The purpose of the AANP Fellows Program, in support of the mission and vision of the AANP, is to impact national and global health by engaging recognized nurse practitioner leaders who make outstanding contributions to clinical practice, research, education or policy.

Greetings from FAANP Chair

Mary Jo Goolsby, FAANP

Chair’s message

Welcome to our last Forum for 2017! The Forum has been an important communication vehicle for the FAANP since it launched in early 2010. Dr. Mary Neiheisel was appointed to chair the newsletter committee in early 2011 and has never missed an issue! Did you know that Mary personally compiles and formats the many contributed columns to create this great resource? What an incredible contribution to FAANP. Thank you, Mary!

My favorite part of the Forum is the section listing achievements and contributions made by individual Fellows. I am always amazed and inspired by the work shared by so many. The very first issue of the Forum included one page of achievements! If you have not shared a recent achievement, please make sure to submit for the next issue, which will come in the first quarter of 2018.

Of course, this issue includes information about the upcoming Winter Meeting, updates from the History Committee and Fellows Column Committee, and much more. So please take time to read this issue to learn more about the contributions of your FAANP colleagues and future opportunities for your engagement.

Finally, please watch for announcements concerning the launch of the 2018 FAANP Mentorship application period in early January. We hope that you will help to promote this opportunity to NPs who would benefit from a one-year, goal-oriented mentorship.

Mentorship has been a major priority for FAANP since its inception. The FAANP Mentorship Program launched in 2006 and has contributed to significant professional growth among dozens of participants in areas such as health policy, research, program development, publication, and others—all possible thanks to our volunteer FAANP Mentors. The 2018 FAANP Mentorship Committee members are Lissa Barker (co-chair), Pat Kelly (co-chair), Kris Diggins, Yvonne D’Arcy, and Josie Weiss. They will be recruiting Mentors to match the applicants’ needs by the end of February. So stay tuned!

Best Wishes for Great New Year! Mary Jo
In September, the Executive Committee hosted a Think Tank to explore the FAANP's focus on *Stewardship of the NP Role*. Attendees included members of the executive committee; the past-chairs council; AANP’s president and CEO; and Fellows selected to represent the perspective of educators, regulators, certifiers, accreditors, and emerging specialties. Our discussions were informed by the 2016 Visioning Think Tank in which the theme of Stewardship arose, and the detailed feedback collected through discussions related to stewardship and future FAANP activities during the 2017 Winter Meeting.

As we revisited these discussions, we realized the potential for FAANP to contribute to AANP’s mission and how much opportunity lies ahead. Specific to Stewardship, we considered what AANP Fellows, collectively, could do differently or better than others in stewardship of the NP role. The group identified that by engaging and convening NP leaders from diverse settings with proven expertise in education, practice, research, and policy the FAANP is uniquely able to lead advancement of the NP role, communicate our collective expertise, and to recruit, develop, and support NP leaders. Yet we have key challenges in achieving our goals. These challenges include reluctance to “let go” as new leaders emerge, underutilization and limitations of our existing infrastructure, focus on individual rather than collective contributions, and an underdeveloped vision and goals for FAANP.

Based on these challenges, the FAANP EC has committed to focusing efforts on four key strategies, bulleted below.

- Clarify and focus FAANP’s role in stewardship
- Ensure that infrastructure meets our needs
- Increase active engagement
- Recruit and support emerging leaders

Within these four strategic areas, several goals were identified. The EC is working on select goals now; work groups will be appointed to address others, starting with the 2018 Winter Meeting. A separate article on the upcoming Winter Meeting summarizes the variety of work groups that will be convened. Going forward, we hope to actively engage all of you in meeting FAANP goals.

**FAANP Leaders and Visioning Meeting**

Front row: (L-R): Ken Wysocki, Nick Barnett, Charon Pierson, Judith Berg, Randall Hudspeth, David Hebert
Back row: (L-R): Diane Seibert, Diane Padden, Anne Thomas, Lorraine Reiser, Jean Aertker, Joyce Knestrick, Mary Jo Goolsby, Lorna Schumann, Susan Ruppert, Mona Counts, Sue Hoyt, Janet Dubos, Mary Ellen Roberts
2018 Winter Meeting—Prepare to Be Engaged

Diane Seibert, FAANP

The members of the Winter Meeting Planning Committee have created a very exciting (and very different) agenda for the 2018 FAANP Winter Meeting. A brief description is provided here, but an email with a detailed agenda is coming soon.

PLEASE NOTE: The hotel block is almost full, so register soon if you plan to attend!

The meeting includes three notable speakers, with unique messages that support the meeting theme of “Be the Difference”. Jerry Bridge, a well-known speaker and humorist, opens the meeting on Saturday morning, and will inspire us to make a difference through stewardship of the NP profession. Dr. Jeffrey Bauer, a well-known futurist and health economist (and honorary Fellow) opens the Saturday afternoon session with a motivational message on forecasting aligned with our theme of making a difference and stewardship. Dr. Penny Kaye Jensen will close the meeting with the Loretta Ford Award Address where she will share her role and strategies used to “make a difference” in achieving APN Full Practice Authority in the VA System.

In between the presentations participants will meet in small groups (a signup list will be available prior to the meeting) to work on issues identified in last year’s Winter meeting and at the AANP/FAANP Think Tanks. Thematic areas include ways that Fellows can: enhance FAANP programming; increase member engagement/governance; make stronger connections between education, practice, and certification; and more effectively support NP preparation. Over five hours have been set aside in the agenda for these very important small groups activities. Some groups may finish their work during the meeting, but others are likely to continue throughout the year, offering members who can’t attend the meeting the opportunity to contribute.

The Winter Planning committee heard your suggestions from last year that we find a way to increase social interaction, so the committee has planned activities to engage everyone, beginning with the Friday evening social and continuing throughout the meeting. Please pay special attention to the web link in the email where you can sign-up for shared group social activities on Saturday evening. New Orleans definitely provides a wealth of dining and entertainment experiences!

FAANP is a unique community focused on engaging NP leaders and truly making a difference in NP practice, education and policy. Please join us in New Orleans for the 2018 Winter Meeting where we will develop and strengthen friendships and collaborations, and fully embrace stewardship of the NP profession.

THANK YOU

2018 Winter Meeting Committee:

Diane Seibert (chair), Janet Dubois, Lauren Fleck, Jane Fox, Valerie Fuller, Elizabeth Kostas-Polston, Oralea Pittman, Lorraine Reiser, and Ken Wysocki
HAPPY BIRTHDAY, DR. LORETTA FORD

FAANP MEMBERS, EVERYWHERE,
WISH YOU THE
HAPPIEST OF BIRTHDAYS AND MANY
GOOD WISHES FOR YOUR
SPECIAL DAY!
LOVE, FROM ALL NPs
MERRY CHRISTMAS AND HAPPY NEW YEAR!

