I Am TNA  
by Derenda Hodge, MSN, RN

The statement, “I am TNA,” was something that I pondered for several weeks as I reflected on writing this article or should I say, procrastinated about writing this article. So many thoughts came to mind. What does it mean to say, “I am TNA.” How did my involvement with TNA really begin and why? I will never forget my first introduction to the American Nurses Association and TNA. I was a nursing student in my senior professional issues class at UT Knoxville. This instructor taught me one of the most important lessons that I've learned in my 35 years of nursing—that every Registered Nurse has the responsibility of being a member of their professional organization.

Because of that instructor’s influence, I knew that I would always be a member. It was never a question upon graduation, even with my husband and me living on one salary with a young child. This is a decision that I have never regretted.

After graduation, I began working in a specialized area of nursing, Neonatal ICU. Within three to four years of graduation, a colleague asked me if I would consider accepting a position on the Board of District 3. I was amazed at her asking and wondered “why me? I’m so new to nursing. What would I have to contribute to TNA?” That one simple “ask” changed my career. It would have been so simple for me to stay (continued on page 3)

Nursing Across Borders

by Chelsea Nye

The doctor walks onto the hospital floor and his presence immediately changes the humid atmosphere. The young nurses simultaneously jump to attention as their knee-length skirts rustle softly against their white stockinged legs. “Good morning, sir,” they all chime. Their hair is slicked back into identical buns, framed by the quintessential nursing cap. He barely acknowledges them as he heads into the general ward. I remain seated, watching this scene unfold before my eyes that bears semblance to years gone by. This is India, and I keenly feel every one of those 8,650 miles right now.

Most people looked at me with a sense of incredulity when I told them where I was spending my summer, and rightly so. Travelling to literally the other side of the world, alone, to volunteer for two months during the summer between my Junior and Senior year of nursing school is not precisely typical per se; but it is sure a recipe for adventure, learning, and a whole new world of opportunities.

As cliché as it sounds, coming to India is best described as stepping into a different world. I was faced with this from the moment I stepped off the plane and took the ragged, door-less bus from the plane to the arrival terminal. The heat and humidity hit me like a wall, smothering my lungs, and left me to wonder if I was breathing air or water. The traffic was... interesting. Let’s just say that the lines in the road are more like guidelines. I spent the first month in Visakhapatnam, at the Ruth Deichmann Hospital that is run by the organization I went through. My first day at the hospital was overwhelming, as I was barely recovering from the jet lag that comes from flying across 10 different time zones. I am immediately struck with how they operate using only the most basic of resources. Soon thereafter, I realized that communication will be the bane of (continued on page 2)
that there are enormous differences in standards of care compared to our ever-changing western world of healthcare. Some of them can I attribute to culture, but knowing these cultural differences does not always make the transition easier or any less of a shock. Especially when I realized that my nice nursing shoes that covered and protected my feet must be left outside the OT and exchanged for flip-flops that are only used in that department. Yes, open, exposed, and someone-has-already-worn-those flip-flops that leave my phalanges understandably vulnerable.

After I donned my surgical frock, I walked barefoot into the OT to find some previously worn flip-flops. Nurses (in their gowns that are identical to mine) scrambled around prepping the room and the patient, a young boy, for a hernia repair. I looked at the anesthesiologist’s cart; it consisted of little more than a blood pressure monitor and pulse oximeter. I watched in shock as the nurses started IVs and gave medications without gloves. As I glanced around I realized why. The only gloves available are packaged sterile gloves, and those, come to find out, are only used for surgery.

In one sweeping instant, everything I had learned in nursing school about Standard Precautions had just flown out the window. How do you carry out standard precautions when you don't even have gloves available? I cringed inwardly every time a staff member picked up surgery utensils and rags (visibly soiled and covered in blood) with their bare hands, taking it to the sterilization room to be autoclaved. At every encounter, I tried educating and was met crushingly with blank stares indicating they had no more idea of what I was saying in English than I did when they were speaking in Telugu or Hindi.

The mornings I spent in the OT soon turned into weeks that had slipped by, with little more notice than the slowly changing weather indicating monsoon season had begun. Truth be told, I was little overwhelmed, and the collection of surgeries I witnessed slowly mounted up. Each surgery seemed similar to the last—the surgeon and scrub nurse put on the same cotton surgical gowns that had been washed and autoclaved from the previous day’s surgeries. The lack of basic resources continued to shock me on a daily basis. Very serious and contagious diseases, such as Tuberculosis, were lumped together in the TB and Chest Diseases Hospital, in open wards, with the windows open to let a breeze in indicating they had no more idea of what I was saying in English than I did when they were speaking in Telugu or Hindi.

Every day, I came to realize how grateful I am that did not burn going all the way down or make me cry at every meal. I came to realize how grateful I am for the opportunity to perform wound care. I missed the autonomy that did not exist, and the sterilization room to be autoclaved, and only then could I even begin to make my rounds to perform wound care. I missed the autonomy that was curable. You could treat anemia with iron and B vitamin supplements, but to go about treating the aftermath of polio? There are diseases that do not even exist, dirt streets to the health education programs that are only used in that department. Yes, open, exposed, and someone-has-already-worn-those flip-flops that leave my phalanges understandably vulnerable.

About the Author

Chelsea Nye is a senior BSN student at the Whitson-Hester School of Nursing at Tennessee Tech University, Cookeville, Tenn. She is currently set to graduate in May 2012. She and her eminent friends that serve as Director South are the National Student Nurses Association Board of Directors, in addition to being her school chapter's President. Upon graduation, Nye has plans to pursue graduate work in addition to studying health policy.
I am humbled by the opportunity to lead an organization that represents the more than 80,000 registered nurses in Tennessee. As I begin my term as President of The Tennessee Nurses Association (TNA), I want you ready to begin? I am speaking to longtime members of TNA, new members of TNA, as well as prospective members of TNA. I have the opportunity to lead this organization as we continue the mission of TNA, which is “to promote and protect the registered nurse and to advance the practice of nursing in order to assure a healthier Tennessee.”

