FNP-C, ACNP-BC

This year TNA was fortunate to have two of our own throw their hats into the political arena, run for state office and represent nursing to the public. The TNA Louise Browning Political Nurse Award was presented to Thomas Cooper of Piperton, and Tina McElravey of Millington. This award recognizes a TNA member who demonstrates excellence in professional and technical involvement in government affairs; promoting nursing awareness and participation in policy development and political action; educating nurses about legislative issues and the political process; and guiding the policy development process of the association.

### TNA Awards for Nursing Excellence

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

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

### Award for Nursing Excellence in Administration

**La-Kenyia Bellum**, DNP, RN, NE-BC, CNML of Memphis, received the TNA Award for Nursing Excellence in Administration.

### Award for Nursing Excellence in Direct Care

**Marliatou “Marli” Mohammad**, BSN, RN of Memphis, received the TNA Award for Nursing Excellence in Direct Care.

### Award for Nursing Excellence in Advanced Practice

**Diane Pace**, PhD, FNP-BC, NCPM, FAANP of Rossville, received the TNA Award for Nursing Excellence in Advanced Practice.

### Award for Nursing Excellence in Education

**Ginny Moore**, DNP, WHNP-BC of Nashville, received the TNA Award for Nursing Excellence in Education.

### TNA Outstanding Member Award

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

### President’s Membership Award

Gail Broyles, MSN, RN, DNP accepts award for District 5. This award is presented by the TNA President to the District Association/s achieving the largest membership growth (based on percent increase from previous year). This is the second year in a row that TNA District 5 has received the President’s Membership Award. This year’s percentage growth was 9.1% this year. Great job!

### Dean’s and Director’s Award

Mary Bess Griffith, PhD(c), RN, CS, FNP, CNE and Holly Kimbrell, DNc(c), MSN, RN accepts the Dean’s and Director’s Award for Bethel University School of Nursing. This award is given to Deans and Directors of any nursing program with 100% faculty membership in TNA.
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Patsy E. Crihfield DNP, APRN, FNP-BC, PMHNP-BC

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014), between 2009 and 2013, approximately 224,000 adults (per year) over the age of 21 reported heavy alcohol use within the month prior to being surveyed. It is estimated that 2.9 million people over age 26 are nonmedical users of pain relievers. This corresponds to 1.4% adults in that age group. Of those people between the ages of 18 and 23, 59.6% (20.8 million) and 18.1% (6.5 million) for ages 36 and older, 56.5% (116 million) are current users.

Health care providers in Tennessee are now more aware of tools that are standardized to target substance use and abuse. With changes in legislation regarding prescribing, providers in all arenas (primary care, specialty practices, and hospitals) are encouraged to identify individuals who may have substance use or abuse problems. However, it is essential to focus on more proactive identification of people who are at increased risk of substance abuse.

SAMHSA is a part of the United States Department of Health and Human Services charged with the specific task to impact behavioral health, including reducing mental illness and substance abuse. Since 1992, SAMHSA has provided funds for states to implement the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program. The SBIRT model was adopted by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use. The program is evidence-based and focuses on identifying, reducing and preventing abuse or dependence on alcohol and drugs by barrier identification and intervention for people who have or are at risk for substance abuse.

There are three components of the model. First, patients are initially screened using a standardized tool which asks questions about their drug and alcohol use in the previous year. The tool shows pictures to explain what is considered one drink: 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of liquor. Men are asked how many times in the past year they had consumed 5 or more drinks in one day. Women are asked to identify how many times in the past year they had consumed 4 or more drinks in a day. The form also provides a list of drugs including methamphetamine, marijuana, inhalants, tranquilizers, hallucinogens, and narcotics. Both genders are then asked to identify how many times in the past year they had used a recreational drug or used a prescription drug for nonmedical reasons.

Patients who indicated “Yes” on prescreens with regard to alcohol or drug use were then asked to complete a form specific to their answers: Alcohol Use Disorder Identification Test (AUDIT) or Drug Abuse Screening Tool (DAST-10). The possible AUDIT scores range from 0 to 40. An AUDIT score of 6-9 indicates a risk for alcohol abuse. Possible DAST-10 scores range from 0 to 10. A DAST-10 score of 6 to 10 indicates the need for assessment of intervention.

Second, based on the patient’s score, the provider uses motivational interviewing techniques to establish a rapport and gain the patient’s trust. The SBIRT model encourages providers to find out from the patient what actions they would take. The SBIRT model helps the patient learn how they can make changes. The model is flexible, and providers are asked to respect patients and not pressure them. SBIRT clinicians were then asked to complete additional services. SBIRT should be considered a part of a larger treatment program.