It has been a great honor to continue to serve as the continuing chair of the FAANP Forum. Our Newsletter team is excellent, so supportive, punctual, and informative. Every member is deeply appreciated. I am genuinely grateful to those who make comments and inquiries. It is your Newsletter so, please, let me know what you are thinking. The year 2017 has been another successful, rewarding year for Fellows and for NPs. Many of the international impacts are printed in this Forum. The list of accomplishments definitely expand with each issue. Additions in this Newsletter are by Leslie Faith Taub about a FAANP column and a column on Genomics by Diane Seibert and Ken Wysocki. Please, read, these will be additions to JAANP. A topic which has been suggested is the role of Nurse Practitioners in violence, prevention of violence, and assessment of clients to determine the violent tendencies of clients. Anyone have information, experience, research, or ideas related to these areas? Please, share.

We are always interested in columns, comments, and suggestions from our readers. Please, contact me via email mbn8682@louisiana.edu or telephone 337-482-6683 or 337-278-4241. Guest columns are always well received by readers. Send your columns: we’d love to consider for publication. The next Newsletter will be published in mid-March.

The year ends with Dr. Loretta Ford celebrating another birthday, many promises and hopes for the new year, and gratitude for our past.

From all of us with the FAANP Forum a very Merry Christmas and our very best wishes for 2018!
Global Health Forum in Taiwan

Taipei, Taiwan hosted the 2017 Global Health Forum with presentations by many international leaders in health care from nations in South East Asia, Europe, and USA. The theme of the conference was “Inspiration, Action and Movement: Implementation of the Sustainable Developmental Goals” (SDG). These goals were established by the United Nation/WHO in 2015 with the purpose of guiding nation/states around the world to improve the health care of their citizens, and address global health related problems. The goals have a deadline for accomplishment by 2030.

Goal 3, “Ensure healthy lives and promote well-being for all, at all ages” was the central topic of this forum.

The opening address by the Minister of Health and Welfare, Dr. S.C. Chen of Taiwan (Republic of China), presented the past history, and growth of Taiwan’s efforts to meet Goal 3 of the SDGs. The report highlighted the nation’s efforts to meet this, and other SDG’s. In a presentation comparing global communities, and their standing in meeting the SDG’s, the nation of Taiwan has demonstrated a very high percentage of accomplishments in meeting these goals. Prof. M. Moore, CEO of the Public Health Associations of Australia discussed if the SDG’s really deliver better health outcomes. Dr. A. Jahn of Heidelberg, Germany addressed the fact that “health” is really part of all policy making, and, Prof. J. M. Pelikan from Austria’s Public Health Institute looked at how health literacy facilitates reaching the SDGs. One example he used as a lack of literacy clarity was when physicians provide directions or talk with their patients about their health problems using terminology not comprehensible to the patient.

On the second day of the conference, Professor Annette Kennedy, President of the International Council of Nursing (ICN), presented the only topic addressing the workforce issue related to accomplishing SDG Goal 3. As she indicated, nursing makes up the largest group of health personnel in the world, and no one had mentioned these professionals with respect to Goal 3. She went on to note that there must be an allocation of resources for nursing’s education, and personnel distribution as a part of each nation’s pursuit of ensuring the promotion of healthy lives at all ages.

"Transformation of Integrated Care: Innovation - Advanced Long Term Care Training Project" was the title of Session 5 on the second day of the conference. This session was moderated by Dr. Shwu-Feng Tsay (Director-General, Department of Nursing and Health Care). Five interprofessional health leaders from Taiwan, USA, and Denmark reported on educational programs using the Train the Trainer format, and Prof. Annette Kennedy, President of ICN, led the responses, and Q & A session following the presentations.
Dr. Goodyear presented on the Train the Trainer (TTT) program, and discussed how it was initiated to prepare interprofessionals "how to teach caregivers" in Taiwan. Dr. P. F. Mu discussed how the TTT program on Evidenced Based Practice was carried out in Australia. Professors L. Ronholt, and M. Molder from Denmark discussed Podiatry, and a TTT program to train interprofessionals in the management of foot care for the aged patient. The final presenter was Ms. Y. F. Lu, a Nurse Specialist in Professional Home Care in Taiwan, had completed both TTT programs on how to teach caregivers, and foot care for the aged patient. She offered the best practices of foot care from the perspective of the clinician.

This conference provided a view of health care in the global community, and nations working toward accomplishing Goal 3 of the SDGs by the year 2030.

"Dr. Mu, Prof. Ronholt, Dr. Tsay, Prof. Kennedy, Prof. Molder, Dr. Goodyear, Mag. Huang, and Mag. Lee. 2017 Global Health Forum in Taiwan [October 22-23, 2017]."
“Not What the Doctor Ordered: The next 25 years”

Thanks to persuasive nudges from two former Deans of the University of Colorado College of Nursing (Dr. Loretta Ford and Dr. Sarah Thompson) and generous support from two Denver-based funding organizations (the Anschutz Foundation and the Colorado Health Foundation), I am proceeding full-speed ahead to bring Not What the Doctor Ordered into the 21st century. An extensively revised version will be published in mid-2018 by Taylor & Francis/CRC Press—a 25th anniversary edition! Hence, this FAANP Forum column requests your input on ideas and information that need to be incorporated into the revised work.

I am updating the book to help American consumers gain the full benefits of direct access to qualified health professionals who provide health services at least as well as physicians within defined, often overlapping scopes of practice. Recognizing that my request for your help might be seen as self-serving, I am pleased to report that all royalties from the 25th anniversary edition will be assigned to the Mental Health Nursing Endowment at the University of Colorado. Every royalty dollar from sales of the book will fund scholarships to provide mental and behavioral health training for advanced practice nurses. In other words, I will not get the revenue that normally goes to the author...it goes to nursing education instead.

Although it’s hard for me to believe 25 years have passed since the book’s original appearance in 1993, I’m pleased that the two previous editions continue to sell. (They are even being counterfeited!) I am particularly motivated to make major updates in the book’s analysis and recommendations because almost everything about the medical marketplace has changed a lot since the 1990s. Constantly evolving circumstances shape a new realm of possibilities for nurse practitioners and other qualified non-physician practitioners who are qualified to provide health care without supervision by MDs and DOs.

Like the two previous editions, the new one must be built on a solid base of scientific research, unbiased policy papers, and other published resources that explore the practices of qualified non-medical practitioners and compare them to physicians’ work. Therefore, I will gratefully appreciate being directed to any relevant publications, including case studies of clinical programs that use advanced practitioners in independent and collaborative practice. Still anticipating strong opposition from some physicians and their professional associations, I need information from all methodologically sound comparative studies. The new addition must address negative findings, if any exist.

