

The

# FLORIDA Nurse

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OFFICIAL BULLETIN OF THE FLORIDA NURSES FOUNDATION  
CIRCULATION 290,000 TO EVERY REGISTERED NURSE & NURSING STUDENT IN FLORIDA

September 2017

## Annual Student Issue

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## President's Message

### The Nurse's Playbook: Winning Strategies for the Future



Leah S. Kinnaird, EdD, RN

Has anyone else noticed the arrival of playbooks for nurses? I found a creative, energetic example for interpreting EKGs on YouTube,<sup>1</sup> which got me thinking about a nursing playbook to have at-the-ready for work, home, and community life in

a world of exponential change. "In American football a play is a close to the ground 'plan of action' or 'strategy' used to move the ball down the field...Football players keep a record of these plays in their playbook."<sup>2</sup> Keeping that in mind, what plays might we have in our playbooks regardless of where we are in our careers?

#### Offensive Plays

A quick scan indicates we're moving forward politically. In the past year, Florida nurse

*President's Message continued on page 3*

FNA Membership Assembly  
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## Notes from the Executive Director

### Listening to the Voices of our New Graduates

Willa Fuller and Janice B. Hess



Recently, Jan Hess, Director of the East Central Region held a networking session for new graduates and seasoned nurses both as a face-to-face and videoconferencing program. The goal of the gathering was to not only to communicate with new graduates, but to solicit their ideas about future programs, projects and products that we can develop and provide for the novice nurse. The information our new grad members shared is the same information we have heard for many years with a few unique perspectives. We also want to keep them engaged to create a strong organization and strong advocates for the future of the profession.

During an open discussion these are some of the feelings that were expressed:

- The older nurses were extremely critical of me. I felt judged.
- They were very judgmental and harsh at first, but when I proved what I could do I was accepted into the group.
- I felt judged for my sexual orientation.
- I had numerous preceptors and didn't feel that I got a coordinated orientation and then I was left on the floor with insufficient staff.
- I felt pressured to take on responsibilities before I was ready.
- I was made charge nurse and I didn't really know what the charge nurse duties were. I felt very unsafe and unprepared.

- I felt like things had been this way for a while and I could do nothing to change it.

One new graduate, who had been practicing for two years, expressed a desire to continue as a staff nurse. She explicitly stated that she didn't want to leave bedside nursing, but wanted to see more done to make it a better work environment. She also felt that she was forced to take on the role of charge nurse which took away her opportunity to engage with patients. She didn't mind being charge nurse sometime, but with two years of experience, she was the most seasoned nurse on the unit and felt she would have to take the charge role consistently. The charge nurse at her institution does not take a patient assignment.

We also asked them what topics or programs they would benefit from and they shared the following:

- Mentoring
  - How to find a mentor
  - How to utilize a mentor
- Career planning/Coaching
- Conflict management
- Workplace Rights and Professional self-advocacy
- Strategies for coping with bullying
- Communication skills
- Time Management
- Being and advocate for positive change within systems

#### Lessons Learned

One thing we learned from this informative session was that we needed to limit time so more individuals have the time to speak or ask questions. We also learned that the problems have not changed and that we still need to be actively working to find solutions. We also felt that several new grads expressed that nurses might stay longer if the environment was not so challenging. And we also learned that some new graduates were working in supportive environments with nurses who welcomed them and provided both clinical and emotional support.

This first call gave us some great information for future planning and we will continue to dialogue with our new grads as well as work on developing some of these ideas for programming hopefully with a planning committee composed of a significant number of new graduates.

If you are a new graduate FNA member who wishes to be involved in this program, please email Kaitlyn Scarbury, Executive Assistant at [info@floridanurse.org](mailto:info@floridanurse.org) and tell her to add you to the list. If you are a seasoned nurse member who is interested in supporting new graduates, please email Kaitlyn and let her know that as well. If you are not an FNA member, you can join at <http://members.floridanurse.org>.

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President's Message continued from page 1

practitioners gained the authority to prescribe controlled substances. Nationally, nurse-managed clinics are becoming commonplace. HR 1651 (designating the National Nurse for Public Health) is gaining bipartisan support. We need more action in support of telehealth, and we need a playbook section for violence against healthcare workers, a bill FNA sponsored last session for which we will again seek sponsors.

Another offensive play is to move forward with technology. How up-to-date are you with artificial intelligence (AI), robots (including Internet bots), and implantable RFIDs (radio-frequency identification)? "Florence"<sup>3</sup> is an online bot described as "your personal health assistant." No need to take the defensive or to think Florence is off sides. She and other bots like her might help save us time when educating patients and consumers.

There are some end runs that we can take with confidence.

- Stay up-to-date with advances in nutrition, like the slow-food movement (as opposed to fast food) and efforts to promote locally grown products.
- Show compassion, whatever the play.
- And, I just have to add; remember to wash your hands.

What play do you have in your playbook for "disruptive innovations?" The term was

introduced in 2009,<sup>4</sup> and now it is ubiquitous. We need to get up to speed with precision care, including gene therapy, immunotherapy, and others yet to come. If you are involved clinically with these treatments, you need detailed plays in your playbook. If you aren't involved, just knowing what they are may be all you need.

**Defensive Plays**

We continue to be up against a huge lineman called "staffing." Neutralizing this lineman is critical to our success. The lineman's playbook is a focus on finance that tramples out quality and safety. I've written before that there are countless articles and solid research about the relationship of staffing and adverse events, and nurses nationwide are pressing for solutions to this age-old problem. The QUIN Council will be holding a think tank that will include all perspectives (direct care nurses, nursing leadership, finance officers, academic leaders, and others) in the early part of 2018. Stay tuned and put that event in your playbook.

Unexpected challenges continue to emerge on the field of play. Whether climate change, threats from nuclear and cyber powers, or interruptions in the power grid, these require local action. A strategy is to meet the challenges within reach (such as using less power or seeking alternatives). Constant worry about things out of our control can take a toll on the health of the general population.

One last smart play: join or renew your membership with FNA, the best networking opportunity you can find in the state.

Ours is a playbook of strategies more precious than a ball game. We must be the best we can be.

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Lance O. Leider is an attorney whose practice focuses on the representation of nurses and other health care providers finding themselves the targets of investigations in state and federal cases. These cases include diversion accusations, licensing and disciplinary issues, administrative hearings and appeals, regulatory matters and litigation, and IPN/drug cases.



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## 2017 Events

**SEPTEMBER 28, 2017**  
**Florida Center for Nursing & Florida Action Coalition**  
**The Florida Nursing Workforce: A Community Discussion**  
 Naples Grande Beach Resort  
 6:00 pm - 9:00 pm

**SEPTEMBER 29 - 30, 2017**  
**FNA Membership Assembly**  
 Naples Grande Beach Resort  
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**OCTOBER 26 - 28, 2017**  
**Florida Nurses Student Association Annual Conference**  
 Innisbrook Resort  
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## 2018 Events

**JANUARY 17 - 18, 2018**  
**FNA Advocacy Days**  
 Florida State Conference Center  
 555 W. Pensacola St.  
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**FEBRUARY 11, 2018**  
**QUIN Council Safe Staffing Think Tank**  
 Leu Gardens  
 Orlando, FL

**APRIL 14, 2018**  
**8th Annual South Region Symposium & Awards Banquet**  
 Gulf Stream Park Spot of Kings Theatre  
 901 S. Federal Highway  
 Hallandale Beach, FL 33009

**APRIL 14, 2018**  
**7th Annual North Central Region Conference**  
 The Villages Gainesville  
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To register for FNA events go to:  
<https://tinyurl.com/q3bl6wm>.



- Learn ANA's 7 Core Components of Nurse Staffing. ANA collaborated with Avalere to explore using optimal nurse staffing models to achieve improvements in patient outcomes. Key findings show that optimal staffing is essential to providing quality patient care. ANA also explores staffing models to expand thinking beyond nurse-to-patient ratios. Visit [www.nursingworld.org](http://www.nursingworld.org) and click on ANA Staffing

White Paper #1 for more information.

- Redefining the Antibiotic Stewardship Team: Recommendations from the American Nurses Association/Centers for Disease Control and Prevention Workgroup on the Role of Registered Nurses in Hospital Antibiotic Stewardship Practices White Paper can be found at [www.nursingworld.org/ANA-CDC-AntibioticStewardship-WhitePaper](http://www.nursingworld.org/ANA-CDC-AntibioticStewardship-WhitePaper).

## Members in the News

**Jaibun K. Earp, Ph.D., ARNP, FNP-BC, CNE**, was recently inducted as a Fellow of the American Association of Nurse Practitioners (FAANP) at its conference in Philadelphia. She retired in 2016 as Professor and Associate Dean of the Graduate Program at Florida A & M University School of Nursing and is a long time FNA member and Trustee member of the Florida Nurses Foundation Board.



**Dr. Mary Lou Sole**, Orlando Health Endowed Chari and Dean of the University of Central Florida, College of Nursing, has been inducted into the International Nurse Researcher Hall of Fame of Sigma Theta Tau International (STTI) Honor Society of Nursing. Dr. Sole and the 22 other honorees from Australia, Canada, Finland, Taiwan, the United Kingdom, and U. S. were inducted at the STTI 28th International Nursing Research Congress in Dublin, Ireland, on July 29, 2017. The award is the highest level of recognition available for nurse researchers, honoring those who have achieved significant and sustained recognition, and whose research has improved the profession and the people it serves. A certified critical care clinical nurse specialist, Dr. Sole has focused her research over the past three decades on preventing complications and improving outcomes of critically ill patients who are placed on a ventilator. Her research, which has been awarded more than \$4 million in funding to-date, has influenced the standard of nursing care in the U. S. and in the international critical care community. Her research has been published in more than 100 peer-reviewed publications and presented at conferences throughout the world. She currently serves on the editorial boards on *AACN Advanced Critical Care*, *American Journal of Critical Care*, and *Heart & Lung*, and is the editor of one of the most widely used undergraduate critical care nursing textbooks in which she has authored several chapters. In addition, Dr. Sole has served as a member of two National Quality Forum task forces and expert panels of the National Institutes of Health. Throughout her career, Dr. Sole has been honored with numerous awards, including American Association of the Critical Care Nurses (AACN) Distinguished Researcher of the Year from the National Association of Clinical Nurse Specialists.