During our one year grant period, we prescreened 878 patients over the age of 18. Of the 168 positive prescreening answers, 25 were asked to complete the AUDIT questionnaire, 16 were asked to complete the DAST-10 scores. The AUDIT scores ranged from 1 to 10, with the majority rating 2 to 4. The DAST-10 scores ranged from 1 to 6. There were seven interventions using motivational interviewing. Two of the patients were currently in or had just completed substance abuse treatment programs. One person refused to consider referral or treatment but did agree for a follow-up.

Unfortunately, we encountered several barriers to getting completed AUDIT or DAST forms. While most patients were willing to complete the prescreening form, some patients refused to complete the subsequent questionnaires. Some verbalized that they did not want the forms to be part of their health record. Other stated they feared punitive actions from the provider or insurance company despite reassurance that the intent was not punitive in any manner.

Not to drag my story on, I eventually made it to where I am today in the EMS world, a Critical Care Paramedic. I love being a Paramedic; although, when I started out in EMS I always told myself that I never wanted to be a nurse. But as time went on, I developed really good relationships with my patients. I started to wonder what happened to the patient after I dropped them off at the hospital. This lead me into really researching what nursing was all about and what opportunities were available to nurses. From this research, I found a career path that intrigued me, Emergency Nurse Practitioner. This has now become my career goal.

My goal for my 2016-2017 TASN BOD term is to reach out to as many traditional, nontraditional, and minority students as I can and introduce them to one of the most diverse, most fulfilling and personally rewarding careers there is. I want to break the barrier of what nursing is all about and what opportunities are available to nurses. As one of the Breakthrough to Nursing Directors for TASN, it is my responsibility to get potential students intrigued, like I was. To spark a fire that may have otherwise not started.
The 110th Tennessee General Assembly

Wilhelmina Davis
Manager, Government Affairs and Lobbyist

The first session of the 110th Tennessee General Assembly convenes January 10, 2017, and will run for 90 legislative days, or until March 20, 2017, whichever occurs first. Prior to that, there is a special session known as the O Organic Session, in which the Legislative leaders convene for the purpose of organizing the assemblies and making appropriate committee assignments.

Our Tennessee Nurses Association (TNA) staff and elected officers work year-round to support the legislative process. At the 110th General Assembly, TNA is working with the nurses and other health care professionals who respond and provide care.

WHEREAS, traumatic brain injuries continue to be the leading cause of death and disability in the United States.

WHEREAS, concussions are the most common form of mild traumatic brain injury, accounting for 57% increase in pediatric ED visits and hospitalizations over the past 15 years.

WHEREAS, all 50 states now have legislation regarding concussion education for coaches, concussion education for athletics and their parents, and medical clearance prior to returning to play when a youth athlete has been diagnosed.

WHEREAS, TNA commends the advance practice registered nurses and entire health care teams for their dedication to evaluation and treatment of these young athletes.

WHEREAS, of grave concern to TNA is the exclusion of advanced practice registered nurses from the current legislation regarding designated health care professionals who can provide medical clearance for these athletes, therefore be it

RESOLVED, that now is the time for inclusion of “advanced practice registered nurse with concussion training” to the list of health care professionals who can provide medical clearance for youth athletes to return to play after being diagnosed.

RESOLVED, That TNA should add this issue to the 2017 legislative priorities.

RESOLVED, that this resolution shall be subject to sunset in 2021 unless reaffirmed by the TNA Membership Assembly.

2016 TNA Resolution on Gun Violence

In the wake of escalating gun violence in the United States and a plethora of bills in the Tennessee General Assembly, and on the occasion of the Tennessee Nurses Association’s (TNA) 2016 Membership Assembly, attendees stand in solidarity with the individuals and families impacted by gun violence and with the nurses and other health care professionals who respond and provide care.

WHEREAS, in recent years, our country has endured unseizable acts of violence with the common thread in these mass-casualty tragedies being easy access to guns.

WHEREAS, the easy access to guns and inadequate access to mental health services contributes to an unsafe environment.

WHEREAS, at an alarming rate, registered nurses and other health professionals, in emergency departments, hospitals and clinics across the country, are called upon to care for victims of mass shootings, homicides, suicides, and accidental shootings.

WHEREAS, TNA commends the nurses and entire health care teams for their dedication and professionalism during this tragic event.

WHEREAS, of grave concern to TNA are all human rights violations, including hate crimes. The Code of Ethics for Nurses with Interpretive Statements calls on nurses to respect all cultures, values systems, sexual orientation and gender identity, and to take action to change the aspects of societal structures that detract from health and well-being.

WHEREAS, since 1994, the American Nurses Association (ANA) has supported a call for action that should include a health issue with subsequent policy action calling on the need for limits on the availability of handguns, a ban on assault weapons, and a waiting period and background checks of purchasers, therefore be it

RESOLVED, that now is the time for renewed discussion about gun control legislation at the state and federal level to protect society.