A few other topics that need to be addressed are:

- Criteria for defining and measuring professional competence for independent practice
- Examples of physicians’ monopoly behaviors and unfair trade practices in the medical marketplace
- Economic harms (e.g., excessive prices, restricted access) of mechanisms that inhibit consumer choice
- Non-monetary benefits of competition among all qualified health practitioners
- Illustrative examples of comparable and relevant programs from other countries
- Foreseeable evolution in the scopes of practice of qualified non-physician practitioners
- Other trends and possibilities that I’m not smart enough to anticipate
Despite my proud and close association with nurse practitioners, *Not What the Doctor Ordered* is equally dedicated to promoting direct access to other graduate-trained nurses (e.g., midwives, anesthetists, specialists), clinical pharmacists, and advanced practice (e.g., physical, respiratory) therapists. In addition, the 2018 edition will have an extensive, completely new chapter on qualified non-physician practitioners in mental and behavioral health—a development that no one (me included) foresaw when the earlier editions were written. As a strong believer in collaborative practice, I would gratefully appreciate your ideas and examples that include all these compatriots.

Updating *Not What the Doctor Ordered* as a resource for real, enduring health reform is probably my last major act as a medical economist and health futurist. (I’m seriously planning to pursue a second career as a conceptual artist and learn to play the viola da gamba, just as soon as the final manuscript is submitted in mid-2018.) Your response to this request should greatly improve the book’s value for consumers and caregivers over the next 25 years. All who provide input will be formally acknowledged in the book’s introduction. In advance, thanks!

P.S. Totally dissatisfied with *mid-level provider*, I coined the term *qualified non-physician practitioner (QNPP)* for the previous editions. If you have a better term, I would love to learn about it.

P.P.S. If you would like an electronic copy of the 1998 edition to review before sharing your suggestions for the 2018 version, I will be pleased to send one to you via DropBox as a token of my appreciation. Just send me your e-mail address.
Identity politics and the scholarly literature

I recently returned from a meeting and strategy retreat for the COPE Council – the Committee on Publication Ethics. This is always an intense but exciting meeting for me because I have been on the COPE Council and Secretary of the Trustee Board for several years. And, I’ve been involved with difficult issues related to publication ethics for most of my career as a journal editor. I must admit that I was shocked at this last meeting when publishers shared information about misconduct at a new level and I want to share that story. Although it is not confidential, I am generalizing the story to make a few points.

A publisher at the meeting reported retracting an article in a scholarly journal to protect the editor of the journal from death threats. Normally, articles are retracted from the literature to correct errors in methodology, analysis, or interpretation of a study, or because the data have been fabricated, i.e., to correct the scholarly record. It is important that the public be able to trust that science is factual, honest, and rigorous and when any of those principles are violated, journal editors and publishers issue retractions or corrections. This was not the case in the situation reported at this COPE meeting. A vocal and threatening minority of readers who disagreed with the politics of what was being stated in a published article wanted the article to disappear and were willing to go to the extreme of threatening the life of the editor if the article were not retracted. Unfortunately, this action sets a precedent, but the publisher believed the welfare of the editor was at risk and acted in accordance with that belief. This action generated a lot of thoughtful commentary and concern over scholarly and public discourse; the ramifications of this threatening conduct and response to it were clear to everyone in the room.

The scholarly community has raised alarms about threatening discourse, trolling, and alternative facts mounted to counter scientific news. It seems that threats were raised against an editor who was publishing something a small but vocal group considered to be “fake news” despite the fact that the article was peer reviewed and supported with legitimate citations to other published work. Opinions, facts, theories, and ideas were labeled “fake news” and the opposing faction was emboldened in this atmosphere. There was apparently no room for reasoned argument, no room for the existence of different opinions, no room for debate, no room for evidence. This situation should be alarming to all thinking people. It was alarming to those of us in the room. For a notice of the retraction and withdrawal of the article see this post in Retraction Watch: http://retractionwatch.com/2017/10/09/credible-threats-personal-violence-editor-prompt-withdrawal-colonialism-paper/#more-52049

If I had the answer to this dilemma, I would share it with you. I don’t. All I can say is, in our professional capacity as clinicians, educators, researchers, or whatever our role is, we need to stand up for evidence, no matter if the evidence points in directions we consider inconvenient. We need to understand that science is iterative, that no single study is definitive, especially when the research involves humans. It’s not always easy to explain these ideas, which don’t conveniently fit into sound bites or Tweets. We need to speak out when conversational abuses occur, when identity politics threatens to divide a group into hostile camps. We cannot tolerate a scientific discourse dominated by threats of any kind, nor can we tolerate the stalking and bullying behavior of identity politics that led to this unfortunate retraction.
Pursuing the Happiness of Health

Thomas Jefferson believed, and said so in the Declaration of Independence (1775, para 2), that “Life, Liberty and the pursuit of Happiness” are inalienable rights. Although it’s apparent what he meant by *Life* and *Liberty*, it’s not so clear what he intended by including a *right to pursue happiness*. That’s a nebulous term that can mean many things to many people – having a good family, loyal friends, wealth, or, perhaps, a healthy existence. After all, how often, when sadness befalls us, are we told, “at least you have your health.” Jefferson, curiously, never explained what he meant. Historian Truslow Adams (1941), who coined the phrase American Dream, commented perhaps Jefferson’s *pursuit of happiness* was a simple reflection of how happiness was defined in an 18th-century general sense of well-being. Many commentators, surmise Jefferson borrowed this provision of the Declaration of Independence from philosopher John Locke’s (1690, Chapter IV) assertion that people have inalienable rights to “life, liberty and property.” But if Jefferson did rely on Locke, why did he not also say Americans should have the right to property? Perhaps Jefferson held that we should *not* have that right; that the government should not be bound to ensure unencumbered ownership and possession. Benjamin Franklin (1783, para 4) believed that Jefferson correctly downplayed property because it was a “creature of society” and should be taxed. Also, and much more generally, property, unlike life and liberty, is not a personal matter springing from the individual.

Journalist Daniel Brook thinks Jefferson may have thought there are many ways people can be happy and that the government has a responsibility to ensure that they are able to pursue them. There are so many things that can make a person happy that an attempt to enumerate them would have been futile—and would have made a long and much less poetic document! Brook thinks Jefferson’s life is a testament to his beliefs, and perhaps therefore a guide (para 3 & 4):

Rather than live a life solely dedicated to the pursuit of property...Jefferson devoted himself not to becoming rich but to living a rich life. He made contributions to numerous fields whose chief rewards are non-monetary: architecture, science, education and politics. In his leisure time, he enjoyed good books — and he drank good wine. The policies Jefferson advocated showed that he took seriously his own rhetoric that people have a self-evident, inalienable, God-given right to the pursuit of happiness and it is government’s responsibility to guarantee this right. Without an activist government creating and funding institutions that offer this opportunity to all, he understood, the pursuit of happiness would remain an aristocratic privilege for the wealthy. To this end, Jefferson pioneered free public education, founding a public school system and the University of Virginia.