There is much work to do. I think Albert Einstein’s words on work, “out of clutter, find simplicity; from discord, find harmony; in the middle of difficulty, lies opportunity,” describe the ideal way to approach many of the challenges facing the nursing community in general and TNA specifically. The Fall 2011 issue of the Tennessee Nurse contained several examples of this. It is not the challenges that I want to draw attention to, however, it is the way in which nurses effectively handled them. Carolyn Davis, the Chairperson of the TNA Practice Affairs & Health Policy Committee, chose to articulate her response to issues regarding membership dues honestly, directly, and positively, without being defensive. One of the strongest oppositions we hear to membership is the cost. 

I have experienced simple pleasures such as the joy of having lunch with my professor or with one of my colleagues that understands the struggles that we face every day in primary care settings and about the remarkable history that has taken place to allow us to have a voice in the legislative process. Nurses have enriched my career in more ways than I will ever know.

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Maybe you have heard this reason or used it as a reason for not joining TNA/ANA. Her position is “it pays to belong.”

We all know that anything worthwhile in this life costs something. I encourage you to visit the TNA website at www.tnaonline.org and peruse the site. I believe after a brief time, if you are not already actively engaged in supporting our profession, you will begin to see the importance of doing so. Joining TNA/ANA is a start. By increasing membership, we can increase the magnitude of the voice in which we advocate for the common good of the populations we serve, while building the practice and profession of nursing in our state and nation. Will you join us?

Wilhelmina Davis, Manager, TNA Government Affairs, reported on the 107th Tennessee General Assembly in the Fall 2011 issue of the Tennessee Nurse. She said that “while some would say it was incredibly challenging, others would say that TNA effectively stood its ground.” She also stated that “several legislators were less than cordial and it was clear that they did not understand the nursing profession.” This is an example of discord and difficulty, yet articulated as opportunity. Davis urged nurses to strive to educate, inform, and express the merits of their positions and how the passage of certain bills could affect nursing practice. She emphasized that we must contact our legislators while they are not in session to make them aware of who we are and let them know we are available for discussing nursing and healthcare issues. Davis noted the importance of thanking legislators for their willingness to listen and their time, even when they don’t agree with our position.

Convention attendees had the opportunity during our annual meeting in October to meet with legislators. We are thankful that four of Tennessee’s legislators accepted invitations to discuss issues of concern to the nursing community. They included State Representative Glen Casada (District 63, Williamson County), State Senator Tim Barnes (District 22, Cheatham, Houston, and Montgomery Counties 1), State Senator Doug Overby (District 8, Blount and Sevier Counties), and State Senator Kerry Roberts (District 18, Robertson and Sumner Counties). They also stressed the importance of nurses sharing their perspectives with them. They acknowledged they aren’t nurses and they rely on us to share with them facts they need to make informed decisions. They recommended getting to know your legislators before the General Assembly reconvenes in January 2012.

TNA and the Tennessee Board of Nursing are two separate entities with unique roles and purposes. The Board of Nursing (BON) has been given power to regulate nursing practice by the Tennessee legislature and their role is to protect the safety, health and welfare of the public.

TNA is a professional organization and the only organization that lobbies and advocates at the legislature to protect all of nursing practice. Founded in 1905, TNA began with the drive to develop and pass a law to regulate nursing practice. The first bill was introduced in 1907 and was defeated twice before successful passage on February 14, 1911, when the first Nurse Practice Act in our state became law. Today, the Nurse Practice Act regulates nursing and protects the public from unsafe nursing practice. The law includes a clear definition of professional nursing practice and necessary educational qualifications a registered nurse must have in order to practice. It also outlines the criteria schools of nursing must meet in order to gain approval by the Board of Nursing to educate registered nurses.

I challenge you to seize the opportunities before you. Join us together we can achieve what others consider impossible. Carry this quote from Cade Maxsim with you and be encouraged, “Risk more than others think is safe, care more than others think is wise, dream more than others think is practical, expect more than others think is possible.” Won’t you become a member of your state (TNA) and/or national (ANA) nursing organization today?

As I write this, I reflect back on what’s past...and what might be ahead as we move into 2012. I typically am not a New Year resolution person, but I can across a prayer by Kent M. Keith, EdD, that inspired me and I’d like to share it with you.

People are illogical, unreasonable, and self-centered. Love them anyway.

If you do good, people will accuse you of self-seeking ulterior motives. Do good anyway.

If you are successful, you will win false friends and true enemies. Succeed anyway.

The good you do today will be forgotten tomorrow. Do good anyway.

Honesty and frankness make you vulnerable. Be honest and frank anyway.

The biggest men and women with the biggest ideas can be shot down by the smallest men and women with the smallest minds. Think big anyway.

People favor underdogs but follow only top dogs. Fight for a few underdogs anyway.

What you spend years building may be destroyed overnight. Build anyway.

People really need help but may attack you if you do help them. Help them anyway.

Give the world the best you have and you may get kicked in the teeth. Give the world the best you have anyway.

So my wish for you in 2012 is that you love, succeed, do good, be honest and frank, think big, build, help others and give the world the best you have... anyway!
The Advance Practice Nurses Council held its annual meeting Friday afternoon and discussed several important legislative issues that could impact APRN practice in Tennessee. The introduction of a motion to be made on Saturday during the House of Delegates to change the current TNA APN Council to the TNA APRN Standing Committee was also discussed. The motion was made and unanimously passed by the House of Delegates on Saturday. The group also discussed plans to encourage more APRNs to join TNA and a possible educational spring meeting.