**Left: Dr. Julie Marfell, Dean, Frontier Nursing University, Hyden, KY**

**Middle: Dr. Vicky Stone-Gale, Assistant Professor, Frontier Nursing University, Hyden, KY**  
**Right: Dr. Patricia Pearce, FAANP Sponsor, Interim Dean, Loyola University, New Orleans**

**Dr. Vicky Stone-Gale** was one of 67 nurse practitioners inducted as a Fellow of the American Association of Nurse Practitioners during the June conference held in Philadelphia. She is an Assistant Professor at Frontier Nursing University, and also practices in primary care in Plantation, Florida. She is a co-founding member and President of the South Florida Council of Advanced Practice Nurses, Chair of the North Probable Cause panel for the Florida Board of Nursing, and a Regional Director for Florida Nurse Practitioner Network. She is a past Board member for Florida Nurses Association, past Chair of the Florida Board of Nursing and member of the Florida Board of Nursing Controlled Substance Formulary Committee. She has testified in front of legislators on the state level on many NP issues and worked effortlessly over the past 20 years with many colleagues on the NP controlled substance prescribing bills, finally seeing the successful passage of the Barbara Lumpkin Prescribing Act. She has also visited many legislators on the national level regarding NP issues in Florida. She has a BSN and MSN from Barry University and a DNP from the University of Alabama at Birmingham, where she was awarded the Doctoral Student of the Year. She is a recipient of numerous awards including Broward County Nurse-of-the-Year and Nurse Practitioner-of-the-Year on multiple occasions. Dr. Stone-Gale has been a preceptor for many ARNP students attending various universities in the South Florida area and encourages these students to be politically active in their profession. She also lectures on licensure and malpractice issues pertaining to ARNP's.



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# Legislative Update



**Alisa LaPolt**  
Lobbyist

The Florida Nurses Association is gearing up for the 2018 legislative session with a continued emphasis on legislation that cracks down on people who assault or battery against nurses and other healthcare workers.

This legislation, which was pursued by the FNA during the 2017 session, overwhelmingly passed its first committee of reference in the House and gained several co-sponsors, signaling an interest among lawmakers in addressing this topic.

"We gained a great deal of traction with the legislation and plan to keep building that momentum," said FNA Executive Director, Willa Fuller.

Under current law, tougher sentences can be enacted against people who commit assault or battery against law enforcement officers, firefighters, traffic officers, paramedics, and healthcare workers in a hospital emergency room.

From 2007 to 2016, a total of 61,323 people were arrested for assault or battery against individuals in those occupations; of those arrests, more than half or 35,919 were committed against emergency medical care providers. This is according to statistics that the FNA requested

and received from the Florida Department of Law Enforcement.

But Florida law doesn't require enhanced penalties when those offenses occur outside the emergency room or scene of an emergency. That is the law that FNA seeks to change in 2018.

Over the summer, we held Advocacy Boot Camps to teach nurses how to tell their personal stories of assault and battery in the workplace. The FNA Board of Directors will adopt its full 2018 legislative platform during the annual Membership Assembly in late September.

The 2018 legislative session will begin Tuesday, Jan. 9, 2018, which is two months earlier than last year. In even-numbered years, lawmakers convene early with the hopes of concluding business by early spring so they can focus on election-year campaigns.

Lawmakers will hold committee meetings the week of September 12-15. There will be two committee weeks in October and November: October 9-13, October 23-27, November 6-9, and November 13-17. The final pre-session committee meetings will take place December 4-8.

On another note, I am stepping down effective July 31 as the organization's lobbyist for the past six years to focus on my role as statewide executive director of NAMI Florida (National Alliance on Mental Illness). I will continue serving clients through my company, Topsail Public Affairs, by offering legislative policy analysis and research; advocacy training; newsletter writing; and messaging.

The FNA Board of Directors has initiated a search committee for a new lobbying firm.

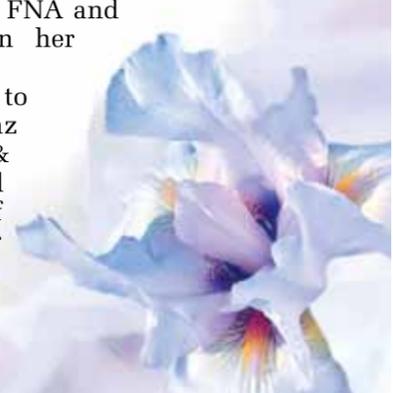
It has been an honor to represent the interests of nearly 300,000 nurses in this state at the Capitol. I was especially honored to be part of the lobbying efforts and passage of legislation that allows nurse practitioners to prescribe controlled substances. I'm also proud of taking a lead role in defeating legislation that would have penalized nurses with doctoral degrees who call themselves "doctors."

There have been several successful efforts that have raised the visibility of the FNA at the state Capitol – I created a nurses voter registration drive through a partnership with the Florida League of Women Voters, got traction on 2017 legislation that cracks down on people who commit assault and battery against nurses; and launched the "Take the Scare Out of Care" campaign around that legislation.

I deeply appreciate all those nurses who have been supportive of me and these FNA efforts and wish the organization the best of luck moving forward. I can be reached at [alisa@gotopsail.com](mailto:alisa@gotopsail.com).

We thank Alisa LaPolt for her years of service to FNA and wish her well in her current endeavors.

We also want to thank Jose Diaz of Robert Levy & Associates for all he and his staff have done for nurses in Florida.



## Letter to the Editor

In response to the April President's Message that cited Jimmy Kimmel's daughter's life being saved by a nurse and the advocacy article by George Peraza-Smith, an RN wrote the following:

In 2014, my then 14 year old daughter, Lisa,\* stayed home from school with GI discomfort, which necessitated a visit to primary care for a note to return to school. Lisa was worried about losing weight and "black dots" in her vision that were more frequent. The family nurse practitioner we saw during the visit had read Lisa's history, noticed the weight loss, listened attentively, asked question after question, did an EKG, and ordered an echo and a Holter. She also said something about a "murmur." The echo showed a large ascending aortic aneurysm, which ultimately led

to consults, genetic testing, and a diagnosis of TGFBR1-Loeys-Dietz Syndrome, type 1.

Much of the weeks and months ahead remain a blur. I'm grateful to the cardiovascular surgeons whose skill made all the difference on the operating table. But what sticks in my mind is that a family nurse practitioner saved my daughter's life! Her thorough assessment and actions led to Lisa's diagnosis, which so easily could have been missed. The FNP did this all during a routine visit to get a note to return to school.

In appreciation for ARNPs,  
Florida licensed RN, living in Indiana  
\*Name changed for privacy

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# LPBC / Professional Practice Advocacy

## Legislative District Coordinators



**John Berry, Director of Labor Relations & Governmental Affairs**

The Florida Nurses Association has a rich history of advocacy and involvement in the legislative process. In 1983 FNA created the Legislative District Coordinator Program which matches a nurse with every legislator in

the state so that we establish strong relationships that enable us to use our voice to influence the political process and protect our practice and our patients. We have promoted the importance of legislative involvement since 1909 when the association was formed in Jacksonville to create a formal nursing licensure process in the state. Since that time, we have influenced the passage

significant legislation and blocked the passage of multiple harmful bills.

So, why aren't more nurses involved in the legislative process? How many are politically active in their communities? Even more importantly, how many are registered to vote?

This is a crucial time for all nurses. They are facing more challenges on a daily basis such as not having proper staffing on their units as well as violence toward nurses which has become too frequent of an occurrence. The Florida Nurses Association is working diligently for all nurses in this state to get legislation passed that will not only protect the patients they proudly serve, but protect them as well.

So why is becoming a Legislative District Coordinator or LDC so important?

The work that these 94 members do on your behalf cannot be measured. It's all volunteer, which let's be honest, scares a lot of people away. Their job is to lead other members in communicating our message to the state

legislature as well as assisting candidates who are supportive of our issues, getting them elected, and communication is the key.

We communicate with our legislators in many different ways, through letters, emails, telephone calls and meetings. The meetings can be face to face as individuals, or they can be group visits. One thing that is so important that an LDC will be sure to stress to you, is that make absolutely sure that when you can, always let the legislator or their staff member know that you are a constituent. That one statement will let the legislator know that you represent a vote or maybe more than one vote.

LDCs are trained how to communicate properly and have the tools to teach you on how to become an advocate or a better one. If you don't know who your representative is, your LDC can show you where to find the information, which would include their district office as well as their office in Tallahassee. The information will also include the committees your legislator is on. They can also show you the important bills that you need to track that effect your profession. Without our trained LDCs, we are at a disadvantage in getting our message heard at the capitol.

Nurses don't realize how much influence they really have, because if they did, this association would have a lot more members fighting on behalf of all nurses in this state. So be a volunteer, become an LDC. Talk to your co-workers about the issues that affect their profession and the lawmakers that support them, or the ones that stand in their way.

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To look up your legislator, go to <http://cqrcengage.com/fln/?0>

### Florida's HIV/STD Testing Law for Pregnant Women

(64-D-3.042, F.A.C.)

All pregnant women are to be tested for HIV, syphilis, hepatitis B, chlamydia and gonorrhea

- At initial prenatal care visit
- Again at 28-32 weeks, and
- At labor and delivery

For more information, visit [www.usfcenter.org/perinatal](http://www.usfcenter.org/perinatal) or call 1-850-245-4336

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**POLITICAL ACTION COMMITTEE**

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We are asking each member to give an additional \$5 or \$10 to the PAC to help us rebuild for 2017. Donate today to help us make a positive and significant impact on nursing and healthcare.

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# Student Forum



## Reaching Out



Hello,

On behalf of the Florida Nursing Students Association (FNSA), I would like to congratulate all of our nursing students who have graduated from their respective schools. This is a great step forward to become leaders in the nursing discipline. Good job to those who passed the NCLEX and

good luck to those studying and preparing for it. I'm so proud of you all and I can't want to hear about all your accomplishments in the coming years.

The Executive Board of FNSA is continuing to plan our upcoming state convention. It will be held at the Innisbrook Resort in Palm Harbor from October 26th to October 28th. The convention is a great opportunity to network with fellow nursing

students from across the state and to even scope potential future employers. If you are unsure about attending the convention, feel free to reach out to your faculty members or even any member of the executive board. We'll gladly answer any questions you have.

I have a personal request. I want to ask each nurse to reach out to their alma mater, whether it is in Florida or not, and see if you can get involved with the students in any capacity. I've had the privilege of meeting tremendous nurses from all specialties of nursing and I'm continually inspired by their dedication and devotion to nursing. Nursing students are the future and your impact on them will be felt. From the smallest gesture to the grandest display, the work that you do with the students will shape the future of the field. I like to say that nursing is not only a profession but a lifestyle. It's up to us to share the caring we have with those who come after us.