But was government assurance of the pursuit of a healthy life contemplated by Jefferson? If Jefferson did indeed rely on Locke, in Locke’s Second Treatise on Civil Government (1690, Chapter II) he did say that a person’s health should be sacrosanct, that persons should not be denied “life, health, liberty and possessions” or those things that safeguard them. Just as significantly, Locke said that as much as possible should be done to preserve these things *for all*, not just for the individual. Perhaps Jefferson also saw the pursuit of happiness as not just an individual endeavor, but a collective one fulfilling a basic responsibility of the social contract as embodied in our system of government.
Over two centuries after the Declaration of Independence there is a growing movement worldwide to declare that happiness is a human right. The country of Bhutan adopted this concept in its constitution in 2008. About thirty years earlier, Bhutan’s King declared his country should be more concerned with gross national happiness than gross national product. Even a Happiness Index is used by the government to determine its direction (Schultz, 2017). Bhutan promotes happiness and well-being over production for good reason. Without well-being, material development would be difficult. Although well-being is more than health, it is generally recognized that health is fundamental to a person’s well-being.

In 2011, the United Nations began to take stock of the happiness of the people in member countries to better formulate policies. With the information gathered, a World Happiness Report was first released in 2012 and has been released annually ever since. In 2017 the happiest country is Norway, which has a universal public health system. Indeed, the top ten countries all have some form of publicly supported healthcare. The United States dropped to 14th in 2017. According to the report, a significant contributor to this decline is worsening health and a lack of social and governmental support to improve it (Wang, 2017).

Last year, Harvard established the Center for Happiness, with the goal of promoting psychological well-being through physical health. According to Kasisomayajula Viswanath, a Professor of Health Communication at Harvard and Co-director of the Happiness Center (para 5), “People are increasingly discovering that health is tied to a variety of social conditions—unemployment, recession, the great revolution in communication.” This development is significant because while much attention has been given to how happiness affects health, very little has focused on whether good health contributes to our happiness. Perhaps that’s because it’s glaringly obvious. Hopefully, Harvard simply will tell us how much so.

Where is the consideration of happiness in how we are governed? Why is it that the pursuit of happiness, a fundamental and inalienable right since our country’s founding, rarely, if ever, is mentioned in determining public policy? And more specifically, why is there such a battle over the health of the people of our nation and how to ensure it when health has been recognized as essential to happiness? A focus on the ways government can facilitate the pursuit of happiness—including health—as an inalienable right could be revolutionary. Indeed, it was a part of what spawned a revolution in 1776.

References


Genomics in Healthcare

The discipline of genetics is focused on understanding hereditary and variation, and the term genomics takes information about genetics, adds the influence of the environment (i.e. exposures, behaviors, microbiome) and finally considers gene/gene interactions (the intragenome) in an individual. Genomic medicine includes the use of genomics at the point of care (make/confirm a diagnosis or determine the best therapeutic approach) for an individual, or when families are counseled regarding inheritance risk, but genomic medicine is also happening when policy makers create new guidelines that inform the use of genomics in clinical settings.[1]

What does all of this mean to you? That is the goal of this JAANP genomics column; to provide short, focused articles on genomic topics of interest to NP’s. The feature that makes this section unique is that we are very interested in your ideas/input to help us focus the content on areas of interest to you. To that end, at the end of every article will be a link to a 2-item questionnaire that offers you the opportunity to post ideas for future articles, ask genomic questions that can be answered in this forum, and present cases that you have encountered in your practice so that we can all learn from one another.

Welcome to the JAANP Genomics in Healthcare series.

Perhaps the most exciting area in genomics for NP’s is precision or personalized medicine. The beauty of personalized / precision medicine is the possibility of using a patient’s genomic information to prescribe the BEST drug for him/her, or to personalize treatment on the basis of the genetics of the particular infection of cancer, or to identify at-risk individuals or families and implement prevention strategies or disease screening measures before clinical features appear.[2] In addition to our current clinical tools (personal and family health history, lifestyle and environmental risks and physical examination), in a future where genetic information is readily available, clinician will be able to include the patient’s genetic profile in the risk assessment. All of this data can then be entered into an algorithm to optimize prevention, treat disease or minimize symptom severity. Some elements of precision medicine like pharmacogenomics, is already available at the point of care. The ability to select the best drug on the basis an individual’s genetics is already being used in selected cancer therapies and in dosing some psychotropic medications.[3, 4] The value of whole genomic sequencing (a long-term goal for precision healthcare) is currently less certain in other areas. For example, whole genome sequencing (WGS) may reveal that your patient has a gene variant associated with significant increase in risk for early onset Alzheimer’s. This information is currently of little clinical value because there are currently no effective prevention or treatment approaches for Alzheimer disease, and therefore WGS is not currently recommended.[3]

Genetic testing includes analysis of DNA, RNA, chromosomes, and proteins to detect variations known to be associated with disease. As the field of genomics evolves health care providers are increasingly expected to incorporate genetic testing, when appropriate, to diagnose, determine disease risk, determine implications for future offspring, and inform therapy decisions. In 2017, Concert Genetics estimated almost 70,000 genetic tests are now available in the United States, a number that is expected to grow by 10 new tests per day.[5] Clinicians, laboratories, hospitals, health plans and other stakeholders are struggling to keep up with this rapid change. At the same time that clinicians are learning who, when, where, how and which test to order, and how to communicate this information to their patients and the larger community, insurance companies are increasing the number of genetic tests they will pay for (including pharmacogenomics testing), creating significant tension in the healthcare community. As direct to consumer genetic testing has become increasingly available and popular, many people have begun taking steps on their own to unravel their own DNA mysteries, and they also may approach their provider with specific (and often difficult to answer) genetic questions.
As the largest and most trusted healthcare profession, nurses often find themselves answering healthcare questions and concerns from their own families, neighbors, community leaders, and patients and are expected to do this in a nondiscriminatory, confidential manner, and provide information aligned with the patients’ healthcare literacy level. Genetic information is just another area in which nurses are engaged in helping people make informed decisions. Advance Practice Nurses have the additional responsibility of providing more expanded information, risk assessment, education, therapy and case management.[6]

Several professional organizations have published practice guidelines to assist health care providers provide appropriate genomic healthcare before, during and after genetic testing is offered, to include counseling, considering implications for the patient and family, and follow up. Some guidelines that may be particularly helpful to NP’s include those published by the International Society of Nurses in Genomics (ISONG, http://www.isong.org), the National Society of Genetic Counselors (NSGC), the American College of Medical Genetics (ACMG, https://www.nsgc.org), and the Canadian College of Medical Geneticists (CCMG, https://www.ccmg-ccgm.org). Several online, open access resources have also been developed to support health care providers to better understanding genomic testing and assist them in applying results to practice. Some particularly useful ones include the Genetics and Genomics Education Centre (GGEC, http://genomicseducation.net) and the National Human Genome Research Institute (https://www.genome.gov).