RESOLVED, that the U.S. Congress should immediately repeal legislative language blocking the federal government from conducting gun violence research.

RESOLVED, that we all must join with other members of our community and at every level of civil society in dialogue and to address the underlying issues that result in hate and motivate these unseizable acts of violence.

RESOLVED, TNA will support efforts to expand mental health services and programs and increase funding for behavioral health providers in primary care settings across our state.

RESOLVED, that a copy of this resolution be sent to members of the Tennessee Congressional delegation and elected state officials.

2016 TNA Resolution on School Nurses

WHEREAS, there is a critical shortage of nurses in public schools in the United States as only 45 percent of all public schools in the United States as only 45 percent of all public schools have a full-time school nurse on site.

WHEREAS, the guidelines from the National Association of School Nurses, American Nurses Association, and the American Academy of Pediatrics call for 1 school nurse per 1,750 students in states that it is essential that all students have access to a full-time school nurse all day, every day.

WHEREAS, the Tennessee Nurses Association (TNA) is the voice and advocate of the Nurses professional, is to inform our elected officials of the issues having an impact on the 110,000 registered nurses across the state, as well as our 100,000 students in educational institutions.

WHEREAS, TNA recommends that each school nurse in the state hold a minimum of a baccalaureate degree in nursing from an accredited college or university and is licensed as a registered nurse through the Tennessee Department of Health. Therefore, be it

RESOLVED, That TNA should add this issue to the 2017 legislative priorities.

RESOLVED, that this resolution shall be subject to sunset in 2021 unless reaffirmed by the TNA Membership Assembly.

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WHEREAS, the easy access to guns and inadequate access to mental health services contributes to an unsafe environment.

WHEREAS, at an alarming rate, registered nurses and other health professionals, in emergency departments, hospitals and clinics across the country, are called upon to care for victims of mass shootings, homicides, suicides, and accidental shootings.

WHEREAS, TNA commends the nurses and entire health care teams for their dedication and professionalism during this tragic event.

WHEREAS, of grave concern to TNA are all human rights violations, including hate crimes. The Code of Ethics for Nurses with Interpretive Statements calls on nurses to respect all cultures, values systems, sexual orientation and gender identity, and to take action to change the aspects of societal structures that detract from health and well-being.

WHEREAS, since 1994, the American Nurses Association (ANA) has supported a call for action that should include a health issue with subsequent policy action calling on the need for limits on the availability of handguns, a ban on assault weapons, and a waiting period and background checks of purchasers, therefore be it

RESOLVED, that now is the time for renewed discussion about gun control legislation at the state and federal level to protect society.

RESOLVED, that the U.S. Congress should immediately repeal legislative language blocking the federal government from conducting gun violence research.

RESOLVED, that we all must join with other members of our community and at every level of civil society in dialogue and to address the underlying issues that result in hate and motivate these unseizable acts of violence.

RESOLVED, TNA will support efforts to expand mental health services and programs and increase funding for behavioral health providers in primary care settings across our state.

RESOLVED, that a copy of this resolution be sent to members of the Tennessee Congressional delegation and elected state officials.

2016 TNA Resolution on School Nurses

WHEREAS, there is a critical shortage of nurses in public schools in the United States as only 45 percent of all public schools in the United States as only 45 percent of all public schools have a full-time school nurse on site.

WHEREAS, the guidelines from the National Association of School Nurses, American Nurses Association, and the American Academy of Pediatrics call for 1 school nurse per 1,750 students in states that it is essential that all students have access to a full-time school nurse all day, every day.

WHEREAS, the Tennessee Nurses Association (TNA) is the voice and advocate of the Nurses professional, is to inform our elected officials of the issues having an impact on the 110,000 registered nurses across the state, as well as our 100,000 students in educational institutions.

WHEREAS, TNA recommends that each school nurse in the state hold a minimum of a baccalaureate degree in nursing from an accredited college or university and is licensed as a registered nurse through the Tennessee Department of Health. Therefore, be it

RESOLVED, That TNA should add this issue to the 2017 legislative priorities.

RESOLVED, that this resolution shall be subject to sunset in 2021 unless reaffirmed by the TNA Membership Assembly.

2016 TNA Resolution on Gun Violence

In the wake of escalating gun violence in the United States and a plethora of bills in the Tennessee General Assembly, and on the occasion of the Tennessee Nurses Association’s (TNA) 2016 Membership Assembly, attendees stand in solidarity with the individuals and families impacted by gun violence and with the nurses and other health care professionals who respond and provide care.

WHEREAS, in recent years, our country has endured unseizable acts of violence with the common thread in these mass-casualty tragedies being easy access to guns.