Thank you,  
Christopher Demezier

Chris grew in Delray Beach Florida where he graduated from Atlantic Community High School in 2014 with a diploma from the International Baccalaureate program. He entered Florida Atlantic University (FAU) to pursue his BSN. At the same, he is pursuing his BA in psychology. He expects to graduate with both in the Spring of 2018. At FAU, he helped to create a tutoring program for underclassmen and became a peer mentor for said students. He got involved with his local Student Nurses Association where he was influential in rebooting our chapter as well as improving our bylaws. He is also a member of his College of Nursing's Student Council where he sits on a faculty committee as a student representative. In 2015, he was elected as the Florida Nursing Students Association's First Vice President where he coordinated volunteers for the national convention. At our annual convention, he was elected to serve as the Florida Nursing Students Association President.

## When to Cut the Umbilical Cord: Delayed Cord Clamping

Chelsea Borja



Immediate umbilical cord clamping versus delayed cord clamping (DCC) has definitely been a major topic of discussion within the field of labor and delivery (L&D) for many years. Today, it remains a significant debate amongst health care professionals about the safest practice on providing newborn umbilical cord care.

There is adequate evidence to support delayed umbilical cord clamping (approximately 30 to 120 seconds) in full term infants, rather than immediate cord clamping (15 to 20 seconds). Studies also show that DCC yields more benefits for the neonate's health because it allows maternal blood to continue to circulate to the neonate,

which increases the neonate's total blood volume (Thornburg, 2014). However, as many other health care procedures there are also risks to take into consideration of DCC regarding the neonate's overall health status.

The clinical question of significance is "In full term infants, how does delayed umbilical cord clamping compare to immediate cord clamping in regard to neonatal health outcomes?" This is significant to the profession of nursing because the timing of umbilical cord clamping has a direct impact on the development of the infant's health status during the first several days through the first few months of life. A delay in cord clamping for at least one minute after birth has not caused any harm to the mother and is associated with improved neonatal outcomes (Hill & Fontenot, 2014). L&D nurses, along with other members of the health care team are responsible for being knowledgeable of the current evidence-based practice of cord clamping. Nurses have a duty of being the patient's advocate and are responsible of educating parents about the potential risks and

benefits associated with each. Whether you're the parent or a L&D health care professional, nothing is more important than the first few moments of a newborn baby's birth. Therefore, it is important to look at how to ensure their adjustment into extra-uterine life is as pleasant as can be and properly handled when deciding to clamp the umbilical cord.

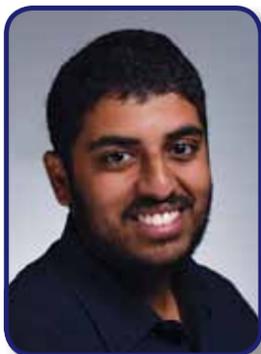
Chelsea Borja is a Bachelor of Science in Nursing student at Florida Gulf Coast University. This article was written in partial fulfillment of NUR 4169 Evidence-Based Practice. The author may be contacted at [csborja9059@eagle.fgcu.edu](mailto:csborja9059@eagle.fgcu.edu).

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## Our Experiences in Global Health Nursing

Nigam Reddy and Rachel Kelley



Nursing does not have to be contained within the walls of a healthcare "institution." Nurses can provide care in even the most modest of settings. Global nursing is an opportunity for nursing students to gain exposure to various cultures and become familiar with their health practices. It is a great way to hone your cultural competency skills and truly learn the practice of holistic care. We want to express to fellow nursing students the importance of practicing cultural humility and understanding the practices of the people you are caring for.

One step you can take to mastering your cultural competency is by communicating with a local community, using cultural humility when

discussing their health. The nurse should be open to their cultural identity and approach the interaction without any preconceived judgements or biases. This process includes knowing the language of the people you are caring for. If you cannot speak the native language, having a certified interpreter is critical.

Another key aspect in building your cultural competency repertoire is understanding how to approach the patient interview when caring for a person whose cultural practices you may not be familiar with. You want to build a brief foundation of their daily routine, which can include their spiritual practices, diet, and work life. The social structure and support of the patient's family and friends may be more important than you initially realize. Understanding these practices influences their physical, mental, and social well-being.

Thanks to our wonderful professor and mentor Dr. Rhonda Goodman, associate professor at Florida Atlantic

University, we have had the opportunity to take part in global nursing initiatives in Guatemala on multiple occasions. Dr. Goodman recently opened this opportunity to undergraduate BSN students at FAU and has, to date taken more than 50 undergraduate students to serve the indigenous Mayan population in rural Guatemala.

Global Health Nursing continued on page 8



# Student Forum



## Miami Dade College Peer-to-Peer Mentorship Program

Still Hernandez



Robert Kiyosaki once said, "If you want to go somewhere, it best to find someone who has already been there." In my first semester at Miami Dade College, Benjamin Leon School of Nursing, I recognized the need of a formal mentorship program where senior students showed the incoming class the ropes. Miami Dade College,

Benjamin Leon School of Nursing, currently has one of the most respected nursing programs in South Florida. The nursing program is held in high regard because of the intensity and quality delivered by its professors and curriculum. Often students who are coming in for the first time are overwhelmed with reading multiple chapters for exams, reviewing PowerPoints, attending hours of classes, and practicing nursing procedures for clinical skill exams. An impactful moment during the first semester occurred when a friend was overwhelmed as she was new to college and not accustomed to the extensive reading and critical-thinking style exams. She suffered all semester but pretended to keep afloat because she was shy and embarrassed to speak up and find someone to help. She ended up failing and is now retaking the course. This is one of the typical challenges nursing students experience in their first semester while learning study habits, critical-thinking, time-management, and keeping up with coursework. In the

beginning, nursing school was also rough for me but with the help of a mentor late in the first semester, I learned there were various strategies that eased the reading material and other requirements. Had I known about this wealth of knowledge at the beginning of the semester, it would have been a game-changer. Recognizing the need of the program, in January 2017, I ran for President of the Student Nurses Association and together with members of the association, we formed a mentorship program which would minimize the risk of students being left behind. This peer-to-peer mentorship program is student-led and offers individual tips and strategies not offered in the traditional academic setting while cultivating a mentor and mentee relationship between students. The Mentorship program delivers a system which enables senior students to be paired with junior students and create a mutually beneficial relationship which increases the success of both participants throughout

nursing school. The Mentors meet with their mentees once a week for one hour at the discretion of the mentor during reasonable hours through different communication channels (face-to-face, skype, conference call, etc.). The mentors guide the mentees in their handling of different problems encountered and offer help and direction. We began a pilot program in summer of 2017 and students are pleased with the support of senior students.

*Still Hernandez is the current President of Miami Dade College Student Nurses Association at the Benjamin Leon School of Nursing. He will be graduating December 2017 and can be reached through LinkedIn. The current executive board members of MDC-SNA 2017-2018 are: Robert McAdams (Vice-President), Krystal Spaulding (Secretary), Michelle Laboy (Treasurer), Rostonia Moss (Historian).*



Global Health Nursing continued from page 7

During these trips, students provide relevant and culturally sensitive nutritional education, basic health screenings, and install more efficient cook stoves. Nursing students learn of the cultural practices of indigenous Mayan people, take part in a traditional Mayan shaman healing ceremony, witness religious processions, and tour UNESCO world heritage sites. We also learn about how NGO (non-governmental organizations) function and the considerations they take to truly provide culturally competent care.

Students not only greatly enjoyed providing care at the primary clinics, but also the stove installation projects. These stoves were invented in Guatemala to meet specific cultural needs of the locals. Many families we met still cooked all their food on an open fire in their home. When the new stoves are used, they funnel all the smoke outside of the home, drastically reduce the injuries incurred from the use of open flame, and take 60% less wood to achieve the same cooking temperatures, thus benefitting both human and environmental health. Through these experiences, we and our fellow nursing peers have learned the value of culturally competent care and the reality of global health nursing.

*Nigam Reddy is the Region 5 Director and Legislative Chairman of FNSA. He currently is a senior pursuing his B.S.N and a minor in Health Administration at Florida Atlantic University, Boca Raton Campus. Afterwards, he plans on pursuing his M.S.N as well as a Master in Public Health with a focus in Health Policy and Management.*

*Rachel Kelley, BSN is a recent graduate of FAU and is currently employed as an ER nurse. She also serves as the FNSA 1st vice president and is the former FAU chapter president.*

## Reflective Practice

Rosalie del Valle, BSN, RN



"My love for myself brings love and support to all my relationships" (Chin, 2012, p. 87). This is a simple statement affirmation that speaks to one's deeper self. Affirmations are simple "I" statements that are grounded on one's present reality that can serve as powerful tools in creating change and providing directions to one's desired future. These can serve as inspirations during a nurse's journey to being a transformational leader, and in shaping and honing one's reflective practice that is critical to nursing practice today. Reflection is learning from everyday experiences to know one's self better and how he or she would act to develop a desirable practice. It is through the realization of knowing one's self, one's abilities, strengths, weakness, and limitations can one truly participate in anything outside of him. It is the knowing of one's self that dictates how effective or ineffective one can be in the outside world. As nurses, we must know ourselves to practice our calling – are we prepared enough to deliver health care, physically, mentally, emotionally, and spiritually? We cannot give what we do not have – we cannot be compassionate caregivers if we do not love ourselves enough for it to spill towards others. We cannot advocate for the health, safety, rights, and protection of our patients if we do not practice the same concerns for ourselves. We cannot be models of health and life if we do not own and pursue a healthy lifestyle. We cannot set goals and plans for any of our patients if our

lives are wrecked and torn apart by misdirection and lack of planning. Again, we cannot give what we do not have. In reflective practice, we get to know our baseline. We learn and rejuvenate our mental faculties including the ability to critically think by using the opportunities to learn from our own experiences, so that we can apply them outside of ourselves. We learn which methods work best, sometimes through trial and error. We develop discernment; we practice sound judgment; we compare and contrast, and we learn from our mistakes. We examine our every day events to gain new insights, new knowledge, new ways to work around a certain problem, and a new conviction and confidence to continue and improve on what has been effective before. And at the end of the day, we pat ourselves at the back for accomplishing tasks, for choosing wisely among options, for practicing sound judgment, for learning from mistakes, and for promising to do better the next day. In other words, we love ourselves, we fill our empty tanks, we dispose of what's unhelpful, and we strive to move forward so we can emerge a better person tomorrow. We display caring for ourselves and that resonates with how we practice our profession. We journey towards transformational leadership and we use reflective practice to propel us towards that goal. And for me, repeating the above affirmation is an inspiration for us nurses to continue to do what we do and to reaffirm why we do what we do.