To provide safe, effective and ethical engagement of the public in understanding the genetic components of their health benefits and risks in genetic testing should be carefully considered.[7] One benefit is autonomy; consumers can participate in decisions about whether or not they want genetic testing and actively participate in the management of their health. One of the risks arises when DTS companies fail to fully disclose/explain potential risks and harms of testing or may publish misleading claims about benefits. Harms include anxiety, concerns over appropriate disposal or use of sample, security of genetic information, and rapidly evolving understanding of disease risk as new scientific data emerges. There are also significant ethical and societal concerns over genetic testing.

Many questions arise when a genetic test is being considered, including:
- Is genomic testing appropriate?
- Has a risk assessment/analysis been completed to include a complete analysis of the Family Health History?
- What is the cost/benefit ratio of ordering a genetic test?
- Can I explain the test results, and provide appropriate counseling to help the patient make an informed choice regarding whether or not to test?
- Does a particular test adequately answer the clinical question?
- Do I know enough to counsel the patient if a “variant of uncertain significance (VUS)” result is returned?
- What if a patient exhibits a phenotype, but has negative genetic test results?
- What do I do if a positive result returns for a disorder I was not looking for (an “incidental finding)?
- Could a finding have positive impact upon the patient and their family?
- Do I know enough about genomics to order the test, or provide genomic healthcare?
- Do we have enough information to adequately explain the range of possibilities based on test results?
- Is there time in my clinic setting to provide truly informed consent?
- Can I maintain patient autonomy in my current practice setting?
- What is the right (legally and morally) way to approach screening of children?
- Who is the best person to communicate results?
Pursuing the Field of Genomics

Kenneth Wysocki, FAANP

The goal of this column is to include you as we describe trends, evidence, guidelines, and emerging data related to genomics in an effort to learn together, while discovering new ways to reduce disease risk and promote healthy longevity. Our hope is you will share your questions, patient cases (especially those involving Direct-To-Consumer issues), areas of research and genomic topics that you would be interested in learning more about. Many of you have ordered genetic tests, had a patient bring in test results for interpretation, or have had a question that has prompted you to look in the literature for the best evidence based answer. We value your input, and hope you may then also consider working with us to get your scenario published. It is through this wealth of information sharing that we can speed up the progression of professional understanding of principles and appropriate application of genomics in healthcare. If interested in contributing to the JAANP “Genomics in Healthcare” column or if you have suggestions of what you would like to see addressed in future issues, please contact ken.wysocki@me.com, or post your item in a simple (3 item) questionnaire located at https://goo.gl/forms/HfLq5DvhgUseTwlt2

References


(A version of this article will appear in a future issue of JAANP, however, we wanted to provide advance notice to fellows of this new column and possible future participation)
Blast from the Past

The history committee is beginning to move ahead on our agenda. We have been charged with preserving the FAANP history but there is overlap in the history of nurse practitioners and our role in health care both here and abroad. We are fellows because we have been recognized as leaders. It is time to preserve our personal legacy as well as that of the profession. Many of us began our leadership roles at the local, state and then national and international levels. Our stories tell a story of progression over time. Our history begins years before the history of the physician assistants, yet they present a model of historical preservation.

I continue to be amazed at what the physician assistants have done to preserve their legacy. Just a cursory look at their website is amazing. https://pahx.org.

We are just beginning but progressing. On our list of priority projects was the cataloging of FAANP materials in Austin. Thanks to Mary Jo and the AANP staff we now have a drop box cataloging induction photos and various documents from 2000 to 2013. Materials continue to be added. Thanks to the staff who worked to make this a reality. Currently the history committee has viewing access to the drop box and decisions will be made in the future regarding accessibility.

As the committee progressed in thinking about historical documents several members have identified repositories for their state and local documents. Since FAANP fellows represent all states it would be helpful if you can identify your local and state repositories. We would also like to continue to identify materials held in personal collections.

Developing a proposal and criteria for a legacy award evolved into identifying two potential projects. The first is the legacy award to honor, recognize and memorialize a FAANP member. The impact of their work needs to have had a profound effect on the history of nurse practitioners or health care. The second potential future project is the development of the criteria for a historical research award. This award would be given to a researcher to add to our body of knowledge of our FAANP history.

We are soliciting individual stories for the winter meeting to begin to compile a book of Fellows innovations. Begin now to think about your story. What have you contributed to our history? Our members are often unsung heroes. We need to preserve our stories for future generations. If we don’t document our accomplishments they will be lost forever.

Action plan for all FAANP Fellows

Identify historic materials in your personal files.

Identify local, and state material repositories.

Bring your story to the winter meeting.

Consider contributing a history related manuscript for publication in the journal.
**What's Happening Now?**

Every quarter we receive self-reported accomplishments by fellows. In this issue we are proud to recognize distinguished fellows who contributed much to advance the field of healthcare and or the professional role of nurse practitioners. The following have made contributions in the areas of practice, research, policy and/or education.

**Congratulations!**

<table>
<thead>
<tr>
<th>Gale Adcock, FAANP</th>
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<tbody>
<tr>
<td><strong>Award:</strong> Gale Adcock received the NC Nurses Association 2017 Legislator of the Year for sponsoring a bill authorizing NPs to sign handicap placards (now law) and a bill establishing APRN full practice authority bill (now in Health Committee).</td>
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<tr>
<th>Susan Apold, FAANP</th>
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<tr>
<td><strong>Panel Appointment:</strong> NCQA Serious Illness Panel and reappointed to the American Board of Internal Medicine Specialty Board for a second three year term.</td>
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<tr>
<th>Robin Arends, FAANP</th>
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<tbody>
<tr>
<td><strong>Award:</strong> Robin Arends was named South Dakota Nurses Association District 10 Nurse of the Year along with 2 other APRNs who worked on our full practice legislation.</td>
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<tr>
<th>Ponrathi R. Athilingam, FAANP</th>
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<tr>
<td><strong>Promotion:</strong> Awarded tenure with promotion to the rank of Associate Professor.</td>
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<tr>
<th>Kathy Baldridge, FAANP</th>
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<tr>
<td><strong>Elected Officer:</strong> President of the Louisiana Association of Nurse Practitioners (LANP) for 2018-2020 term.</td>
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<tr>
<td><strong>Presentations:</strong></td>
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## Member News Column

**Pat Alpert, FAANP**

<table>
<thead>
<tr>
<th>Name</th>
<th>FAANP</th>
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<tr>
<td><strong>Lissa Barker, FAANP</strong></td>
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<tr>
<td><strong>Award:</strong> Lissa Barker was selected to receive the Ford Oval of Honor Award for military service and was a Grand Marshal for the Red White and Boom (July 4th) parade held in Columbus Ohio.</td>
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<tr>
<td><strong>Maureen Boardman, FAANP</strong></td>
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<tr>
<td><strong>Andrea Brassard, FAANP</strong></td>
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<td><strong>Publications:</strong></td>
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<tr>
<td><strong>Rose Brault, FAANP</strong></td>
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<tr>
<td><strong>Award:</strong> Rose Brault was received the Marquis Who’s Who Lifetime Achievement Award; an inductee representing outstanding professional dedication and career longevity.</td>
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<tr>
<td><strong>Linda A. Briggs, FAANP</strong></td>
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<tr>
<td><strong>Grant:</strong> Linda Briggs received a grant: The PEACH Project: Preeclampsia Survivor Awareness of Cardiovascular Risk Funding Agency: Preeclampsia Foundation in the amount of $19,641. She serves as the co-investigator along with Mayri Leslie, EdD, MSN, CNM, the primary investigator and Maritza Dowling, PhD, co-investigator.</td>
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<tr>
<td><strong>Susan Calloway, FAANP</strong></td>
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<tr>
<td><strong>Award:</strong> Community Engagement award for Texas Tech University Health Science Center, an award given to one faculty member annually.</td>
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</table>
## Member News Column

### David Campbell, FAANP

**Position change:** David Campbell-O’Dell is newly employed (September 2017) at the Truman Medical Center, 540 Truman Avenue, Key West, FL.