WHEREAS, the easy access to guns and inadequate access to mental health services contributes to an unsafe environment.

WHEREAS, at an alarming rate, registered nurses and other health professionals, in emergency departments, hospitals and clinics across the country, are called upon to care for victims of mass shootings, homicides, suicides, and accidental shootings.

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Transforming Nursing Education: Next Steps at Belmont

Cathy Taylor, DrPH, MSN, RN
Dean, Belmont University School of Nursing

Wouldn’t it be wonderful to have a crystal ball, to be able to see and prepare for what lies ahead in nursing education and health care? In truth, nurses and other health professionals regularly assess, predict and work to improve outcomes for patients. As we reach out to legislators as bills relating to nursing and healthcare are being considered, there still remains only one nurse in the Tennessee legislature. Your grassroots efforts are vital in academia, and instrumental as you reach out to legislators as bills relating to nursing and healthcare are being considered. A nurse constituent can become a legislator’s point of contact when the need for clarity, understanding and professional guidance is needed on a particular issue.

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

Focus on Education

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• Dental/Vision
• Thrift Savings Plan (401k)
• Group Life Insurance Program
• Federal/Civil Service Retirement System
• Dental/Vision Plans
• Employee Assistance Program
• Long Term Care Insurance
• Educational Debt Reduction
• Employee Assistance Program
• Child Care Subsidy Program
• Professional Liability Insurance

www.tnquitline.org

For more information, contact: Michelle Lee, RN, BSN, Nurse Navigator 415.225.3608
by email at Michelle.Lee@tnhealthcare.org or apply online at www.VAVetJobs.gov

December 2016, January, February 2017
Integrating the ANA’s 2015 Position Statement on Incivility, Bullying, and Workplace Violence: The Bethel University Experience

An Interview with Bethel University Department of Nursing Faculty and Students

Chaundel Presley APRN, DNP, FNP-BC
TNA Director of Practice

TNA members has been that of workplace bullying and incivility. Recent issues of The Tennessee Nurse have highlighted some articles on this topic. It was brought to the author’s and TNA members’ attention that Bethel University, recently underwent a project to address this timely issue within the department of nursing. A virtual interview with a group of faculty and students from the department. The virtual interview took place on August 16, 2016 between myself and the following Bethel representatives:

- Holly H. Kimberly RN, MSN, ACNP-BC, CCRN Assistant Professor
- Jenny Webb, PhD(c), RN, CNE Assistant Professor
- Tammy Carpenter, APRN, CNS, FNP-BC, CNE Associate Professor
- Dayna Edwards RN, MSN, RN, PMHN-BC, GNP, CLNC Associate Professor
- Edna Billingsley MSN, RN, PMHN-BC, GNP, CLNC, CNS-AC Faculty
- Tammy Maxwell-Senior, BSN class of 2017
- Brianna Newsome-Senior, BSN class of 2017

Please begin by sharing a brief overview of the Bethel University Department of Nursing.

Bethel University recently celebrated its 175th year of existence and in 2005 began its BSN nursing program with a director and three instructors. The school currently graduates 15-20 graduates a year, and is proud of that Bethel University has a NCLEX pass rate. In particular, they work closely with applicants who may need some remediation and who may encounter difficulty entering into other programs.

Please share a brief overview of what the ANA position statement on incivility, bullying, and workplace violence is.

The ANA’s 2015 Position statement on incivility, bullying, and workplace violence is a publication addressing the threat that bullying and incivility are problems actively alive in the nursing workforce. The ANA directive was clear that “the entire nursing profession must actively drive a cultural change to end incivility, bullying, and violence in the workplace” (ANA, p.2, 2015). The position statement suggests that the education of nurses on this problem should now start in the undergraduate curriculum, and that appropriate policy be developed to model the desired behavior (ANA, 2015). Prominent committee work began among involved faculty and nursing student representatives from the junior and senior classes. A plan was developed to assess the student and faculty feelings relating to this problem, to create a departmental civility policy, to implement an enhanced process of education on incivility and bullying workplace violence and to the faculty and all students to study. In November copies were distributed of each of the following articles:

- Edna Billingsley, PhD(c), RN, CNE Assistant Professor
- Tammy Maxwell-Senior, BSN class of 2017
- Brianna Newsome-Senior, BSN class of 2017

What are the plans for the future for this project?

There are plans to re-administer the survey midway through the program. Over the two years that the students are in the BSN nursing courses, they have a great opportunity to learn to role model positive behavior as they will soon be in the nursing workforce beginning their nursing career.

The faculty is working on publishing this project. The athletic training department at the university has asked to use the pledge, and representatives from other universities have contacted the faculty seeking information about the project and the use of the pledge.