Keynote speaker Kathleen Bartholomew, MN, RN, presented Healing Nurse to Nurse Hostility and Creating Healthy Relationships. The Schools of Nursing Luncheon held in conjunction with the Exhibits on Saturday was once again a great success, giving attendees and exhibitors the opportunity to network and hear presentations on issues of interest to APRNs.

TNA & TASN Joint Convention Highlights

The House of Delegates took a moment to join together for a group photo when the House of Delegates was not in session. The Tennessee Nurses Foundation

During this year’s convention, the Tennessee Nurses Foundation (TNF) hosted a Silent Auction for the sixth year as the event has proven so successful in the past. Along with the Silent Auction, held to raise more money to fund TNF programs, TNF also received contributions from attendees. The total amount raised from the Silent Auction and convention contributions and pledges was $5,365.

Outgoing Past President Laura Beth Brown, left, gives the oath of office to the incoming TNA President Lena Patterson.

TNA Elections and Installation of the 2012-2013 Board of Directors

Election results were announced. Raycene Brewer was elected Secretary; the three members elected to the Nominating Committee included Brad Harrell, Chairperson, Carol Lowrance and Julie Hamm; and the ANA Delegates elected included Carole Myers, Laura Beth Brown, La-Kenya Kellam, Lena Patterson, Beth Smith, Marni Groves, Shelby Moore, Laurie-Acred Natelson, Linda Quillen, Angel Brewer, Clare Thomson-Smith, Kimberley Hickok (Alternate), Sharon Adkins (Alternate), and Marie Bredy (Alternate).

Officers of the 2011-2012 Board of Directors include Lena Patterson, President; Tommie Norris, Vice President; Beth Smith, Past President; Raycene Brewer, Secretary; and Christopher Bachus, Treasurer.

The TNA 2011-2012 Board of Directors includes the officers listed above and the following District Presidents: Brad Harrell, District 1; Angela Highwater, District 2; Margie N. Gale, District 3; Allison Neal, District 4; Billie W. Sills, District 5; Keisha Reid, District 6; Vacant, District 8; Angel Brewer, District 9; Suzette Renfrow, District 10; Doris N. Glasson, District 12; and, Janice Harris, District 15.

Although this search committee is inclusive, it does not discriminate on the basis of sex, national origin, age, color, religion, disability or marital status and is available to all qualified applicants for appointment to a DNP program. Tenure track placement requires a Doctorate.

More than 200 nurses and nursing students attended the 2011 TNA & TASN Joint Convention, Competence, Compassion and Civility: Cornerstones of Nursing, held October 14-16 in Franklin, Tenn. Attendees enjoyed the format for this year’s event and took advantage of the opportunity to network and hear presentations on issues of current importance to the nursing profession. The educational offerings during the Convention included many areas of current interest including compassion fatigue, the IOM’s Future of Nursing report and what it means to Advanced Practice Registered Nurses, empowerment, evidence-based strategies in addressing interpersonal violence, conflict management and other topics. The stimulating educational meeting offered a maximum of contact hours of excellent Continuing Nursing Education.

The opening HOD session was followed by a general session, Compassion Fatigue by Kate Payne, JD, RN. Payne is the Director of Ethics, Saint Thomas Hospital, Nashville.

Also on Friday, Tom Randles, who co-anchors Channel 4 News at 5:00, 6:00, 6:30 and 10:00 p.m. for WSMV in Nashville, served as emcee for the annual TNA Achievement Awards Luncheon. Also an accomplished jazz musician, he is now producing his fourth CD, currently untitled. Each year during its convention, the Tennessee Nurses Association takes time to recognize and honor those who have contributed greatly to the nursing profession and the organization. Photos of the 2011 TNA Award Winners are included in this issue following this convention coverage article.

The Tennessee Nurses Political Action Committee (TN-PAC) Legislative Panel Discussion members included, from left, State Senator Tim Barnes, District 22; State Representative Glen Casada, District 63; State Senator Kerry Roberts, District 18; and State Senator Doug Overby, District 8.

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The Tennessee Nurses Political Action Committee (TN-PAC)

The TN-PAC General Session on Sunday morning featured a Legislative Panel Discussion. During convention, The Tennessee Nurses Political Action Committee (TN-PAC) received $17,957 from donations and pledges.

The Tennessee Nurses Foundation

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TNA Award for Nursing Excellence in Nursing Education
Tami Wyatt, PhD, RN, CNE, of Knoxville, received the TNA Award for Nursing Excellence in Nursing Education.

TNA Award for Nursing Excellence in Nursing Administration
Christa H. Hedstrom, EdD, RN, of Ridgetop, received the TNA Award for Nursing Excellence in Nursing Administration.

TNA Award for Nursing Excellence in Advanced Practice
Peggy R. McConnell, MN, RN, GNP-BC, of Jonesborough, received the TNA Award for Nursing Excellence in Advanced Practice.

TNA Outstanding Employer Award
The Johnson City Downtown Clinic received the Employer of the Year Award. The award was accepted by Sue Reed, Clinical Director, on behalf of the clinic.

TNA Outstanding Legislator Award
State Senator Doug Overbye, Senatorial District 8, receives the Outstanding Legislator Award from Carole Myers, TNA District 2. The Outstanding Legislator Award recognizes an outstanding legislator who has demonstrated support of the TNA legislative agenda and the nursing profession, and who has promoted legislation which enhances adequate and safe nursing care and healthcare for the people of Tennessee.

TNA Special Lifetime Achievement Award
Dava H. Shoffner, PhD, RN, APRN, BC, of Knoxville, received the TNA Special Lifetime Achievement Award. This award recognizes a retired TNA member who has demonstrated outstanding contributions to nursing and TNA, continued participation in TNA and nursing, and achieved state and/or national recognition by the profession. This award is given by the TNA Board of Directors.