**Publications:**

(2) Campbell-O’Dell, D. (2016). Clinical guidelines in primary care and/or CareOnPoint reviewer of neurology content including Alzheimer’s Disease, Bell’s Palsy, Carpel Tunnel Syndrome, Cluster Headaches, Concussion, Febrile Seizures, Meningitis, Migraine Headaches, Multiple Sclerosis, Parkinson’s Disease, Secondary Headaches, Seizure Disorder, Syncope, Tension Headaches, Transient Ischemic Attack, Trigeminal Neuralgia, and ADD/ADHA.


**Presentation:** Campbell-O’Dell, D., & Mackey, T. (September 2015). Life after the Eight Essential: Is academic excellence supporting improved practice? He presented at the 8th National Doctors of Nursing Practice Conference which was held in Seattle, Washington.

### Theresa M. Campo, FAANP

**Presentations:**

(2-3) Co-presented two other presentations. The first was a “Point-Counter Point” discussion with Doug Hill DO on contrast induced nephropathy harmful to the Beans or a Myth? The second was on sports medicine with Christopher Colbert DO. Theresa Campo presented on orthopedic sports injuries and Dr. Colbert on closed head injuries.

### Marlene Cataylo Chance, FAANP

**Founder:** Marlene Cataylo Chance is a founding member, organizer and Board of Directors member of the University of the Philippines International Nursing and Health Care Forum (UPINHF), a university based international organization held its inauguration and first annual conference on August 4-5, 2017 in Las Angeles, California.

### Nancy J. Cibulka, FAANP & Mary Lee Barron, FAANP


### Valerie T. Cotter, FAANP

**Leadership Program:** Valerie Cotter was selected for the Sojourns Scholar Leadership Program, the Cambia Foundation’s signature program to develop emerging palliative care leaders. The two-year $180,000 grant supports the project “Advance care planning for primary care providers education program: Improving the quality of care for older adults with dementia.”

**Award:** Johns Hopkins University School of Medicine Leadership Program for Women Faculty 2017-2018.
### Mona M. Counts, FAANP

**Board member Election:** Mona Counts was elected as a board member to the American Academy of Nurse Practitioners Certification Board.

### Joyce Dains, FAANP

**Promotion:** Full Professor at the University of Texas MD Anderson Cancer Center, Department of Nursing.

### Kahlil Demonbreun, FAANP

**Recognition:** In a brief article highlighting the career path of the 2016 University of South Carolina College of Nursing Alumni Award Recipient, citation: Waldrop, M. (2017). Destined to help. To view the article go to: [http://](http://)

### Elizabeth Downes, FAANP

**Grant:** Received an “advancing Global Health” grant from the Emory Global Health Institute for her work with refugees in Clarkston, GA. Promotes “global as local.”

### Jill R. Engel, FAANP

**Publications:**

### Sheldon D. Fields, FAANP

**Appointment:** President by Dr. Eric Williams, to a one year team on the Board of Directors of the National Black Nurses Association (NBNA). He is a lifetime NBNA member.

### Angela Golden, FAANP

**International Certification:** Angela Golden was one of three nurse practitioners in the United States to complete and receive SCOPE (safety certification in outpatient practice excellence) certification, the only internationally-recognized certification on obesity management; from the World Obesity Federation.

### Rosemary Goodyear, FAANP

**Presentation:** Goodyear, R. (October 22-23, 2017). Train the trainer program of interprofessionals on how to teach caregivers for the aged in Taiwan. 2017 Global Health Forum in Taipei, Taiwan.

### Jenni L. Hoffman, FAANP

**Fellowship:** Selected for an Eastern Michigan University Faculty Research Fellowship for the 2017-2018 academic year.

**Presentation:** Hoffman, J.L. (August 2017). ABCs of STDs: Evaluating an online educational intervention on knowledge of sexual health and STDs among college-age female students. Poster session presented at the meeting of the State of Michigan STD and HIV Conference, Ypsilanti, MI.
<table>
<thead>
<tr>
<th>Douglas Houghton, FAANP</th>
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<th>Laima Karosas, FAANP</th>
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<tr>
<th>Doborah Kirk Walker, FAANP</th>
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<tr>
<td><strong>Grantee:</strong> Doborah Kirk Walker was selected as a Fulbright Specialist Grantee allowing her to spend two-3 week periods in Namibia, Africa doing oncology nursing education and curricula review for oncology content.</td>
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<th>Billie Madler, FAANP</th>
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| **Awards:** (1) Legendary Nurse Award created in 2015 to honor nurses or nurse advocates who have made a significant contribution to the nursing profession in North Dakota. One of 14 nurses, was selected as a Legendary Nurse in the Leadership category.  
(2) Installed as the Sigma Theta Tau, Kappa Upsilon Chapter President.  
**Promotion:** Promoted to full Professor at the University of Mary in Bismarck, North Dakota where she serves as Chair of Graduate Nursing Programs. |

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<tr>
<th>Kathleen McCoy, FAANP</th>
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| **Appointment:** As the AANP's NP contributor to the Medicare Access and CHIP Reauthorization Act (MACRA) Neuropsychiatric Sub-Committee from June-December 2017.  
**Award and Speaker:** Awarded the Living Legend Designation and was the keynote speaker for I-Help Foundation, Las Angeles, November 2017.  
**New Position:** Associate Professor in Community and Mental Health at the University of South Alabama in Mobile, AL.  
**Presentation:** McCoy, K. Cognitive processing therapy. (October 18, 2017) 31th Annual Conference, American Psychiatric Nurses Association held in Phoenix Arizona |