One of the student representatives, Brianna Newsome, said “By sharing their experiences, I hope readers can be inspired to become familiar with the ANA position statement, and develop practical ways that it can be turned into action in all types of nursing practice including academic settings.”

References: Available Upon Request
CIVILITY MATTERS

Civility is the act of showing regard for others by being polite or showing kindness, caring, and support in using the virtues of civility, unconditional positive regard and hospitality. Searching thorough dictionaries, a common definition for virtue is the quality of being morally good. It comes from the Latin word vir, which is about moral excellence. Virtuousness is about the doing virtue, doing what is right. In ancient times it was thought that being virtuous was what led to a good and happy life (3). Virtue in nursing practice is about doing right for patients, their loved ones, and their family. Nurses are arrived to hospitals mostly for some form of around the clock nursing care. Most people that interact with a patient are episodic, including the patient’s physician; they come and go. Nurses are present every hour. Given the level of stress and general concern that abounds, nurses may find help and support in using the virtues of civility, unconditional positive regard and hospitality.

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Lara’s Law: Make Tennessee Roads Safer Now

Gerri Gass, MSN, RN

On March 18, 2014, my life, and that of our family, changed forever. My daughter, Lara, a senior law student, was killed as she drove to an externship with a Federal judge in Harrisburg, Virginia while driving a car that was a time bomb. Her 2006 Saturn Ion was one of the GM cars recalled for a faulty ignition switch that could shut off at any time, disabling the power steering, power brakes, and airbags. Lara hit the back of a semi-truck going 60 mph. The Good Samaritans who pulled Lara from her burning car testified before Congress and the media about the faulty and dangerous airbags present in these vehicles. Investigating state troopers had no idea why she couldn’t stop her car.

This horrific event has impacted my life in so many ways, but what is most disturbing is that it was unnecessary. Lara lived every single day. My husband and I are unsilenceable voices for auto and highway safety. We know the pain we daily endure and do not want anyone to experience this agony and grief.

Corporate Cover Up

General Motors (GM) covered up their faulty ignition switch for over 10 years:

• GM certified 124 deaths and 274 injuries related to the Ignition Switch Safety Recall.
• CEO Mary Barra testified before Congress making a weak statement of GM’s “incompetence and neglect.”
• Proof was disclosed in various employee emails.
• Independent report found numerous faults within General Motors, and the company intentionally withheld the truth.
• GM was investigated by the FBI, indicted by a Federal Grand Jury, and negotiated a plea deal with the US Attorney for the Southern District of New York. Their only punishment was a deferred prosecution agreement including paying a $900,000 fine to the U.S. government and agreeing to a federal monitor for three years.

We know of 50 death cases settled by GM, bringing the total death toll to 134. Nine (9) deaths were related to the state of Tennessee, including Lara’s death. Of the 124 deaths certified by GM, 119 were female, mostly because when the car’s engine stops running, it takes lots of muscle power to overcome the problem. But not one person has gone to jail.

Safety-Recall Procedure

Safety recalls are sent only by the automotive manufacturers who:

• Know what is safe and what isn’t.
• Send the safety-recall notice to the original owner on file.

If the car has been resold, the safety-recall notice is unlikely to reach the current owner. Check out possible safety-recalls on your current or future car at http://www.safercar.gov.

Car dealers can help decrease the number of unrepaired safety recalls. Fixing used cars prior to resale will take some of the burden off the consumer and place it back where it belongs: on the manufacturer who produced the defective product in the first place.

No Safety-Recall Laws to Protect the Public

Absolutely no federal or state laws prevent safety-recalled used cars from being sold to the public. Powerful corporations with too-big-to-fail mentality leave the public driving unsafe but legal to sell cars on our highways. Currently, a buyer can walk into any used car dealership in Tennessee and purchase a vehicle with an active safety recall without knowing it because dealers are not required to inform buyers of these safety defects.

CARFAX data suggests that more than 47 million cars are sitting on used car lots, posing a significant risk to not only the buyer/driver of that car, but to the general public since many of these cars will end up on our roads to not only the buyer/driver of that car, but to the general public driving unsafe but legal to sell cars on our highways. Currently, a buyer can walk into any used car dealership in Tennessee and purchase a vehicle with an active safety recall without knowing it because dealers are not required to inform buyers of these safety defects.

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Lara’s Law

In January 2017, my husband and I, working with our state Senator Mark Green, will introduce Lara’s Law. This bill will ensure that a used car with an open safety recall would be fixed prior to being sold and/or leased. Lawmakers in Nashville have a responsibility to address this safety and public health problem.

However, the automotive industry/dealerships do not want to take responsibility for fixing the defect or accountability for fixing their problems. Their lobbyists push back hard, using big dollars to incentivize lawmakers from doing the right thing. It is time for our elected officials to take a stand with consumers to level the playing field and make our roads safe again.