*My name is Rosalie del Valle, BSN, RN. I have been a nurse since 2011 and worked in Telemetry and Medical Surgical Nursing before transitioning to the Emergency Department at JFK Medical Center in 2014. I love the independence, critical thinking, swift action, and the high energy of the ER. I am currently a BSN-DNP student at Florida Atlantic University with a concentration on Family Practice. I am happily married and have 2 beautiful daughters and 2 hyperactive dogs.*

# Student Forum



## Physical-Virtual Patient Head

Salam Daher, Dr. Laura Gonzalez and Dr. Gregory Welch



The nurse recognizes it is time to call the rapid response team (RRT) when early stroke symptoms such as facial drooping, loss of arm control, and speech difficulties are detected (National Stroke Association, 2011). As part of the neurological assessment nurses check for facial symmetry, pupil size and ability to react, dysphasia, and

diminished sensation to touch. Currently training for neurologic symptom recognition is limited; current simulators and static task trainers cannot demonstrate symptomology due to limitation in current technology (Garside, Rudd, and Price, 2012). In the absence of the mannequin's capability to represent necessary medical cues this information is typically given verbally or using cue cards when participants ask for it. However, this intervention can disrupt the frame of realism and inhibit the learning process (Rystedt & Sjöblom, 2012).

At University of Central Florida we developed a Physical-Virtual Patient Head (PVHead) (Hochreiter, Daher, Nagendran, Gonzalez, and Welch, 2015) with dynamic imagery that is rear-projected to the head. The PVHead is capable of

showing dynamic facial expressions, face color changes, lip movement during speech, mouth opening, tongue movement, eye movement, and pupil changes to support different medical conditions and symptoms including neurological symptoms; such as an asymmetric smile, frown and grimace. The PVHead can communicate with a slurred or non-slurred speech, and can react to touch. A set of responses can be triggered from behind the control room to communicate with participants.

This spring nursing students from University of Central Florida participated in a study to compare the effects of the PVHead technology on learning, perception of realism, and social presence with the patient. Participants were randomized into intervention (PVhead) and control (typical simulation delivery) groups. Students in the intervention group received a brief report on a newly arrived patient exhibiting neurological manifestations. Students then interacted with the PVHead, affectionately named *Vera Real*. Learning objectives included performing a neurological assessment on a patient with an evolving stroke who is deteriorating. The simulation lasts 15min, after which the participants are debriefed and subsequently asked to answer questionnaires using a Likert scale. Preliminary results show that participants who were in the PVHead group were more excited to use the new technology, felt more in control of the situation, and perceived the PVHead as more realistic. We are interested to see if teaching neurological assessment using

the PVHead results in more effective learning outcomes than using a traditional mannequin alone. We are working on extending this work to a full body human patient simulator.



*Salam Daher is a PhD student in Modeling and Simulation and a Graduate Research Assistant at the Synthetic Reality Lab at University of Central Florida (UCF), focusing on healthcare simulation.*

*Laura Gonzalez, PhD, ARNP, CNE, CHSE is currently an Associate Professor at the University of Central Florida, College of Nursing. She is the simulation coordinator for the undergraduate program.*

*Dr. Gregory Welch is a computer scientist and engineer, with appointments Nursing, Computer Science (CS), and the Institute for Simulation & Training.*

The work presented in this publication is supported in part by the National Science Foundation (NSF Award 1564065). We also acknowledge the Link Foundation and the UCF Modeling & Simulation graduate program for their support of co-author Salam Daher via research fellowships, and Florida Hospital for their support of Prof. Welch via their Endowed Chair in Healthcare Simulation

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# Region News



**East Central Region**  
Brevard, Flagler, Lake,  
Orange, Osceola,  
Seminole, Sumter,  
Volusia

**Janice Hess**  
Regional Director

## East Central Region Update

Members and guests from the East Central region were invited to join the "Nurse Appreciation Night" at the Orlando City Lions soccer game on May 13, 2017. Those attending enjoyed seeing the Orlando City Lions play Kansas City at the new Orlando City Stadium while celebrating 2017 Nurse Week and the nursing profession. A thank you is extended to Vicki Sumagpang, MSN, RN, Director of FNA programs, for arranging another successful "Nurse Appreciation Night."

Ed Briggs, DNP, ARNP was co leader of the Florida Coalition of Advanced Practice Nurses at the April 8, 2017 at the University of Tampa. Janice Hess, DNP, ARNP was present as FNA's voting member. The group welcomed the FL Clinical Nurse Specialist into the coalition. The FNA is one of the founding members of the Coalition that was organized in March 2017.



**Florida Coalition of Advanced Practice Nurses meeting. From left to right: Gail Sadler, Edward Briggs, and Doreen Cassarino**

Paula Loats, BSN, RN, Clinical Liaison Cornerstone Hospice and Palliative Care shared her love of passionate and excellent end of life health care with members and students via Zoom, a video conferencing service as well as those



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attending the meeting at the FNA headquarters in Orlando FL on May 18, 2017. A big thank you goes to Marti Hanuschik, East Central Regional Program Coordinator, for coordinating this excellent program and refreshments.



**East Central Region May Quarterly Meeting**

Janice Hess DNP, FNP-BC, ARNP, East Central Regional Director, presented members and students attending the May 18, 2017 program on campus with thank you Nurse Week Bags. Janice would like to hear from the members regarding a program for 2018 Nurse Week as to whether or not they would like to have a celebration luncheon or dinner to recognize the "nursing heroes" who daily are in the "trenches" providing quality, compassionate care in the East Central FL Region. Presently there are no programs set up in this region to recognize nurses and Janice would like to hear your opinion on this topic. Please write or call her with any input you would like to offer year or nay in setting up an organized nursing week next year. ([janbhess@gmail.com](mailto:janbhess@gmail.com))



**Nurse Week Appreciation!**

Many East Central Region events took place over the summer. Doreen Perez, FNA Northeast Region Director, invited the East Central Region to join the Northeast Region to participate in the Quality and Safety Education for Nurses Institute (QSEN) on June 9, 2017 in Jacksonville, FL. This program was offered to FNA members in place of the joint nursing seminar that was to take place this summer.

On July 20, 2017, we offered a New Grad Support Session at the FNA Headquarters and via Zoom. New nurse graduates were asked

their opinion as to how FNA could assist them in their transition from academia to the bedside. Experience nurses also attended offering networking opportunities and support. Information gained from this meeting will be used to develop future programs that will encourage new nurse participation and engagement in FNA.



**From left to right: Kellyn Walters and Willa Fuller discussing concerns and challenges of New Grads.**

Dr. Jean Kijek offered insight into Therapeutic Touch at the August 17, 2017 East Central Region Quarterly Meeting. Janice Hess offered an update and encouraged participants to register and attend the 2017 Membership Assembly to be held in Naples, FL on September 29 – 30, 2017. Additional information was provided members regarding Florida Action Coalition and the importance of being involved in the future of nursing. Members were also encouraged to assist with the ongoing membership drive to build support for the FNA and its important advocacy work.

### Upcoming Events:

- September 29 – 30, 2017, Membership Assembly, Naples, FL
- November 16, 2017, East Central Region Quarterly Meeting
  - Mary Lou Brunell, Executive Director of the Florida Centre for Nursing will be our speaker. We will continue to offer Zoom so regional members can attend from home if unable to attend in person.
- December 3, 2017 (Tentative), East Central Region Christmas Brunch, Dubsdred Tap Room, Orlando, FL.

Please contact Janice Hess regarding any honors or awards you have received so that you can be recognized in The Florida Nurse regional quarterly articles. Additionally, please let me know of any research with which you are involved so that I can share that as well.

Thank you all for your hard work and dedication within our organization, community, and nursing profession.

Respectfully submitted,  
Janice Hess  
East Central Region Director



**North Central Region**  
Alachua, Bradford, Citrus,  
Columbia, Dixie, Gadsden,  
Gilchrist, Hamilton,  
Jefferson, Lafayette,  
Leon, Levy, Madison,  
Marion, Suwannee,  
Taylor, Union, Wakulla

**Marsha Martin**  
Regional Director

## North Central Region Update

The 7th Annual North Central Region Conference has been scheduled for Saturday, April 14, 2018 from 8:00 am - 4:30 pm at the Villages in Gainesville. Poster Abstract Submissions are now being accepted. Please contact Vicki Sumagpang at [vsumagpang@floridanurse.org](mailto:vsumagpang@floridanurse.org) for more details. We look forward to seeing you at our conference next year.



**Northeast Region**  
Baker, Clay, Duval,  
Nassau, Putnam,  
St. Johns

**Doreen Perez**  
Regional Director

## Northeast Region Update

We want to thank the Quality and Safety Education for Nurses Institute for opening up their program on June 9, 2017 to the Northeast & East Central Region members. This program was offered to members in place of the joint nursing seminar that was to take place this summer.

Respectfully submitted,  
Doreen Perez  
Northeast Region Director

# Region News



**Northwest Region**  
 Bay, Calhoun, Escambia,  
 Franklin, Gulf, Holmes,  
 Jackson, Liberty,  
 Okaloosa, Santa Rosa,  
 Walton, Washington

**Marion Marino-Meyash**  
 Regional Director

## Northwest Region Update

We, as nurses, need to become politically active. Why? We are greater than three million strong and the backbone of health care. We can make changes but we need to make our voices heard. There are a number of bills in the legislature that will affect us all. Be informed! We owe it to ourselves, our clients, and the community to be aware of the changes and how they will affect our practice. Come to the FNA meetings, attend the symposiums, and email me with ideas. The next Symposium will be in Niceville on Saturday, November 4, 2017 in Niceville, FL. Watch for the time to register at [www.floridanurse.org](http://www.floridanurse.org). Come and bring a friend, or two.

Email me at [jmmeeyash@gmail.com](mailto:jmmeeyash@gmail.com) or [jmmeeyash96@yahoo.com](mailto:jmmeeyash96@yahoo.com). Tell me your concerns, when the best times to meet and where it may be convenient. The northwest district is quite spread out. I work full-time but I am willing to adjust my schedule to accommodate, however, Saturdays are more favorable for me.

“The one path that never works is the most common one: doing nothing at all.” Seth Godin



**South Region**  
 Broward, Miami-Dade,  
 Monroe

**Debra Hain**  
 Regional Director

## South Region Update

Save the Date: 8th Annual Florida Nurses Association South Region Symposium and Awards Ceremony will be held on April 14, 2018 at Gulfstream Park in Hallandale Beach, FL. We look forward to seeing you at the symposium next year.

Respectfully submitted,  
 Debra Hain  
 South Region Director



**Southeast Region**  
 Indian River, Martin,  
 Okeechobee, Palm  
 Beach, St. Lucie

**Deborah Hogan**  
 Regional Director

## Southeast Region Update

We want to thank Keiser University, Flagship Campus, in West Palm Beach, for sponsoring the food and the location for us on August 1, 2017, to present the “Recognizing Impairment in the Workplace” presentation by Linda Smith, Executive Director of Intervention for Nurses (IPN). We look forward to working with Keiser University for many more Southeast Region events in the future. We also would like to thank Linda Smith for

taking the time out of her busy schedule to present such a much needed topic.