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<tr>
<th>Bernadette Melnyk, FAANP</th>
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<td><strong>Grant:</strong> Bernadette Melnyk was awarded a grant for high-risk pregnancy research, a $3.3 million R01 grant from the National Institute of Health/National Institute for Minority Health and Health Disparities (NIH/NIMHD) for the study entitled, “Healthy Lifestyle Intervention for High-Risk Minority Pregnant Women: A Randomized Controlled Trial.” If successful, this study could be widely scaled to improve pregnancy, birth and post-natal outcomes nationally. Read more at: <a href="https://nursing.osu.edu/news/college-of-nursing-news-headlines/melnyk-awarded-nih-grant-to-test-a-novel-intervention-for-pregnant-minority-women.html">https://nursing.osu.edu/news/college-of-nursing-news-headlines/melnyk-awarded-nih-grant-to-test-a-novel-intervention-for-pregnant-minority-women.html</a>.</td>
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<th>Emily Merrill, FAANP</th>
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<td><strong>Award:</strong> Emily Merrill was selected as one of the South Plains Great 25 Nurses for 2017.</td>
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### Alison Mitchell, FAANP

**Presentations:** Alison Mitchell presented two podium presentations at the 2017 Texas Nurse Practitioner Conference: *Transplant basics in the acute care track,* and *How to write a bio in the professional track.*

### Royanne Moore, FAANP

**Appointment:** Royanne Moore is now the Senior Medical Science Liaison for AMAG Pharmaceuticals.

### Leslie-Faith Morritt Taub, FAANP

**Appointments:** (1) 2017 Senior Fellow NYU Meyers Hartford Institute of Geriatric Nursing. (2) JAANP Fellows Column Editor (a committee of four editors). Under Leslie-Faith Morritt Taub’s leadership as the Program Director, NYU Meyers Adult-Gerontology Primary Care Program was ranked #3 in the nation by U.S. News and World Report (2017).


### Marie Napolitano, FAANP

**Board Chair:** Elected chair: Project Access Now, Portland Oregon.

**Appointment:** Member of the editorial board, Migrant Clinicians’ Network, Austin, Texas.


### Mary B. Neiheisel, FAANP

**Award:** Mary Neiheisel received the 2017 Lafayette Civic Cup Award for outstanding Community Service. She is the tenth female in eighty-five years and the first nurse and the first Nurse Practitioner to be selected; nominated by one physician and five other community leaders.

### Marie-Eileen Onieal, FAANP


### Eileen Owen-Williams, FAANP

**Award:** Eileen Owen-Williams received the NONPF Outstanding Faculty Practice Award in 2017 for her clinical work in remote Aleutian communities. Her clinical practice in the remote Aleutian peninsula and islands in Alaska provided a unique setting for the integration of NP students with translational research and clinical education related to advanced practice in areas with limited health resources and diverse cultures. Dr. Owen-Williams commuted by bush planes and helicopters to communities located on islands and remote areas of the Aleutian peninsula known as “The Birthplace of the Winds.” These isolated areas experience extreme winds and weather causing delays in planes and medical supplies for days to weeks, as well as delays in medevacs, requiring care of serious and critical patients within the clinic until flights crews can arrive to transport the patients. Due to the remote nature of health care delivery, Dr. Owen-Williams was often the sole provider of services within the village.

**New Position:** Dr. Owen-Williams recently accepted a position as an Advanced Practice Consultant with the Arizona Board of Nursing. Dr. Owen-Williams is looking forward to utilizing her forensic background and clinical experience in the regulation of Advanced Nursing Practice in Arizona.
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<tr>
<th><strong>Patricia F. Pearce, FAANP</strong></th>
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**Presentations:** (1) Pearce, P.F., & Ferguson, L.A. (October 29, 2017). How to move your presentation to a publication in a few easy steps. Podium presentation, Louisiana Association of Nurse Practitioners (LANP), New Orleans, LA.  

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<tr>
<th><strong>Christine Pintz, FAANP</strong></th>
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<tr>
<td><strong>Award:</strong> Christine Pintz received the Sigma Theta Tau International 2017 International Award for Nursing Excellence- Best Practice in Technology Award for the e-Learning course: “Interprofessional care of people with multiple chronic conditions.”</td>
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<tr>
<th><strong>Susanne Quallich, FAANP</strong></th>
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| **Appointment:** Susanne Quallich was appointed the Editor of Urologic Nursing, the peer-reviewed specialty journal for nursing professionals working in urology. Her official duties begin January 1, 2018.  

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<tr>
<th><strong>Richard Ricciardi, FAANP</strong></th>
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<tr>
<td><strong>Officer Election:</strong> Richard Ricciardi was elected President-Elect of Sigma Theta Tau International.</td>
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<th><strong>Stephen Roller, FAANP</strong></th>
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| **Awards:** (1) Received The Distinguished Recent Alumni Award from the Ohio State University College of Nursing Alumni Society, which is presented to an individual who graduated from the undergraduate or graduate nursing programs at Ohio State, College of Nursing, within the past 10 years and whose accomplishments exemplify outstanding professionalism as a nurse.  
(2) Received the Rising Star Medical Leader of Cincinnati award-Venue Magazine which honors and celebrates the rising stars in nursing from the greater Cincinnati area. Venue Magazine recognizes many of the outstanding healthcare practitioners who are working to expand, evolve, and improve healthcare for the region. Awardees have already made a significant impact in the region before the age of 40. |
**Gail Rosselot, FAANP**

**Awards:** (1) International Society of Travel Medicine Distinguished Nursing Leadership Award for educational and clinical achievement. (2) Recognized as a Fellow of the International Society of Travel Medicine.

**Officer Election:** President of the American Association of Travel Health Nurses.

**Publications:**

**Presentation:** Rosselot, G. (May, 2017). Pretravel Care for Students with Limited Resources at the International Society of Travel Medicine in Barcelona.

**Barbara Sheer, FAANP**

**Membership:** Barbara Sheer was invited to become an ICN NP/APN Network Member.

**Susan L. Smith, FAANP**


**Mary Smolenski, FAANP**

**Award:** Chair’s Award, Institute for Credentialing Excellence (ICE), in October 2017. She was also highlighted in a chapter, citation: Evans, J., & Tabloski, P. (2018). *Redefining retirement for nurses: Finding meaning in retirement*. Indianapolis, IN: Sigma Theta Tau International.

**Publications:**

**Victoria Soltis-Jarrett, FAANP**


**Norma Stephens Hannigan, FAANP**

**Award:** Washington Heights CORNER Project (Community Outreach and Resources, Needle Exchange and Harm Reduction) Project Award on December 9, 2017, in recognition of her service as a member of the Board of Directors as well as for her volunteer work as a nurse practitioner. Normal Hannigan was a board member for four years and continues to provide clinical services to participants regularly.