Lara’s Law is straightforward:

1. “a motor vehicle dealer may not sell or lease at retail a motor vehicle unless the motor vehicle dealer has obtained a recall database report for the motor vehicle. The motor vehicle dealer shall update the recall database report not more than 48 hours prior to the sale or lease of the motor vehicle.”
2. “a motor vehicle dealer may not sell or lease a motor vehicle at retail if the dealer knows or should have known that the vehicle is subject to a safety recall, unless the repairs required to correct the defect have been performed on the vehicle.”

What You Can Do to Help

It’s time to stop putting profits above human lives. You can help. Encourage your legislators to pass Lara’s Law. Find them at http://www.capitol.tn.gov/legislators/. Call and/or write to your state Senator and Representative before January 2017 to let them know you support Lara’s Law.

Tell them you support all safety-recalled used cars being repaired prior to being resold. Too many law violations and cover-ups in the automotive industry mean the consumer pays with loss of precious lives.

Spread the word to family and friends and ask them to call/write their state legislators today.

Please speak up to help pass this law. Let legislators know we demand safer cars and safer roads for every Tennessean.

References:


Valukas-report-on-gm-redacted.pdf

Visit tnaonline.org

LivableLara

Our family has a saying a LiveLikeLara that we try to live by each and every day. We imagine the tremendous contributions she would be making in this world if she were still alive. Lara held great compassion for people. She made me a better person, and I hope she shares her spirit of life with the world. We honor her memory by striving to make this world a safer place for all.

Gerri Gass, MSN, RN serves as Associate Clinical Professor and Coordinator, RN to BSN Program at Austin Peay State University School of Nursing. She and her husband have established the LiveLikeLara Foundation to honor and celebrate the life and memory of daughter Lara D. Gass, https://www.livelikelara.org
On October 28, at the TNA annual conference, we urged your support for Medicaid expansion in Tennessee. On November 8, that specific call to action expired.

Hope for the underinsured was that the very essence of Medicaid expansion has been buried under the weight of the election outcome: not only the Tennessee state legislature but now all three branches of our federal government will be dominated by politicians and jurists who reject the role of government in nurturing community. Those politicians profess concerns about diminished self-reliance. They worry that turning to government will replace turning to religious faith. The whole concept of Medicaid is in their crosshairs.

But even as James explained in the New Testament, (James 2:26) “...as the body without the spirit is dead, so faith without works is dead also.” Faith-based primary care clinics may help the cause, but they are a mere bandaid in the larger picture. They can’t provide back surgery or chemotherapy or diagnostic imaging tests. Without a well designed full service health care system, dependence by the needy can only increase.

We nurses know that it will take a very large village to design and deliver health care that ensures equal access as well as quality outcomes. We know that in spades. So where do we nurses fit into that Village, in this new landscape? We are constantly revising the answer to that question, not least because we have been and remain a profession that is predominately female. Even as nursing culture learns to nurture strong leaders, we remember that our history was long characterized by a culture of deference to others. Our profession was born in Victorian era England, and that’s just what women had to do back then to get things done: defer, stand up when the doctor walked in, put on a uniform with a fashion statement just this side of a nun’s habit. Check in with Florence Nightingale for the facts on this. Our rise to self-confidence and leadership parallels that of the suffragists, the women pioneers in law and medicine and public life. We were not always afforded the respect we deserved. And one bright way to understand that history is to acknowledge that we are great team players -- as a profession we deserved. And one bright way to understand that history is to acknowledge that we are great team players -- as a profession we deserved. And one bright way to understand that history is to acknowledge that we are great team players -- as a profession we deserved.

Access to health care now seems destined to undergo a spasm of disruption. The solution to what ails our system is surely even more distant than ever. But we nurses, we remain in a seat of real power, the Power of Knowledge.

Healing the Gap Post-Election: A Call to Action

Margaret Ecker, RN, MS
The Tennessee Nurses Foundation (TNF) welcomes you to publicly recognize a nurse. With your $50 tax-deductible donation to TNF, your honored nurse’s name will appear in the Tennessee Nurse, mailed to over 90,000 RNs, as well as in the designated “Honor A Nurse” section of the Tennessee Nurses Association’s (TNA) website at www.tnaonline.org. A photo and brief paragraph may also be submitted to further recognize your honored nurse.

**Honor A Nurse**

Nursing is a calling, a way of life. Nurses rely on each other for the synergistic effect of teamwork in our efforts of care giving. It is appropriate that we honor those colleagues that have made an impact in our lives and the lives of others.