TNA Outstanding Member Award
Frances “Billie” Sills, MSN, RN, ARNP, of Johnson City, received the TNA Outstanding Member Award. This annual award is presented to the TNA member whose contributions most closely reflect the mission and goals of TNA and the nursing profession. The recipient of this award demonstrates professional leadership and service to TNA/ANA at district, state, or national levels, promotes TNA membership and political activity of nurses, represents TNA and the nursing profession through media channels, health organizations, business or government agencies, and initiates and supports programs and activities which promote nursing and TNA.

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

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

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

This year, TNA presented the Award for Nursing Excellence to winners in the four areas of Direct Care, Nursing Education, Nursing Administration and Advanced Practice Nursing.

TNA Award for Nursing Excellence in Direct Care
Mitchell Hathaway, RN, CEN, EMT-IV, of Johnson City, received the TNA Award for Nursing Excellence in Direct Care. Hathaway was unable to attend the Awards Luncheon and District 5 President Billie Sills accepted the award on his behalf.

TNA Presidents Membership Award
This year’s winner of the President’s Membership Award is District 9 with a 21.81% increase in membership. Linda McQuiston, District 9 member, pictured above, accepted the award.

John W. Runyan Jr. Community Service Award
Marion Donohoe, DNP, APN, CPNP-PC, received the John William Runyan Jr. Community Service Award, given annually by the University of Tennessee Health Science Center’s College of Nursing. The award is presented each year to a nurse who makes outstanding contributions to the development and promotion of health in the community. This award is not a TNA award, but TNA offers the UT Health Science Center the opportunity to present the award during the TNA Awards Luncheon.

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The Tennessee Nurses Association would like to acknowledge the following sponsors and exhibitors of the 2011 TNA & TASN Joint Convention.

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  - Drexel University Online
  - East Tennessee Association of Healthcare Recruiters

**by Brett Badgley Snodgrass, MSN, APRN, FNP-BC**

The Future of Nursing Report believes that nurses possess the most potential to effect wide-reaching changes. After all, nurses are the largest component of the healthcare workforce. Nurses spend the most time with patients, while understanding the care process across the continuum of care. Research links nurses, as well as APRNs, to high-quality patient care.

The Future of Nursing report sets forth four key messages to move the profession of nursing forward. While the report looks at a whole, Advanced Practice Registered Nurses (APRNs) have a huge responsibility in advancing the vision of the IOM. Let’s look at each key message, and how it relates directly to the APRN.

**Key Message #1—Nurses Should Be Able to Practice to the Full Extent of Their Education**

It is very clear that in order for APRNs in Tennessee to be able to practice to their fullest extent that barriers to scope of practice will have to be removed. It is important to note that our scope of practice needs no change. We simply need the barriers to our scope of practice removed, by achieving autonomous practice.

Many clinicians in the state are very eager to open the Tennessee Practice Act. We must be very careful, and our timing must be perfect. When the Nurse Practice Act is open, anyone can legislate to make changes to any part of it.

The question has been asked, “When is the right time?” That is difficult to say. Some legislative facts we all need to remember are that with the last election, quite a few older legislators, known to be friends of nursing, left Nashville. Tennessee also has many new freshman legislators. Why are these factors important? First, we need “friends” within the legislature, those who would be likely to vote in favor of nursing agendas. With their exit, this brought in freshman legislators who are not aware of the issues and need to be educated on nursing and APRN practice.

This means we, as APRNs, have our work cut out for us. I challenge each of you to reach out to your local legislators, invite them to your practice. Quoting Dr. Jan Towers, AANP Director of Health Policy, “Contact your local legislator, every time you take your Boniva.”

**Key Message #2—Nurses should achieve higher levels of education and through an improved education system that promotes seamless academic progression.**

One of the IOM recommendations for this key message is to increase the proportion of nurses with BSN degrees to 80% by 2020. As an APRN, we must encourage our fellow nurses to advance their education. Most all of us come into contact with entry level nurses with diverse educations. It is important that we educate nurses in the importance of advancing their degrees.

Another recommendation is to double the number of nurses with doctorate educations by 2020. As we are all aware, there are other recommendations to make the entry level NP degree a doctorate by 2015. We must remember these recommendations, not definitive at this point. Yet, advancing degrees is it our ONLY voice at the state the most up to date and professional care possible to the nation.

**Key Message #3—Nurses should be full partners with physicians and others in redesigning U.S. health care.**

In order for nurses to become full partners with physicians and other health care associates, we must work tirelessly to remove scope of practice barriers in the state of Tennessee. Nurses must see policy as something they shape. We must strengthen our voice in the state legislature, and make ourselves visible.

The IOM recommends that state boards of nursing, accrediting bodies, the government and health care organizations should take actions to support nurses’ completion of a residency after they’ve completed an advanced practice degree program. Whether we agree or disagree with this premise, this is one recommendation that has been made to support nurses being full partners in redesigning health care.

**Key Message #4—Effective workforce planning and policy-making require better data collection and an information infrastructure.**

There exists a needed balance of skills and perspectives among physicians, nurses and other health care professionals. Workforce data collection needs to be more specific within and across professions. Workforce planning is essential to preparing enough providers to meet America’s healthcare needs.

As we are well aware, Advanced Practice Registered Nurses have been providing personalized, high-quality, affordable care to patients for years. Advanced Practice Registered Nurses are expert nurses with advanced degrees. As APRNs, we, through our practice, can influence and shape the health care system. We must be the voice of the future of nursing report is Tennessee’s APRNs’ marching orders. We must each become involved in the movement. How can you become more involved? First, join TNA. It is our only voice at the state level. Secondly, contact your local legislators. Invite them to come to your practice, or to meet locally. Next, get involved in your regional APRN group. It is imperative that we work to develop relationships and network among themselves. Finally, educate other APRNs in your area. Let them know what is happening and how they can move the APRNs of Tennessee forward. It will take each of us to complete the task at hand, but with you we can do it!