**Wendy L. Wright, FAANP**

**Award:** One of the 2017 Top Women-Led Business in the state recognized by New Hampshire Business Magazine. For the fourth year Wendy Wright and her two-NP led clinics were recognized as one of the top 50 women-led businesses in the state of New Hampshire.
JAANP Introduces the New Fellow’s Column

Leslie Taub

As you know we are heading toward the 30th Anniversary of the publication of the The Journal of the American Association of Nurse Practitioners (JAANP) with some exciting changes afoot. The Journal has a new publisher, Wolter’s Kluwer, and the new online portal for JAANP submissions is now up and running. We are also introducing the new Fellow’s column under the direction of a column editor’s committee including, Nancy Dirubbo, Debra Hain, Gary Laustsen, and Leslie Faith Morriss Taub. We plan to highlight special topics that will be of interest to our readers and showcase the work of the Fellows. In the first few issues of the column you can expect to read Sophia Riviere’s story of the influence of a nurse practitioner in the aftermath of hurricane Katrina in, “Care of Louisianans in Hurricane Katrina, Lessons Learned” which is such a timely topic in the aftermath of Texas’ Hurricane Harvey, Florida’s Hurricane Irma, and Puerto Rico’s Hurricane Maria. You can also expect to read about the struggle to get qualified preceptors for our NP programs in the column by Dr. Anne Thomas, Chair of NONPF.

We are inviting Fellows to submit 1500-word (3 page) columns related to the stewardship of the NP role such as mentoring, competency education, state regulation of the NP role, workforce issues, practice models, controversial topics affecting NPs (point, counter point), the opioid epidemic, telehealth, emerging specialties, business ownership, and more. We plan to have a monthly column and are looking forward to your submissions.

HAPPY HOLIDAYS TO EVERYONE AND THE BEST IN 2018!
ANNOUNCEMENTS

2018 Winter Meeting-New Orleans, Louisiana

Please plan to attend the 2018 Winter Meeting. The Winter Meeting Committee is planning a new format for a motivational and interactive constructive meeting designed to promote networking and productivity. What better place to have a fun and creative meeting than New Orleans?

February 23-25, 2018
Harrah’s New Orleans Hotel and Casino
228 Poydras St.
New Orleans, LA 70130

Based on your feedback, the 2018 Winter Meeting will include a social gathering Friday evening, followed by opportunities to sign up for group dinner opportunities Friday and Saturday evening. For the first time, we have break-out space that allows for new meeting format. Plan to meet all day on Saturday (with breakfast and lunch included) and until noon on Sunday. Details on actual agenda, workgroups, and presentations will be available shortly. A portion of the program will qualify for continuing education credit. Once content is confirmed and CE credit approved, more meeting details will be provided.

A nonrefundable $50 registration fee is required to attend. Please note that paying the registration fee does not secure your hotel reservation. Hotel accommodations are first come first serve, so secure your reservation early. Registration for the 2018 Winter Meeting and hotel reservation is below. No registrations or hotel reservations will be accepted after January 17, 2018.

Registration ($50)
Hotel Reservation

You can also make hotel reservations by calling 1-877-466-7847, mention code S02AAN8. Please direct any questions you may have to faanp@aanp.org.

And, yes, indeed it snowed in Louisiana December 8.
Check the weather before you pack!

A new AHRQ report examines factors that may limit access to medication-assisted treatment (MAT) for opioid use disorder (OUD) in rural primary care settings. Peer-reviewed articles and grey literature on implementing MAT for OUD were examined. The report also includes links and descriptions to nearly 250 tools and resources to support the delivery of MAT in rural primary care settings.

Available at:

Thank you to Ric Ricciardi
FAANP OFFICERS AND COMMITTEES

Executive Committee

Chair: Mary Jo Goolsby, EdD, MSN, NP-C, FAAN, FAANP
Chair-Elect: Janet Dubois, DNP, RN, APNC, FAAN, FAANP
Secretary: Lorraine Reiser, PhD, NP-C, FAANP
Treasurer: Ken Wysocki, PhD, FNP-BC, FAANP
Members-at-Large: Diane Seibert, PhD, CRNP, FAANP
Denise Link, PhD., NP, FAAN, FAANP
Selection Committee Chair: Katherine Kenny, DNP, RN, ANP-BC, FAANP
AANP BOD Liaison: Jean Aertker, DNP, FNP-BC, ARNP, COHN-S, FAANP

Selection Committee

Michelle Beauchesne, DNSc, CPNP, FAANP
Susan Beider, PhD, MBE, ARNP, FAANP
Donna Hallas, PhD, PNP-BC, CPNP, FAANP
Katherine Kenny, DNP, RN, ANP-BC, FAANP, Chair
Mary B. Neiheisel, EdD, FNP-BC, CNS, BC, FNAP, FAANP
Charon Pierson, Ph. D., GNP, FAAN, FAANP
Sophia Thomas Riviere, APRN, FNP-BC, PPCNP-BC, FNAP, FAANP
Alicia Rossiter, Lt Col, USAFR, NC, DNP, FNP, PNP-BC, FAANP
Valerie Sabol, PhD, ACNP-BC, GNP-BC, FAANP
Lorna Schumann, PhD, NP-C, ARPN-BC, FNP, ACNP, FAAN, FAANP
Barbara Sheer, PhD, PNP, FNP, CPNP, FAANP

Nomination Committee

Theresa Campo, DNP, APRN, FNP-C, ENP-BC, FAANP
Debra Hain, PhD, ARNP, ANP-BC, GNP-BC, FAANP
Diane Pace, PhD, APRN, FNP-BC, NCMP, FAANP

History Committee

Chair:
Barbara Sheer, PhD, PNP, FNP, CPNP, FAANP
## Newsletter Team and Contact Information

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Column Assignment</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Mary B. Neiheisel</td>
<td>Chair, Newsletter Team</td>
<td><a href="mailto:mbn8682@louisiana.edu">mbn8682@louisiana.edu</a></td>
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<tr>
<td>Patricia T. Alpert</td>
<td>Member News</td>
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<tr>
<td>Rosemary Goodyear</td>
<td>International</td>
<td><a href="mailto:rtgoodyear@gmail.com">rtgoodyear@gmail.com</a></td>
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<tr>
<td>Mary Jo Goolsby</td>
<td>Leadership/Mentorship</td>
<td><a href="mailto:maryjogoolsby@gmail.com">maryjogoolsby@gmail.com</a></td>
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<td>Mary B. Neiheisel</td>
<td>Research</td>
<td><a href="mailto:mbn8682@louisiana.edu">mbn8682@louisiana.edu</a></td>
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<td>Jamesetta A. Newland</td>
<td>Education</td>
<td><a href="mailto:jan7@nyu.edu">jan7@nyu.edu</a></td>
</tr>
<tr>
<td>Charon Pierson</td>
<td>Consultant</td>
<td><a href="mailto:cpierson@aanp.org">cpierson@aanp.org</a></td>
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<tr>
<td>Richard Ricciardi</td>
<td>Photography</td>
<td><a href="mailto:nursepractitioner@comcast.net">nursepractitioner@comcast.net</a></td>
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<tr>
<td>Kathy Wheeler</td>
<td>Policy</td>
<td><a href="mailto:kjwheeler@roadrunner.com">kjwheeler@roadrunner.com</a></td>
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We welcome contributions from our members for the Forum. Please, send your topics to
Mary B. Neiheisel at mbn8682@louisiana.edu