**Honor you…**

**Traci Lambert Brackin,**

**DNP, MSN, APRN, FNP-BC, CWOCN, CFCN**

Traci is a Nurse Practitioner with Blount Senior Care Partners in Maryville, Tennessee. She is a recent DNP graduate from Lincoln Memorial University. For her dissertation, she presented Comfort Focused Wound Care with emphasis on developing a standardized protocol for wound care at the end-of-life. Being CWOCN certified, Traci trained in wound, ostomy, continence and foot care specialties at Emory University, Vanderbilt University Medical Center and Southern Hills Medical Center in Nashville. Her foot care certification also helps her practice innovative ways to heal diabetic foot ulcers and other disorders of the foot and nail. Traci also serves as a preceptor for nurse practitioner and wound care students from many area colleges and universities. In her “spare” time, Traci enjoys coffee (obviously for the caffeine!!), traveling, and running. To Traci, nursing is a calling, not just a job. She is an inspiration to me and to all who know her.

Honored by:

**Gail Lambert, MEd**

Director, Nursing Student Services

Tennessee Wesleyan – Fort Sanders Nursing Department

Visit TNF at www.tnaonline.org for information on the Honor A Nurse program.

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

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Go to www.tngiftcenter.com/giftatag. You can buy as many Nurses Change Lives specialty gift vouchers as you want – for your family, friends, and colleagues or treat yourself.
Areas Covered Include:

- Handouts and Tools are Included for the Mentee.

the Kansas City Area Nurse Executives, this successful collegiate Nurse Educators of Greater Kansas City and Missouri hospital associations, in conjunction with the

Contains in this practical, how-to mentoring guide.

Best Practices, questions to jump start discussions, resources, checklists and activities are contained in this practical, how-to mentoring guide.

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

Handouts and Tools are Included for the Mentee.

- Building Trust
- Establish a Plan
- Setting Goals
- Explore Job Satisfaction, Workplace Engagement and Empowerment
- Understanding Self and Others
- Effective Communication
- Problem Solving
- Time Management
- Leadership and Workplace Dynamics
- Career Development and Understanding the Meaning of Professionalism in Nursing
- Evaluation and Outcomes

Complete details available at www.tnonline.org. Click on the Tennessee Nurses Foundation link and then click Nurse Mentoring Toolkit. For questions, call 615-254-0350.

The Tennessee Nurses Foundation’s mission is to promote professional excellence in nursing.

Tennessee Nurses Foundation, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296
Phone 615-254-0350 | Fax 615-254-0303

YOU COULD WIN $1,000 PLUS a FREE Membership!

2017 TNF Scholarly Writing

The Tennessee Nurses Foundation is sponsoring a scholarly writing contest for all Registered Nurses (within all specialties of nursing), in the State of Tennessee. A $1,000 award plus a free one-year membership in both the Tennessee Nurses Association and the American Nurses Association (value $290) will be presented to the winner/s as part of the celebration of Nurses Week 2017.

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

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

A completed submission must include:

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

Deadline for submission: March 31, 2017. Submissions must be postmarked by this date. Fax submissions are not accepted.

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

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Regents for the Uniformed Services University of the Health Sciences, the 2006-2010 Board of Directors for the American Academy of Nursing and the 2002 DHHS Advisory Council on the Future of Medicare. The 2002 DHHS Advisory Council on the Future of Medicare was appointed by the Secretary of Health and Human Services, to advise the Secretary on the future of Medicare. The appointment of the advisory committee was a response to the needs of the Medicare program and the nation. The committee was established to provide recommendations on the future of Medicare and its role in the nation’s health care system. The advisory committee’s recommendations were intended to help ensure that Medicare continues to provide quality care for all Americans.

Joanne Hall was elected president of UT’s chapter of the American Association of Colleges of Nursing (AACN) and was selected for participation in the Wharton-AACN Executive Leadership Program. Victoria Niederhauser was selected as the Dean and professor at the University of Tennessee in Knoxville.

Colleen Conway-Welch was one of five nurses honored by the American Academy of Nursing as a Living Legend. The academy’s highest honor. Conway-Welch has made direct and profound contributions to the nursing profession, health education, and public policy through her research, scholarship, and visionary leadership. She served as Dean of Vanderbilt University’s School of Nursing for 28 years. Her profound national impact on health care includes serving on President Reagan’s 1988 Commission on HHS, the 1998 National Bipartisan Commission on the Future of Medicare, the 2002 DHHS Advisory Council on Public Health Preparedness, and the 2006-2010 Board of Regents for the Uniformed Services University of the Health Sciences.

Greg Casalenuovo, Associate Professor at Carson-Newman University, completed the Post Master’s Certificate Program and has passed the national certification exam and is now a Board Certified Family Nurse Practitioner.