**The Institute of Medicine Report: The Future of Nursing What It Means to the APRN**

by Brett Badgley Snodgrass, MSN, APRN, FNP-BC

The University of Tennessee at Chattanooga School of Nursing invites applications and nominations for a faculty position in the Doctor of Nursing Practice (DNP) Program.

Please send curriculum vita with a letter of interest to the DNP Coordinator within the School of Nursing at Joanie.Jackson@utc.edu.
I initially hoped to write a piece on Generational Differences in Nursing, however, I got inspired to change focus while searching for sources. I became frustrated, as most references of the Millennial Generation (those born between years 1980 and 2000) were not developed or published prior to the 2000’s. I was unable to find anything that seemed to truly represent the “Millennial Nurse.” So instead, I hope to characterize the Millennial Nurse and explore the need for this generation’s success in nursing.

Somer Young, BSN, RN

Millennial Nurses in the Workplace

TNA/TASN Joint Convention

October was an exciting month for TASN members. Several events occurred in which TASN has had an honor in taking part. It began with the TNA & TASN Joint Convention, Competence, Compassion and Civility: Cornerstones of Nursing. Nearly 200 nurses and nursing students gathered together in Franklin, Tenn., at the Franklin Marriott Cool Springs on October 14-16.

The convention started with a panel of professional nurses, a welcome reception hosted by TNA West Tennessee Districts, and the opening of the Tennessee Nurses Foundation Silent Auction. On Saturday, the audience was intrigued as it listened to keynote speaker Kathleen Bartholomew, MN, RN, share her experiences in Healing Nurse to Nurse Hostility and Creating Healthy Relationships. As the day continued, attendees strolled through the Exhibits and Schools of Nursing Luncheon sponsored by the Deans and Directors of several Tennessee Schools of Nursing. After the luncheon, TNA members and students broke into several different simultaneous sessions with some wonderful speakers. That evening, the halls filled with students and nurses alike for the poster presentations of different professional organizations, committees, teaching and test taking groups, and those that were there to inform on new and advancing technology in the medical profession. Then, TASN was off to learn how to run for state office and sit down with a round table discussion with TASN Board of Directors members.

The final day of the convention started bright and early with a dynamic NCLEX Mini Review from Hurst Review Services. Immediately following the review, voting for the new TASN officers took place. After voting, all attendees met together for the eye-opening TNF session, Generational Differences in the Workplace.

Overall, the convention was once again a huge success! Thank you TNA for all your support of TASN, and thank you to all the sponsors, exhibitors and Schools of Nursing that helped make this convention spectacular.

The newly elected 2011-2012 TASN Board of Directors includes: Brittany Conley, President; Madily Jenkins, Vice President; Cassandra Hofple, Secretary; Tara Vilicaca, Treasurer; Kristian Harkey, Breakthrough to Excellence Legislator Director; Taylor Anderson, East Regional Director; Rosza Branson, Middle Regional Director; Ginny Hundtrey, West Regional Director; Eric Howard, BSN, RN, TNA/TASN Liaison; and Ellen Morris, BSN, RN, TNA/TASN Liaison. Congratulations to all the new Board Members.

National Student Nurses Association MidYear Conference

While researching the Millennial Generation something became clear to me. Baby-Boomer writers and employers are having as much difficulty figuring us Millennials out as we are. Some literature lists enthusiasm and motivation as dominant qualities of this generation. While the next article one reads, rages incompetence and affirms that we are nothing without our coddling parents. What they can’t seem to figure out is we, or a generation of variance. Some members expect to be led through life by the hand and may never be able to handle adult challenges without exact instructions. Although, for the purpose of this article, these members are all but irrelevant. This is because, the last time I checked, “mommy” attendance is usually not welcome in nursing school lectures and clinicals (although some may try). Thus, an individual’s survival of nursing school suggests aptitudes for time, ensuring our learned sense of balance.

This distinction allows one to separate Millennial Nurses from peers, and assume a disposition possessing essential levels of integrity and motivation. Despite these competencies, questions of Millennial’s capabilities are rampant throughout nursing literature. Most authors look back on our parents’ generation and their success and assume this will be us and an incapacity to critically think. This is in addition to being frequently described as having generalized high expectations and lack of patience. This generation is one of very high expectations, which lack of balance.

Many Millennials have a problem with a lack of patience, especially when precious time is not being fully utilized. There is a tendency of wanting things at our finger tips and getting annoyed when this is not the case. However, this issue may go back to the parents’ generation. As this, how else would one act but in a self-protective manner and enter the workplace with a disposition possessing essential levels of integrity and motivation. Despite these expectations of flexibility allowing for balance within family, work, social and benevolent areas of life.

Unlike previous generations, we were not led to nursing by romanticized stories of Cherry Ames. Millennials chose to be of those in need, while ensuring themselves a promising career that could potentially be planned around family life. This generation is at the very least, an observant generation. We are a generation of variance. Some members expect to be led through life by the hand and may never be able to handle adult challenges without exact instructions. Although, for the purpose of this article, these members are all but irrelevant. This is because, the last time I checked, “mommy” attendance is usually not welcome in nursing school lectures and clinicals (although some may try). Thus, an individual’s survival of nursing school suggests aptitudes for time, ensuring our learned sense of balance.

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But working with Millennials will be different than anything you have experienced, and I cannot refute all negative claims of the Millennial Generation, nor would I want to. We are opinionated, educated and vocal, and yet lack experience. We are unaccustomed to being told what to do or to coping with criticism. We are inherently passionate and on a mission to change lives and make the world a better place. Some may be short tempered and some may only being “passing through” your unit. We are a generation focused on the “here and now” and rarely make time for reflection (meaning most Millennials have yet to consider anything written in this article). In short, working with us is sure to be difficult. Yet with the proper mentorship and guidance, we Millennials have the capacity to maintain the profession’s excellence, while allowing for its evolution.