It has been a busy year for the Southeast Region. I hope you were able to join us for one of our activities – whether it was our monthly conference calls to discuss current issues, or one of our Programs, “The Healthy Nurse, Part II” with Debbie Hogan, “Recognizing Impairment in the Workplace” with Linda Smith or “Therapeutic Touch” with Dr. Jean Kijek!

Please plan to join us on September 29-30 at our 2017 Membership Assembly in Naples, Florida. The theme is “Promoting Health through Advocacy”, and we will be meeting at the Naples Grand Resort. Together as members we can work together to discuss issues and to plan our activities for the upcoming year.

We look forward to seeing you there and working with you next year!

Respectfully submitted,  
 Deborah Hogan  
 Southeast Region Director



**Southeast Region “Recognizing Impairment in the Workplace” IPN Event at Keiser University, Flagship Campus, West Palm Beach**



**Deborah Hogan, SE Region Director; Dr. Kelly White, BSN Program Director, Keiser University; Linda Smith, Ex. Director of IPN; Dr. Debbie Simmons, CNO, Keiser University; Vicki Sumagpang, FNA Director of Programs; Linda Allen, SE Region FNA Member.**



**Southwest Region**  
 Charlotte, Collier,  
 Glades, Hendry, Lee

**Theresa Morrison**  
 Regional Director

## Southwest Region Update

Thank you for the opportunity to serve as the Southwest Region Director for the past two years and for your help hosting the 2017 Membership Assembly. I want to send a special thank you to SON faculty members who support the FNSA. It is always a pleasure to have students’ attend our events.

You will be in good hands with the new director! The new director will carry on the Region leadership of over 200 SW Region FNA members. Besides the four regularly scheduled events at Miromar Outlets, HarborChase, American House, and Avow Hospice, remember any member in Lee, Collier, Charlotte, Glades or Hendry can plan an event anytime any place! I look forward to seeing you at our SW Region events. I’m only three hours away.

Be active in on the local level through community service, political involvement, healthcare advocacy or education.

If you are not receiving SW Region email, please contact FNA. SW Region email correspondence comes from FNA.

Respectfully submitted,  
 Theresa Morrison  
 Past Southwest Region Director



**West Central Region**  
 DeSoto, Hardee,  
 Hernando, Highlands,  
 Hillsborough,  
 Manatee, Pasco,  
 Pinellas, Polk, Sarasota

**Lisa Fussell**  
 Regional Director

## West Central Region Update

We want to thank Lisa Fussell for her service in the position of West Central Region Director for the time that she was able to lead over the last two years. Her knowledge, enthusiasm, and love of nursing will be missed on the Board of Directors.

Please join us at the 2017 Membership Assembly on September 29-30, 2017 in Naples, FL as the new West Central Region Director is inducted on the FNA Board of Directors. Be one of the first West Central Region members to meet and welcome him/her into their new position at the Membership Assembly Reception.



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# Nursing Community

## Florida Nurses Participate in AONE Advocacy Day in Washington, DC

The American Organization of Nurse Executives (AONE) hosted their annual AONE Advocacy Day in Washington D.C. May 17th. AONE's mission, "To shape health care through innovative and expert nursing leadership" was evident among the 100 participants from 25 states who made the trip. Florida AONE advocates included Jean Shinnors PhD, RN-BC, Executive Director at Versant Center for the Advancement of Nursing; Tammy Franqueiro MSN, RN-BC, Assistant Vice President, Versant; Yvonne Brooks, MSN, RN and Joyce Ryan DNP, NP, RN, VP Medical Affairs, Stryker.

All participants gathered at a welcome reception on May 16th where the discussion was focused on the many changes and challenges our country is experiencing to ensure that all Americans have access to quality healthcare. AONE Advocacy Day started early the morning of the 17th with AONE president Joan Clark RN, DNP, providing the opening remarks on the importance of nursing advocacy and helping participants to plan our strategy for the day. There was a training session on how to best use our scheduled 30-minute sessions with Florida legislative aides and representatives (Table 1). Advocacy participants then "stormed the hill" to meet with legislators and their representatives and present four (4) specific requests to promote and support access to health care. The first request is to include appropriations for Title VIII and National Institute of Nursing Research (NINR). These programs focus on providing loans, scholarships, and program support to more than 450,000 RNs and students. Of concern is the expected increase in demand for nurses and nursing faculty. Also, underserved communities are often the recipients of these programs. The second request is to support the Title VIII Nursing Reauthorization Act of 2017. The goal of this act is to "reauthorize and improve nurse workforce

programs," support advanced nursing education, diversity grants, and nurse faculty loan forgiveness. The third request is to support the Home Health Care Planning Improvement Act of 2017. Currently APRNs and PAs are not authorized Medicare providers to certify patient eligibility for home health services for Medicaid beneficiaries. This means they are required to have a physician certify eligibility, creating a barrier for hospital discharge that results in extended hospital stays and/or delayed home care services. An IOM (2011) recommendation is for APRNs to practice to the full extent of their license which is what this legislation supports. The fourth, and final, request is to consider joining the Congressional Nursing Caucus, which was established in January of 2003, following the signing of the Nurse Reinvestment Act into law. Its purpose is to inform and educate legislators on the issues important to nursing and the impact we have on health care. There are currently 81 House Nursing Caucus members and 11 Senate Nursing Caucus members. Unfortunately, Florida does not have representation in either the House or Senate but Congresswoman Ileana Ros-Lehtinen pledged her support.

Time spent with legislative representatives ranged from fully engaged to rushed and distracted, but overall it was an amazing experience and opportunity to directly discuss healthcare policy at a national level. It is critical nurses have a voice and are being heard during this time. We urge each of you to contact your local and state representatives to advocate for our profession and the patients for whom we provide care by requesting their support supporting



From left to right: Tammy Franqueiro, Yvonne Brooks, Congresswoman Ileana Ros-Lehtinen, Jean Shinnors, and Joyce Ryan.

legislation. Using your voice to share your experiences really does make a difference!

Table 1. Senators and Representatives

U.S. Senator Marco Rubio Florida	Eduardo Sagasa Legislative Aide
U.S. Senator Bill Nelson Florida	Kirstin Dunham Legislative Counsel
Congresswoman Ileana Ros-Lehtinen 27th District of Florida	Emanuel Saavedra Legislative Assistant
Congressman Brian Mast 18th District of Florida	Sarah Miller Legislative Aide
Congressman Thomas J. Rooney 17th District of Florida	Max Moody Legislative Correspondent

## Inspires Nurses to be more than Leaders in the Profession: Getting Involved to Make a Profound Impact on the Health of our Communities

The Florida Action Coalition is Re-defining Advocacy. It is important that all nurses are able to effectively influence change at a local, regional, organizational, systems, and national level. The Action Coalition believes that every nurse has the ability to become actively involved in shaping health policy. It takes creativity, clarity of intent, and

realizing opportunity to improve the profession and lives of the people of Florida that depend on us. Here is just one way our Southern region is coordinating nursing action to develop new policies:

The Florida Action Coalition Southern regions have initiated a pilot program to cultivate advocacy skills in the student nurse. South Region Advocacy lead and Nurse Educator Jannah Amiel, MS, BSN, RN is working alongside the Southwest, Southeast and South leads to bring advocacy lessons to the academic setting. In researching over 100 undergraduate nursing programs in these regions, less than 10 include advocacy as a core competence in their nursing curriculum. Creating a nursing culture that is enthusiastic and adept in nursing advocacy-- from the bedside to statewide health policy-- means capturing the future nurses and instilling this as a core nursing proficiency. Though the pilot program to transform nursing curriculum is presently underway, a prominent Broward county nursing program has readily adopted the changes suggested by Jannah Amiel. The team is looking forward to exciting and powerful outcomes.

Join us at: <https://www.flcenterfornursing.org/FL-ActionCoalition.aspx>.





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# SAVE the DATE

## September 28<sup>th</sup>, 2017

Florida Center for Nursing & Florida Action Coalition

The Florida Nursing Workforce: A Community Discussion

6-9 p.m.

Naples Grand Beach Resort

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# Nursing Community



## Florida Coalition of Advanced Practice Nurses

*(The Florida Coalition of Advanced Practice Nurses (FCAPN) is a coalition of Florida Nursing Organizations that represent nurses in advanced practice roles. The coalition works to remove unnecessary barriers to practice and to improve health outcomes in Florida.)*

The Florida Coalition of Advanced Practice Nurses (FCAPN) met on Saturday July 22, 2017 at the FNA Headquarters. The Coalition came together to talk with representatives of the National Council of States Boards of Nursing to discuss the scope and implementation of the Consensus Model for Advanced Practice Nursing across the nation. Joe Baker, Executive Director for the Florida Board of Nursing was gracious enough to also join the coalition for this important meeting.

The NCSBN representatives educated coalition members regarding the scope and parameters of the Consensus Model for Advanced Practice Nursing. The primary focus of their presentation was discussing how states coalitions and State Boards of Nursing can work with the NCSBN to advance implementation of the Consensus Model across the nation. The NCSBN shared their belief that Florida is a state that they feel has strong potential for the implementation of the Consensus Model.

The NCSBN representatives shared with the coalition that they have begun initial work towards a media relations campaign to educate communities and legislators about the benefits of the Consensus Model in improving health outcomes.

FCAPN discussed the plans of the NCSBN and looks forward to working with them to advance legislation in Florida to allow advanced practice nurses to practice to the full scope of their education and training.

For more information about the Consensus model visit: <https://www.ncsbn.org/aprn-consensus.htm>.

The FCAPN members also discussed the importance of advanced practice nurses in improve health outcomes in diverse communities in our state. In response to identified health care needs for Florida FCAPN decided to form a Practice Committee within the coalition with dedication to developing educational opportunities and resources to aide coalition organizational members to better meet these health needs.

In coming months FCAPN anticipates the development and implementation of targeted programs to support advancement of the Consensus Model. The coalition also anticipates working with community members to develop educational resources to advance improved healthcare access and outcomes for at risk populations within our state.