Deb Chyka was the recipient of the Gaylord/Rogers Pediatric Nursing Achievement Award and for the Excellence in Nursing Education Award from the Gamma Chi Chapter of Sigma Theta Tau International. Deb is a Clinical Assistant Professor at the University of Tennessee in Knoxville.

Victoria Niederhauser was selected for participation in the Wharton-AACN Executive Leadership Program. Victoria is the Dean and professor at the University of Tennessee in Knoxville.

Carole Myers has been appointed to the National Nurses on Boards Coalition State Strategy and Implementation Advisory Committee; appointed by Lieutenant Governor Ron Ramsey to the Tennessee Healing Arts Scope of Practice Task Force, where she was elected co-chair; and elected to chair for the finance committee for the Board of Directors of the Sertoma Center. Carole is an Associate Professor at the University of Tennessee in Knoxville.

Deb Chyka was a recipient of the 2016 American Holistic Nurses Association Service Award for her work spanning almost 20 years with AHNA. This national award recognizes her work promoting holistic nursing practice and professional service to the association.

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District News

District 1
President: Florence Jones

TNA District 1 regularly sponsors educational dinners and forums at no cost for area nurses. August 12th, District 1 sponsored its first conference that included a $40.00 registration fee, “Palliative, End of Life, & Hospice Care: Across the Lifespan”, featuring Faith Roberts as keynote speaker. Over 150 people attended the conference and were able to view poster presentations and visit with vendors. Conference attendees provided excellent feedback and left asking about the date for next conference.

October 12th district hosted its annual Legislative Forum at Jason’s Deli. The district invited various candidates for state, local, regional, and federal offices, including individuals in school board races, and spoke persons for the campaigns of presidential candidates Trump and Clinton to participate on the panel and answered questions. There were 11 candidates represented on the legislative panel. The moderator for the event was Mr. Jackson Baker Senior Editor and Political Columnist, The Memphis Flyer Contributing Editor, The Tennessee Journal. The local Fox news channel was on-site and interviewed candidates and TNA members. There were over 50 people in attendance.

District 1 Board members; Sharon Adkins and Faith Roberts

Participants – group table discussion

Florence Jones

K. Putman; C. Bergman, Representative for local Republican Party; C. McCarter

C. McCarter; Representative Akbari, District 91, Democratic Party; C. Kirkland

F. Jones and Senator Harris, Democratic Party

E. Talley and Suzanne Jones, candidate for school board

Welcome New & Reinstated Members

District 01

District 02
Caroline Arceri, Jacqueline Leduc Bennett, Nicole Best, Sarah J Beuerlein, Lindsey Kiser Blevins, Staci Cathers, Roxana Ceausu, Yvonne N. Collier, Robert Eldridge Delozier, Jeanne M. Evans, Apryl Flanary, Susan Carole Johnson, Deborah J. King, Patricia Kyle, Kelly S. Miles, Amy S Olson, Suzanne Parker, Leah Shaklee, Patricia Woods Steimer, Charlotte Elizabeth Tallent, Jessica W West, Jonni Rhea Wood

District 03

District 04
Karen Delinda Brown, Alex Michelle Card, Angela M Harris, Jennifer M Howard, Valerie E. Malone, Nicholas Maynard, Casey Rebecca Smith, Amber N Talley, Susan Thul, Missy Ward

District 05
Brenda Estep, Julie Gilliam, Arden Gross, William Guy Harper, Jessica Nichole Hitchner, Deborah McCracken, Ginger Neace, Janice R Page, Joshua Parks, Kimberly A. Peret, Canaaan Elizabeth Pyatte, Heatherr Qualls, Paige Reed, Jacqueline Reeves, Tracy Michael Romans, Krissa Trombetta,

District 06
Ashley Bobo, Candace Dawn Churchwell, Emily Makayla Dorris, Kellee A. Eghtayh, Rebecca B Gray, Ginger M Keymon, Tonya Rhinesnee, Felisha Necole Porter, Julie T. Taylor, Lauren Ashley Williams,

District 08
Kathy Beckett, Jessica Mikes

District 09
Leah A Leising, Donna Kay Ogle, Krista Payne, Farrah Ann Spear

District 10
Raeann Penick, Crystal Lynn Ward, Lisa B Wells

District 12
Christy G. Canada, Ginger Williams

District 15
Joseph Cotten, Melissa J Deckert, Chansamone Noi Dee, Adrienne R King, Geethanchaly Kumarsawamy, Natasha J McClure, Gregory Scott Mesinger, Whitney Lauren Noble, Jeff Novick, Cheryl A Sann, Shelia Diane Smith
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Membership—Each of you has something to offer...a skill that would strengthen the profession in some way. Join TNA Today!

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- Reduced ANA/TNA: $145 @ 64.35%—deduction $93.31
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