We are not afraid to bring up an issue in nursing history, capacity for success is crucial. According to the American Association of Colleges of Nursing, in 2012 over a quarter of RNs will be over the age of 50 and within a decade of average retirement age. Meaning, Millennials will inevitably steer the profession to new horizons of healthcare reform at a younger age than any previous generation. Yet, if young nurses’ creative voices are continually stifled, and hopes for a balanced life remain out of reach, then nursing could soon see a mass exodus. However, the key to success for Millennial nurses does not exist within the hospital wards. It instead lies with individual nurses of all ages, bearing in mind that no one wants this generation to fail. For if we fail, it spells certain disaster for aging boomers, who will need our care. So, in lieu of trying to curb Millennials’ lofty aspirations, encourage and mentor these nurses, as vulnerability is highest in the first years of practice.
The Tennessee Nurses Association’s special online subscription service LPNConnect continues to grow! This product for Tennessee’s Licensed Practical Nurses includes online services to help LPNs stay informed on issues related to their nursing practice and network with other LPNs across the state.

LPNConnect offers subscribers the following benefits and services:

- Access to an LPN only password protected area on the TNA website at www.tnaonline.org that contains articles and other information of interest.
- An LPN Listserv exclusively for use by LPNConnect subscribers to communicate with other LPN subscribers by email. Topics of discussion on the LPNConnect Listserv may include questions on nursing practice, the announcement of meetings and events of interest to LPNs.
- A monthly LPNConnect newsletter containing nursing related news.
- Webpages within the protected LPN area filled with other information of interest to LPNs in Tennessee, including important legislative information and updates on health policy development.

Subscriptions to LPNConnect are available for a special introductory price of $25 per year until December 31, 2011. LPNConnect is open to any LPN with a current Tennessee nursing license.

To subscribe, visit www.tnaonline.org and click the LPNConnect link on the left on the home page. You will purchase your subscription and pay online with a credit or debit card through a secure form. When your payment is processed, you will receive an email with instructions on registering for your account login and password.

We need your suggestions for additional content to include in the LPNConnect area! Please send your suggestions and feedback to cglass@tnaonline.org.

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Master of Science in Nursing (MSN) – Clinical Nurse Leader
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  - Acute Care Nursing
  - Family Nursing
  - Forensic Nursing
  - Nurse Anesthetist (Post DNP application deadline: September 1, 2011)
  - Psych/Mental Health Nursing
  - Public Health Nursing (Post MSN only)

Doctor of Philosophy in Nursing (PhD)
Deadline to Apply: February 1, 2012
- DNP/PhD
In November, the House and Senate Joint Government Operations committee met to discuss and make recommendations regarding new sunset legislation for the Board of Nursing (BON). The proposed legislation for 2012 will be to extend the sunset date, thereby re-authorizing the BON. The legislation would also re-configure membership to include Advanced Practice Registered Nurse and Registered Nurse representation in each of the nine congressional districts, one Licensed Practical Nurse (LPN) member and one consumer member. Additional elements of the bill would limit terms for two four-year terms, mandates that seven members be physically present for any summary suspension actions, and permit all current members to fulfill their terms.

Also in November, the Senate and House Joint Government Operations Committee on Rules met to hear presentation of the Emergency Rules relating to Pain Management Clinics. Although this committee could not make any changes to the proposed rules, the committee did hear testimony from TNA members whose clinics could be inadvertently affected by the changes. There will be a permanent Rules making hearing in December. TNA urges those who may be interested in the implementation of these rules to present their concerns to the Department of Health.

TNA also held its Annual Convention in Franklin, Tenn., in October, and it was a tremendous success. As part of this year’s Tennessee Nurses Political Action Committee (TN-PAC) agenda, a Legislative Panel was facilitated by Martha Clinton, TN-PAC Chair. The topic of discussion centered on improving the access, safety and quality of healthcare for all Tennesseans. The legislators addressed concerns relating to the removal of legislative barriers to practice, the importance of reauthorizing the Tennessee Board of Nursing, addressing the nursing faculty shortage and the issue of violence in the healthcare workplace. Our panel consisted of Senators Overbey, Barnes and Roberts and House Health Committee Chairman Glen Casada. The dialogue was a great vehicle for exchange of thoughts and ideas as our members were afforded the opportunity to hear from legislators away from the political arena of the Legislative Plaza. We extend a special thanks to each participant of the legislative panel and we look forward to having even greater involvement at next year’s convention.

In an effort to address the concern relating to incidents of violence in the workplace, the House of Delegates adopted the following resolution which authorizes TNA to bring forth legislation.

Resolution # 2011 - 01
Adopted 10-15-2011

2011 TNA Resolution on Workplace Violence

WHEREAS, The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as any physical assault, threatening behavior or verbal abuse occurring in the workplace. (NIOSH 1986); and,

WHEREAS, The healthcare sector leads all other industries, with 45% of all nonfatal assaults against workers resulting in lost work days in the US; and,

WHEREAS, From 2003 to 2009, 8 registered nurses were FATALLY injured at work (BLS, 2011); and,

WHEREAS, 2,050 assaults and violent acts were reported by RNs requiring an average of 4 days away from work. (BLS, Private Industry, State and Local Government, 2011); and,

WHEREAS, The Emergency Nurses Association (2009) reported that more than 50% of emergency center (EC) nurses had experienced violence by patients on the job and 25% of EC nurses had experienced 20 or more violent incidents in the past three years; and,

WHEREAS, ANA works to protect nurses from workplace violence in a variety of ways, including

(continued on page 10)
Government Affairs
(Continued from page 9)

lobbying for an enforceable Occupational Safety and Health Administration (OSHA) standard and pushing for informed state legislation; and,

WHEREAS, some states have implemented legislation for mandatory comprehensive prevention programs for healthcare employers and increased penalties for those convicted of acts of violence against nurses; and,

WHEREAS, Tennessee Nurses Association has had a long history in supporting initiatives that provide a safe work environment for nurses and other healthcare providers;

THEREFORE TNA will continue to advocate for the protection of healthcare providers from Workplace Violence.