## Realizing the Health Industry Workforce Needs for Today and Tomorrow

During the first half of 2017, the Florida Healthcare Workforce initiative successfully developed a *Plan of Action for Healthcare Workforce Industry Challenges and Needs* that were identified by the Regional Councils in 2016. The Plan of Action was reported to CareerSource Florida and included the following list of policy considerations for implementation by: Healthcare Employers, Academia, CareerSource, State Leadership, Legislature and FHW members:

- Inclusion of soft skill development in K-12 academic programs
- Employers adoption of residency or other programs to assist new employees in their role transition
- CareerSource work with Department of Labor to rename their apprenticeship program to be more inclusive of professional roles
- State leadership implement changes to academic budget allocations to accommodate market competitive salary structures for all health professions
- Legislature implement incentive programs to encourage admission into academic programs leading to preparation for entry into faculty roles
- Support for legislation regarding the regulation of nursing education

In addition, a report on *Identification of Job Creation Strategies* has been completed. Information in the report includes prioritization and skills/education needed for the emerging and evolving roles identified in Year 2, as well as, Job Creation Strategies and examples of these strategies within the state of Florida. Two live webinars were held in June to share the information.

To view the two reports and recorded webinar visit the Florida Healthcare Workforce website

at [www.flhealthcareworkforce.org](http://www.flhealthcareworkforce.org) or contact Karin Kazimi, Project Director at [Karin@FLHealthcareWorkforce.org](mailto:Karin@FLHealthcareWorkforce.org).



## Addressing Nurse Workforce Issues for the Health of Florida

To Our Academic Colleagues,

As you may know, the Nursing Education Bill was signed into law and became effective July 1, 2017. This bill directs the Florida Center for Nursing to complete the following:

- an implementation study as described in statute,
- an evaluation of nursing program-specific data for approved and accredited programs,
- an evaluation of the Board of Nursing's implementation of application approval and accountability processes, and
- an annual assessment of compliance with accreditation requirement.

The Center is pleased to take on these responsibilities and looks forward to continued collaboration with the Board of Nursing and nursing program deans and directors in the state. As a result of this change, the Office of Program Policy Analysis and Government Accountability will no longer be surveying Florida's nurse education programs. Please note that we will begin data collection in October and directions to complete the survey will be sent to program deans and directors via e-mail. For more information on the Nursing Education Bill visit <http://www.flsenate.gov/Session/Bill/2017/543>.

To learn more about the Center's efforts to address Florida's nurse workforce issues visit <https://www.flcenterfornursing.org/>.



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# QUIN Council



## QUIN Council: Entry-Into-Practice Support Programs

Shirley C. Gordon, PhD, RN, NCSN, AHN-BC  
Nancey E.M. France, PhD, RN, AHN-BC

In the June QUIN Council Florida Nurse article, Neil (2017) highlighted the urgent need to address Florida's growing nurse workforce demands. To address these demands, the Florida Center for Nursing recommends encouraging bright, talented, caring people to enter the nursing field and increase efforts to retain them (FCN, 2016). What programs are helpful in retaining new graduate nurses (NGNs)?



Shirley C. Gordon

NGNs leave hospitals at a rate of 17% to 65% within the first employment year (Kovner, Brewer, Fairchild, Poornima, Kim, & Djukic, 2007; Pine, 2007). NGNs report lack of support to develop clinical decision-making and time management skills, manage role/job conflict, and cope with overwhelming stress (Al-Dossary, Kitsantas, & Maddox, 2014; Spiva et al., 2013). Stress factors include lack of confidence, difficulty with work relationships, frustrations relating to the work environment, lack of time and guidance for developing organizational and priority-setting abilities (Halfer & Grad, 2006). NGNs also report incivility leading to increased distress and cognitive distraction as a primary attrition factor (France, 2016; D'Ambra & Andrews, 2014).

Institutions struggle to determine which strategies successfully assist NGNs' transition into practice. Orientation programs (OPs) are the most commonly used strategy. Institutions typically design OPs using a one-size-fits-all approach to meet institutional needs. OPs vary in length from several weeks to 6 months. Brown, Burch, and Pillar (2014) encourage using a customized approach in planning OPs that focus on meeting individual NGN needs to improve new hire retention and mentor satisfaction.

The Institute of Medicine (2010) recommends implementing nurse residency programs (NRPs) to support transition into professional nursing practice and reduce turnover. There are many NRP models but most last six months to one year

(Bleich, 2012). Benefits of NRPs may include decreased nurse turnover rates and contract labor costs (Trepanier, Early, Ulrich, & Cherry, 2012; Little, Ditmer, & Bashaw, 2013; Welding, 2011), as well as increases in knowledge, critical thinking, improved communication, and confidence levels (Welding, 2011; Al-Dossary et al 2014).

The National Council of State Boards of Nursing offers a 6-month, e-learning program called Transition to Practice (NCSBN, 2017). This evidence-based program focuses on communication and teamwork, patient and family centered care, evidence-based practice, quality improvement and informatics courses for the new nurse. A preceptor course focuses on the critical roles of teacher, coach and protector.

Despite various entry-into-practice programs/models, NGNs continue to leave the profession. However, in one study, NGNs working in environments grounded in a nursing model versus a medical model perceived the environment as supportive and were more likely to stay (Rhéaume, Clément, & LeBel, 2011). France (2016) asserts redesigning academic-practice environments to reflect "a culture of caring and being-in-right relationship nurtured through caring theories in nursing" reduces incivility-related stress (p.183). In one example, Moffa (2015) presents a caring based OP focusing on *coming to know* the novice nurse. Creating caring based, academic-practice environments may be the key to reducing overwhelming stress associated with transitioning into professional practice and increase NGN retention rates.

Visit the QUIN Council website at [www.quincouncil.org](http://www.quincouncil.org).

Shirley Gordon, PhD, RN, NCSN, AHN-BC is a Professor of Nursing in the Florida Atlantic University, Christine E. Lynn College of Nursing. Her research focus is caring for persons experiencing stigmatized, chronic conditions.

Nancey E.M. France, PhD, RN, AHN-BC is the Assistant Dean, Bachelor of Science in Nursing Program, Florida Atlantic University, Christine E. Lynn College of Nursing. Her research focus is co-creating healing environments grounded in caring science.

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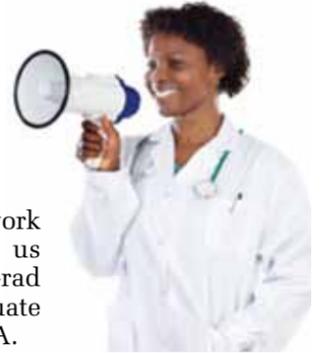
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## Mentorship: Support for your Future

### Characteristics of a mentor

#### Knowledgeable

In order to advise or council a novice, the mentor must be knowledgeable about the situation the novice is in. If the mentor has never worked in a similar environment, it may be difficult to give useful advice. However, a mentor can direct the novice to the appropriate person. Historically, a mentor is a person who has many (5-10 or more) years of experience.

#### Honest, Trustworthy

In some cases, the novice's expectations may be unrealistic. For example, if he/she is upset because they can't have every Sunday off for church, a good mentor may help them understand the staffing issues or help them explore other options. A good mentor can be honest while still allowing the novice the freedom to vent. The novice may want to share feelings or events that need to be kept confidential.

#### Emotionally Secure

Since a novice is often insecure and lacking confidence due to the "newness" of the situation, it is necessary for the mentor to show confidence and stability when communicating with their mentee. An insecure mentor can set the stage for a pattern of inappropriate behavior in the new professional. A good mentor will recognize when a situation has become "too personal" or too emotionally charged. This would be a good time to refer the novice to an objective third party.

#### Mature

The mature mentor would behave as described above. In addition, he or she would avoid getting "sucked" into the moods, emotions and behaviors of the novice. This is a good time to do some constructive problem solving techniques and help the novice analyze the situation.

#### Willing to Share

The mentor needs to be able to share both their negative and positive experiences, to help the novice know that good and bad things happen to everyone. In addition, the mentor may have some "goodies" that can help the novice. What you know and who you know can be of great value to others.

### Stages of the Mentorship Relationship

#### Initiation

May come with a formal introduction by a third party or from the potential mentor or novice themselves. Mentors often recognize qualities in a novice that could be developed. Less often the novice identifies someone who has qualities they admire or someone they would like to emulate personally or professionally.

#### Cultivation

A relationship is forged with some means of interaction. It may be planned, such as periodic lunches or dinner or it can be a formal meeting to discuss professional and personal plans. Often it is a chance meeting in the hallway or periodic phone calls. This must be determined and established by both parties.

#### Separation

The relationship changes or essentially ends. This is usually casual or occurs when the novice makes a career change/decision.

#### Redefinition

In most cases, the novice and the mentor become professional colleagues and/or friends. The degree of intensity of the relationship depends on the individuals. The mentor may still serve as the advisor in some capacity but the interaction becomes a dialogue rather than the novice-expert interaction.

### Mentoring Roles

- **Role Model:** Serves as an example for the novice.
- **Visionary:** Helps to identify "hidden talent." Helps mentee chart their course for the future.
- **Investor:** Willing to invest time.
- **Sponsor:** Open doors for the novice and introduce them to the right people.
- **Teacher:** Shares knowledge. Helps the novice get through rough times and Leads them to a brighter tomorrow.

### Rewards and Benefits of Mentoring

#### For the Mentor

- **Intangible:** Personal satisfaction, pride in the mentee.
- **Long-range:** Pride in mentees' future professional accomplishments.
- **Confirmation:** Of mentor's skill and expertise.
- **Challenge:** Provides mentor with stimulating challenge and gives renewed enthusiasm for nursing.
- **Reputation Enhancement:** Due to success of mentee.
- **Increase in power base:** Due to recognition of mentor's ability to influence others positively.

#### For the Mentee

- **Preparation for leadership:** Learn important qualities including ethics, accountability, and professionalism.
- **Learn necessary skills:** Communication, chain of command, process.
- **Learn implementation:** Of leadership behaviors and skills.
- **Provides:** Increased pride, self-confidence, enhanced self-esteem and secure self-image.

–Adapted from a presentation by Anne Peach, 1996

# Path to better patient safety leads through new Quality and Safety Education for Nurses (QSEN) Institute Regional Center at Jacksonville University

The call to action came in 1999, when the Institute of Medicine issued its "To Err Is Human" report estimating that as many as 98,000 people were dying annually from preventable medical errors. Urged on by an alarmed public, the health care system implemented procedures, policies and training to improve patient safety.

But almost two decades after the findings were announced by the non-profit institute, now renamed the National Academy of Medicine, the numbers aren't appreciably better. Preventable medical errors are the third-leading cause of death in the U.S., behind heart disease and cancer.

"Patient safety is in a state of crisis. I'm not sure where it is going," said Dr. Robert Wears of the Department of Emergency Medicine, College of Medicine, UF Health Science Center of Jacksonville.

Wears was one of the speakers at a recent Patient Safety Forum at JU bringing together hundreds of healthcare professionals from multiple disciplines to learn, and formally launching the new Quality and Safety Education for Nurses (QSEN) Institute Regional Center at Jacksonville University.

The JU QSEN is one of three regional centers in the United States dedicated to integrating patient safety into nursing education. The others are the College of New Jersey in Trenton and Case Western Reserve University in Cleveland, Ohio.

Dr. Teri Chenot, associate professor in the JU Brooks Rehabilitation College of Healthcare Sciences' Keigwin School of Nursing, and Dr. Roberta Christopher, assistant professor and Program Director of Health Informatics in the college's School of Applied Health Sciences, are co-directors of the regional center. Chenot is on the national board. Chenot said she hopes the QSEN center will bring new attention to this national problem as it provides training for nurses and other healthcare professionals from a broad region.

Nationally, QSEN started in 2005 at the University of North Carolina Chapel Hill with a seven-year grant from the Robert Wood Johnson Foundation. In 2012, the QSEN Institute moved to Case Western with the goal of establishing seven regional centers around the country.



The JU QSEN center, which will serve the entire Southeast, was made possible with a \$44,883 grant from Florida Blue Foundation.

"Patients have an expertise that we must acknowledge," said Dr. Mary Dolansky, director of QSEN Institute at Case Western Reserve. "QSEN is not a magic bullet, but we have a passion for improving patient care and inspiring students to be advocates of high-quality care."

Dolansky said it is not enough to train the next generation of nurses in the latest patient safety protocols, so QSEN is developing web-based training models for nurses that it hopes to make available to other healthcare professionals.

QSEN is starting to have a noticeable impact, with patient safety questions integrated into licensing exams and job descriptions.

"We want to move into orientation programs for clinicians and practices," Dolansky said. "We want to develop a new paradigm that puts the patient in the center of health care."

That kind of paradigm might have saved Dr. John T. James' son Alex, who in 2002 collapsed and died while running. He was 19.

James, a pathologist and toxicologist, began investigating and discovered a series of medical errors, including a misdiagnosis, failure to tell his son to stop running and not recognizing the need to give his son potassium to stabilize his heart rhythm. He also found basic poor communication between doctors and incorrect information in the medical records.

James chronicled his experience in the book "A Sea of Broken Hearts" and founded Patient Safety

America, a website and newsletter that advocates for new attitudes toward patient safety, including how patients can become more involved in their own care, select a quality hospital and deal with medical errors.

"There is no American healthcare system," James said. Instead, it's a collection of subsystems — Medicare, Medicaid, the VA — that is poorly regulated and is more focused on the needs of the provider than the needs of the patient.

Wears said patient safety is a multi-faceted problem. New threats are constantly arising as new drugs and procedures are introduced. It takes time to access problems and develop safety protocols to deal with them.

And a culture of moral superiority has developed within the healthcare system that resists input from other disciplines like psychology and engineering that could offer different perspectives and solutions, he noted.

Patient safety has become part of the medical bureaucracy, which has assumed that if procedures are broken down into simple steps and best practices established that everything will work, Wears said. Errors are blamed on people failing to follow the procedures.

"The truth is we don't really know what to do," Wears said. "Our solutions haven't worked, and we shouldn't assume we will always have the answers."

For more on the Quality and Safety Education for Nurses (QSEN) Institute Regional Center at Jacksonville University, visit <http://qsen.org/about-qsen/state-qsen-initiatives/florida-2/>.



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In addition to the keynote and the podium presenters, eight abstracts were presented by poster presentation. Each poster presenter was given 15 minutes to present their poster in front of the audience. This new presentation approach led to good conversation between experienced researchers in the audience and those who were presenting their work.

- Harriet Miller; Arnold Palmer Medical Center, a part of Orlando Health, Orlando, FL  
*Early Skin-to-Skin Contact on Women & Infants following a Cesarean Birth*
- Emily Kuhnlein Compton, Karen Gildemeyer, and Tina Mason; H. Lee Moffitt Cancer Center, Tampa, FL  
*Nurses' Caring Behavior: The Perception of Surgical Oncology Patients*
- Joanne Laframboise-Otto; University of Florida, College of Nursing, Gainesville, FL  
*Use of Music Listening to Enhance Pain Management in Patients Undergoing Orthopedic Surgery*
- Patricia Geddie; Orlando Health, Orlando, FL  
*Testing a Model of Predictors for End of Life, Readmissions, & Length of Stay in Adult Oncology Inpatients*
- Linda Amankwaa; Albany State University, Albany, GA  
*Master's Enhancement Creating and Sustaining a Culture of Safety*
- Paula Davis-Huffman; Florida Gulf Coast University, Fort Myers, FL  
*Empowering Undergraduates BSN Students to Change Practice*
- William Winter; Malcolm Randall VA Medical Center, Gainesville, FL  
*Development of a Nurse-Driven Protocol for Application of Preventive Sacral Dressings*
- Beth Pratt; Florida Atlantic University, Boca Raton, FL  
*Breastfeeding despite Darkness*

On Saturday, July 15, 2017, approximately 35 ARNPs, RNs, and nursing students attended the 2017 3rd Annual Evidence-Based Practice and Nursing Research Conference at Harry P. Leu Gardens in Orlando, FL. Dr. Mary Lou Sole, Dean and Professor; Orlando Health Endowed Chair at the University of Central Florida, College of Nursing pled the keynote session titled, *From the Halls of the ICU to the Researcher Hall of Fame*.



**Dr. Mary Lou Sole**

The planning committee had a large selection of abstracts to review and using stringent protocols chose three abstracts to present their research at the podium. The podium presenters were:



**3rd Annual Evidence-Based Practice and Nursing Research Conference**

- Rachel Joyner, MSN-FNP, RN, PCCN from Boca Raton Regional Hospital presented, *Creating a Healthy Work Environment through Bullying Education Interventions*.



**Rachel Joyner**



**William Winter**



**Linda Amankwaa**



**Sara Turpel**

- Sara Turpel, PhD(c), MSN, RN, CCRN-K, from University of Phoenix, presented, *Socialization during Shift Report for Newly Licensed Nurses in Critical Care*.



**Emily Kuhnlein Compton**

- Christine Swartzman, MSN, CNS, CCRN, ACCNS-AG, from South Seminole Hospital, a part of Orlando Health, presented *STEPPS Together: An ICU's Improvement in Team Skills During Simulation*.



**Christine Swartzman**

We would like to recognize and thank the Research Conference Planning Committee for reviewing the submitted abstracts and selecting the excellent podium and poster presenters.

- Lois Marshall
- Daleen Penoyer
- Daryle Wane
- Linda Amankwaa
- Gabriella Riccio
- Debbie Anglade
- Mary Ernst
- Tina Mason

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# The Power of Poop



**Barbara Russell MPH, BSHSA, RN, CIC, FAPIC**  
 Director of Infection Prevention and Control  
 Director of Sterilization and Linen  
 Baptist Hospital Miami

**Historically** – What has become known as fecal microbiota transplant (FMT) was first described 1700 years ago. It was an ancient Chinese researcher by the name of Ge Hong. He used what he called ‘yellow soup’ to treat his patients with severe diarrhea. The ‘soup’ was administered orally, possibly accounting for the failure of the technique to become widely known. During World War II German soldiers used camel stool to treat bacterial dysentery. The next time we hear of a suggestion for stool being used to treat severe diarrhea was more than 50 years ago when a nurse named Betty suggested taking normal stool from one person and implanting in a person with diarrhea. Her colleagues, physicians and nurses ridiculed her to the point she gave up her position at the hospital.

**Modern day** – In 1958 an article was published that indicated patients receiving this treatment had recovered from their antibiotic associated diarrhea. Despite the growing amount of evidence, it wasn't till 1978 that the value of FMT started to be widely recognized in treating an intestinal condition called *Clostridium difficile* resistant diarrhea. It still took several more years for it to become easier to have the procedure done in a

healthcare setting. In the interim fecal transplant spread on the Internet and many patients started doing by themselves with help of friends and relatives because medical doctors were unwilling to perform such a non conventional treatment.

The process involves using the feces of a well tested healthy individual, liquefying it and inserting into the bowel of an individual with *C. diff* diarrhea. It is usually through a colonoscope or enema.

Today studies show an 80% cure with first treatment and 90% if two treatments are needed. Most specimens now used for transplant come from a stool bank where the stool is frozen and sent to sites when ordered. Again, the feces are coming from a healthy well tested individual.

In 2013, after more than fifty years from Betty's action, FDA finally and reluctantly allowed doctors to perform fecal transplant for limited cases of *C-diff* infection. More specifically transplants for patients who are not responding to standard therapies for *C. difficile* infections which includes failing long term treatment with oral Vancomycin. The FDA continues to consider the procedure as use of an investigational new drug (INDs) and the physician must obtain adequate informed consent. During the years Betty enjoyed her peaceful life knowing that the mainstream of the medical community finally accepted fecal transplant, even for limited cases.

Though many individuals are colonized with the organism when they enter the hospital others can acquire it in the hospital. The organism most commonly is acquired through ingestion. Once a patient has it in their gut the most likely way for it to create the diarrhea is from the patient receiving antibiotics.

So as today's nurse Betty, what can we do to prevent our patients from acquiring and/or hence developing *C. difficile* diarrhea?

- 1) Place patients with unidentified cause of diarrhea on Contact Precautions in a private room till testing done. This means **any** contact with patient or their environment requires wearing gloves and a gown. After removal hands washed with soap and water. The spores that may be present will not be killed by handwashing but if they are present the friction and running water will wash them away. Some facilities say that after drying your hands to still use the alcohol sanitizer.
- 2) If test positive continue precautions and if negative revert to Standard Precautions.
- 3) Be sure room is cleaned daily and on transfer or discharge with a product containing bleach or one that says kills *C. diff*. Also, any equipment that has to be used on another patient should be wiped down by such a product.
- 4) Follow your facilities protocol for discontinuing precautions.
- 5) Educate the patient and their family regarding hand hygiene and precautions to take at home.
- 6) Monitor antibiotics and don't hesitate to ask physician if they are to be continued.

Unlike what happened to yesterday's Betty, you will not be ridiculed for doing as just described as it is all evidence based and proven to be effective if done properly. Let's go for "The Power of the Nurse."



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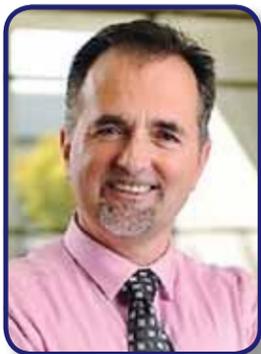
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# A Call to Relevance: What is FNA's Future?