Be it further resolved that:
TNA propose legislation to enhance protection of healthcare providers in the healthcare workplace by increasing penalties for assault and battery.  

2011-2013 LEGISLATIVE AND HEALTH POLICY STATEMENTS

The Tennessee Nurses Association (TNA) is the professional association representing Tennessee’s 83,101 registered nurses. This position paper outlines the basic philosophy of the TNA’s House of Delegates relative to health care policy which may be addressed by the Tennessee General Assembly and the U.S. Congress.

Mission: The mission of TNA is to improve health and health care for all Tennesseans, to promote and protect the ability of professional advanced practice registered nurses to practice to the full extent of their education and training.

TNA supports initiatives that assure the protection of human rights as outlined by the American Nurses Association’s Code of Ethics. (2010)

TNA supports a restructured health care system that ensures:
• Equitable and affordable access to essential health care services for all citizens and residents of the state;
• A standardized package of essential health care services provided and financed by public and private plans, including protection against catastrophic costs and impoverishment; and
• Direct access to a full range of professional registered nurses and other qualified health care providers who offer their services in a variety of delivery systems.

TNA supports the development and implementation of health policies that reflect the six Institute of Medicine aims; (safe, effective, patient-centered, timely, efficient, and equitable healthcare, 2001) and involvement of professional nurses in all aspects of policymaking related to health and health care.

TNA supports initiatives to remove barriers that prevent nurses from being able to respond effectively to rapidly changing health care settings and an evolving health care system through:
• Assuring an adequate and competent nursing workforce to meet current and projected health care demands;
• Collaboration with other professional and regulatory bodies to protect and advance nursing practice and quality patient care;
• Support of the Board of Nursing’s role as the state’s sole regulatory authority over all nursing education and nursing practice;
• Elimination of financial, regulatory, and institutional barriers to the practice of professional nursing;
• Participation of registered nurses on all local, state, and national health care advisory and policymaking boards and committees; and
• Oppose any activities intended to restrain the ability of professional advanced practice registered nurses from providing quality, cost-effective, and accessible health care to all citizens and residents of Tennessee to the full extent of their education and training.

TNA supports the implementation of the Institute of Medicine’s Future of Nursing: Leading Change, Advancing Health recommendations (2010), including but not limited to the following priorities:
• Ensure that nurses can practice to the full extent of their education and experience in the delivery of health care and decision-making about health care.
• Promote higher levels of education and training through seamless academic progression, interdisciplinary education of health professionals, and lifelong learning.

TNA supports the adoption of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education. (2008)

TNA supports efforts to have at least one school nurse available for every 750 students in Tennessee, consistent with ANA recommendations.

TNA supports initiatives that encourage adoption of the principles of the Magnet Recognition® leading to nurse excellence.

TNA supports programs and initiatives that provide a safe work environment, and advocates for facility rules that are consistent with ANA’s Principles of Staffing and Handle with Care programs (2009), including but not limited to the following:
• Promotion of nurse safety in the patient care environment;
• Staffing effectiveness plans;
• Whistleblower protection;
• Ban on the use of mandatory overtime; and
• Advocacy to protect nurses from workplace violence.

TNA supports ANA’s Scope and Standards of Practice (2010) for registered nurses and advanced practice registered nurses through:
• Enactment of statutory and regulatory revisions that will remove barriers to practice and enhance the role of RNs and APRNs in the care of people in Tennessee;
• Inclusion of APRNs as licensed independent provider (LIP) in hospital licensure rules, health plans, and health care facilities;
• Support “any qualified provider” legislation; and
• Enforcement of insurance laws in public and private sectors.

TNA is committed to increasing the participation of registered nurses in policymaking activities through:
• Promotion of continuing education to prepare registered nurse to become candidates for state and local elective offices and political appointments;
• Efforts to seek key appointments for qualified registered nurses as members of policymaking committees, commissions, boards and other entities; and
• Initiatives to educate, engage, and activate registered nurses across the state.

As a reminder, the next session of the 107th Tennessee General Assembly will reconvene at Noon on Tuesday, January 12, 2012. Please visit the Government Affairs link on TNA’s website at www.tnanaonline.org for legislative updates and other information as new bills will be introduced and considered.
I am concerned for my country as I observe the debates of the Republican candidates for President and the working of the U.S. Congress, read about the failure of the bipartisan “Super Committee” to reach an agreement on a deficit reduction plan, and listen to the various talking heads on the increasingly partisan and shrill evening talk shows. I am concerned about the tenor of our public discourse and that too many are unwilling to set aside self-interests and irrational positions for the common good. It is distressing to see an historical confluence of social problems exacerbated by partisan bickering, ineffective governance, and policies that are not reflective of the needs and values of most Americans. Our social policies, most of which are in essence health policies, are failing.

As I dissect the layers of dysfunction, the lack of civility and attitudes associated with civility seem to be the core of many of the problems we are experiencing. The definition of civility is elusive. One definition that I keep going back to is, “Civility is claiming and caring for one’s identity, needs and beliefs without degrading someone else’s in the process.” Civility for policymakers may be the key to bridging the common courtesy I keep hearing repeatedly, and it does not denote rolling over and playing dead. Civility means being open to hearing the perspective even when we have a strong aversion to what is being said. At the heart of civility is a true respect for others, a willingness to separate people from problems, and a desire to seek common ground as the starting point. I am concerned that the voice of the American public is being drowned-out by divisive public discourse by politicians and pundits alike. The distance between the citizens and the institutions that exist to serve them, including government and other public institutions and the press, is glaring. Recently the approval ratings for the U.S. Congress reached an all-time low of 13%. On this issue Republican, Democratic, and Independent survey respondents are united; there are minimal differences in responses across the political spectrum. Another poll showed that 68% of the country wanted members of the Super Committee to reach a compromise even if it included parts they did not agree with. The American public understands the need for change, but why is this being ignored?

Here in Tennessee, 2012 will be an important time of policymaking. As is typical in the even-numbered years, all of the Tennessee Representatives and one-half of the Senators will be up for re-election (and all of this will be played against the backdrop of a Presidential election). Our state continues to be challenged by the economic downturn and tough competition for scarce resources. Decisions about a Tennessee Health Insurance Exchange will be made. Plans for implementation of other provisions of the Affordable Care Act will need to be determined. Health reform, embodied in the Affordable Care Act and The Future of Nursing report from the Institute of Medicine, poses great opportunities for nurses. These opportunities, as they often do, also present significant challenges. At a time when circumstances and research findings support the need for a robust practice of nursing, we are faced with serious threats to current practice. We have a long way to go to respond to a key message of the IOM report, nurses should practice to the full extent of their education and training. We have been confronted with bills in the last few legislative sessions that would curtail nurses’ current practice and thwart the efforts for nurses to realize their professional potential to improve the health and health care of Tennesseans. This makes no sense given the pervasive problems associated with the state’s low rankings on so many measures related to health outcomes, health determinants and utilization. Resources are scarce. Needs are great. We need to mobilize nurses to meet the opportunities and challenges of health reform. Nurses must be part of the solution.

The path for some of the changes needed passes through the Tennessee Legislature. I am challenging all nurses in Tennessee to heed the suggestions for more civil policymaking. We need a new approach to how we accomplish our mission to promote and protect registered nurses and to advance the practice of nursing. We need to accept and respect that other thoughtful and caring people have different and valuable opinions.

• We need to accept and respect that other thoughtful and caring people have different and valuable opinions.
• Listen! As you listen, identify common interests and discuss diverging interests in a respectful and meaningful way.
• Work to focus discussion on the practical, doable, and sustainable solutions, not personal attacks or an endless rehashing of what is wrong. Commit to working together in a meaningful way to produce results.
• Seek win/win solutions whenever possible; refrain from the use of threats and force. Compromise is not a sign of weakness.
• Use relevant and reliable data as a tool to understand problems and forge solutions. Policymaking needs to be informed by facts and research.
• Avoid imputing bad intentions to others (unless it has been shown they truly have had bad intentions!). Do not vilify those who have a different perspective than yours.
• Agree and adhere to processes which are equitable for all stakeholders. Be truly inclusive and fair in appearance and fact!

The nurses of Tennessee need to engage in more effective discussion, understanding, and shared decision making as we work with all stakeholders to support nurses, patients and Tennesseans. We live in an increasingly complex and pluralistic society. The problems we are confronted with have deep-rooted realities and their solutions are multi-factorial. Conflict is an inherent and essential component of political processes. A commitment to civility does not change the tough issues we face, the hard choices that must be made, or the invariability of differences of opinions. Civility does change the way issues are addressed and how we interact with each other.

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One Person CAN Make a Difference
You Are the Missing Piece
TNA’s Member-Get-A Member Recruitment Campaign October 1, 2011 – September 30, 2012

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

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

Prizes: How to receive credits are listed above
- First Place*: Second Generation 32GB iPad—TNA members with 20 or more credits will be placed in a drawing for the first place prize.
- Second Place*: $100 Visa Gift Card—TNA members with 10-19 credits will be placed in a drawing for the second place prize.
- Third Place*: $50 Visa Gift Card—TNA members with 1-9 credits will be placed in a drawing for the third place prize.
- Drawing from all TNA members that sponsored a new member*—TNA members will be placed in a drawing for a one-year FREE Full TNA/ANA membership renewal. For every new member sponsored, your name will be placed in the drawing. The more new members you sponsor, the more chances you have to win!
- Puzzle Keychain: Every TNA member that sponsors at least one new member will receive a TNA puzzle keychain.

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

Please call TNA at 615-254-0350 or email kdenton@tnaonline.org to have a recruitment packet sent to you.
La-Kenyah Kellum, DNP, RN, NE-BC, CNML, has been selected to be an item writer for the American Organization of Nurse Executive (AONE) Certified in Nurse Manager and Leader (CNML) self assessment evaluation practice exam. Kellum also presented a poster presentation entitled Evaluating Therapeutic Boundaries Among Bedside Nurses at a Pediatric Hematology/Oncology Research Hospital in October 2011 during the Nursing Management Congress in Las Vegas.

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2012 TNF Scholarly Writing Contest

The Tennessee Nurses Foundation is sponsoring a scholarly writing contest for TNA members. A $1,000 award will be presented to the winner as part of the celebration of Nurses Week 2012.

**Criteria:**
1. Registered Nurse
2. Contest applicant must have been a continuous member of TNA for at least one year prior to entering the contest.
3. Paper is publishable as submitted.

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

A completed application must include:
1. All applicant contact information including email and TNA identification number.
2. Two (2) copies of the manuscript.

**Deadline for submission:**
March 31, 2012.

**Submissions must be postmarked by this date. Fax submissions are not accepted. Entries will be judged by blind review by selected nursing experts. The winner will be notified by certified mail.**

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

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Sally Blowers was instrumental in my decision to return to East Tennessee State University, re-entering the nursing program, and obtaining my BSN after a difficult time in my life. She also encouraged my desire to pursue my MSN (ED) which I am nearly finished with. I plan to continue and obtain my DNPc. Blowers was honored by Mary Mattioda.

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