**George Peraza-Smith, DNP, GNP-BC, CNE**  
West Central Region, Member

Change is difficult. Change creates fear and uncertainty. Personal reflection is often a time for examining one's choices and the resulting consequences. Thoughtful reflection allows for personal growth through the examination of one's actions. My mother use to say, "It is time for us to have a come to Jesus meeting." Well friends and colleagues, I am here to say it is time that FNA had a come to Jesus meeting. The forecast for FNA's future is uncertain. Our membership numbers are on the decline. We are an aging group of nurses who do not have many colleagues in the wings to take our place. New, young nurses do not see the same value of FNA that many of us older members value. We must find our emerging, relevant purpose for FNA. We must be willing to let go of our past-outdated beliefs and ideas. We must be willing to explore new, innovative ways of doing business.

In examining the strategic plan, ANA used the book by Coerver & Byers (2011) *Race for Relevance* as a catalysis for change. In the book, the authors challenge conventional association practices and provide a framework for taking bold action for driving future association success. ANA and state association leaders have embraced the concepts in the book as the framework to developing our preferred future (Delay, 2012). In the book the *Race for Relevance* framework for creating necessary change includes five components: overhauling governance, empowering the CEO and staff, rigorously defining member markets, rationalizing and simplifying programs and services, and building a robust technology program.

Change is difficult. Change creates fear and uncertainty. But change will come. The question for us is will we choose our path? We can stand back and watch our association continue to decline, to become obsolete and disappear from the landscape. Or, we can take this opportunity to determine our best course of action. We can choose to be relevant and determine our shared future. FNA can no longer strive to be all things for our members. FNA can use the *Race for Relevance* framework to guide our change process:

- FNA must reorganize and revamp our governance structure. We must create a governance structure that is flexible and nimble. We need to rethink how the association is governed. The FNA board should be smaller with a strategic membership to include new, younger members and members with specific skill sets.

- FNA must continue to empower our Executive Director and enhance staff competencies. The Executive Director should be responsible for decisions about what is to be done, how it is to be done, and who is to do it.
- FNA must rigorously redefine our member markets to determine the current needs of our members and provide those services that are relevant to them for today. FNA must let go those things that are holding us back and keeping us from realizing our fullest potential.
- FNA must rationalize and simplify our member programs and services. We must determine the services that add value while being flexible to every changing demand.
- As with most organizations today, FNA must continue to explore the use of technology to meet the needs of our members in a virtual and global world. We will be left behind if we do not invest in technology.

This is not a message of negativity or doom. This is a message of hope and opportunity. I challenge us all - to let go of our fears, to let go of our complacency, to let go our archaic ideas of what FNA should be. I challenge us to "feel the fear and do it anyway." We must find a new and different path for the association or we will not be here in five years. This is an exciting time. We have an opportunity to create our preferred future and to strengthen our association to meet the needs of our members now and in the future.

*George Peraza-Smith is an FNA member from the West Central Region. He serves on the Finance Committee and is Trustee with the Florida Nurses Foundation.*

### References

Coerver, H. & Byers, M. (2011). *Race for relevance: 5 radical changes for associations*. Washington, DC: ASAE.  
 Daley, K. (2012). *ANA's race for relevance*. Retrieved from <http://www.theamericannurse.org/2012/04/02/anas-race-for-relevance/>

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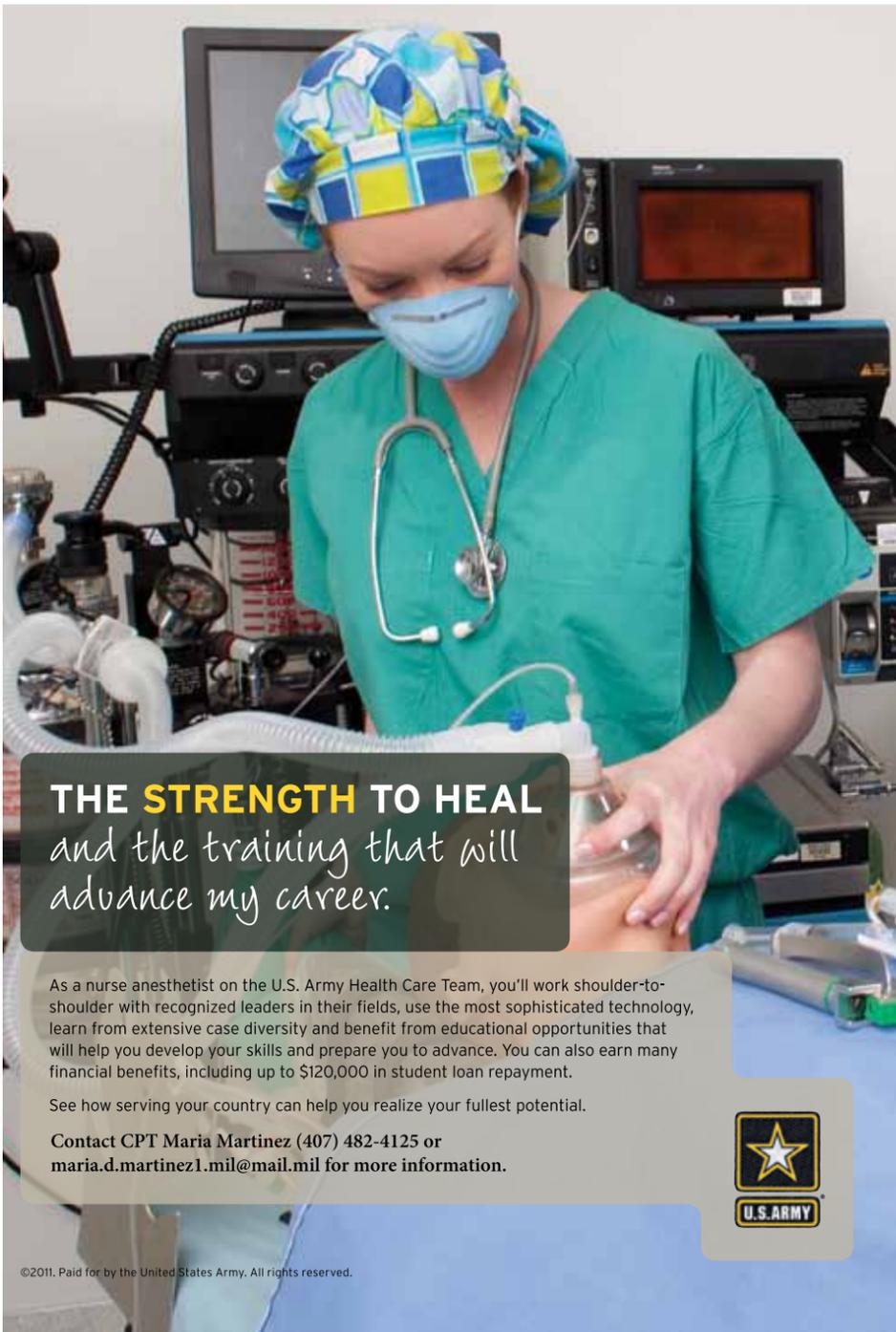
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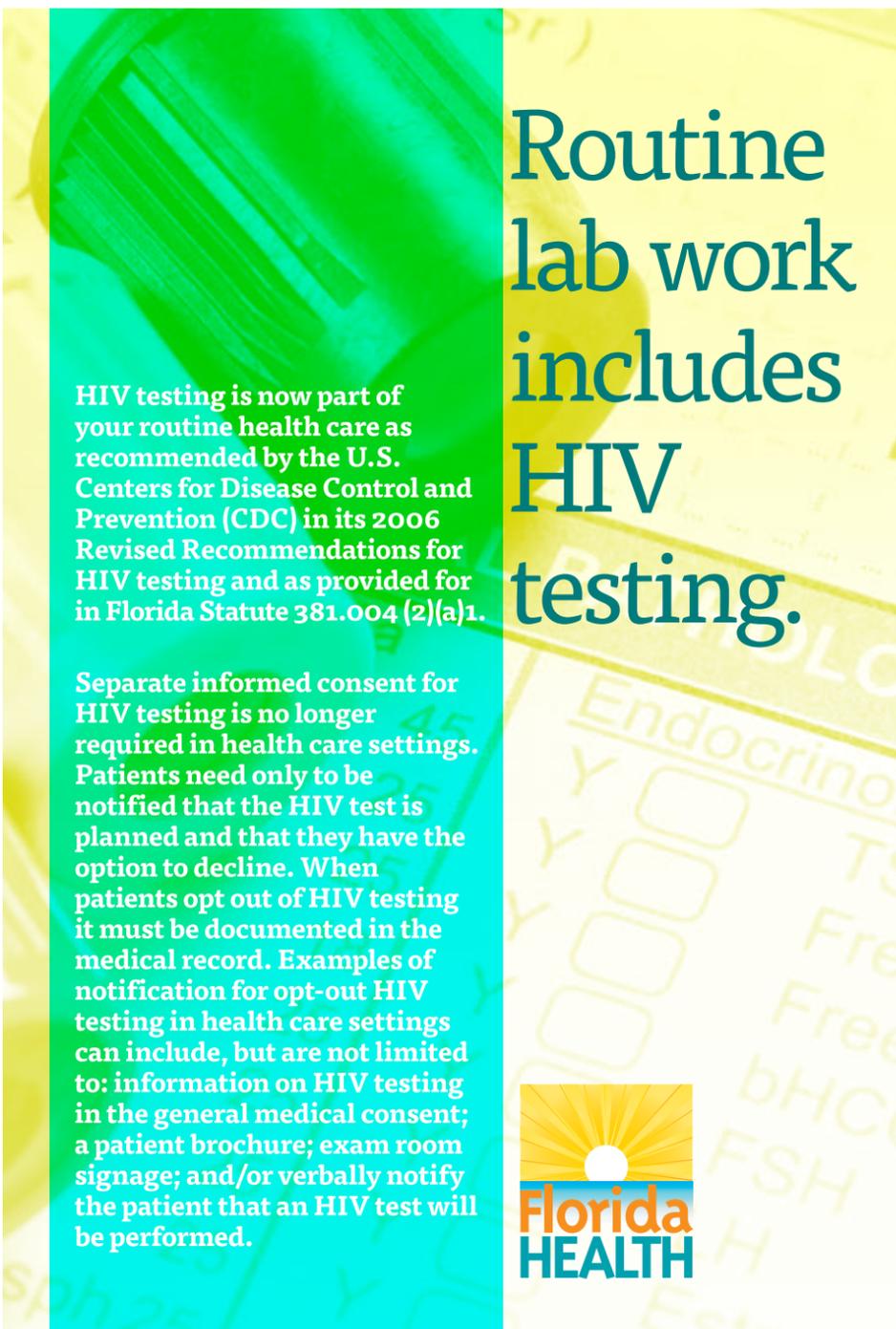
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