Greetings from FAANP Chair

Mary Jo Goolsby, FAANP

Dear Fellows:

I hope that you’re enjoying a beautiful Spring. Thanks to all who participated in the Mesa FAANP Winter Meeting last month. We had great attendance and lively discussions. After exploring our Stewardship of the NP Role on Saturday, participants brainstormed Sunday on relevant strategies to help us achieve the goals identified during our September 2016 Visioning Meeting. What came away loud and clear from the earlier Visioning Meeting and the Winter Meeting is that we want to engage all Fellows and enhance visibility of the FAANP. Strategies to accomplish these outcomes will include efforts such as moving to more contemporary communication vehicles, optimizing our online presence, and supporting ongoing Fellows involvement in strategic workgroups and other activities. Beyond the general strategic planning, attendants generated a number of ideas to enhance future Winter Meetings. Please, stay tuned as the Executive Committee plans activities to help us realize these goals. We will be providing follow-up reports and “next steps” over the next few weeks and hope that you will be poised to participate in workgroups.

By the time this issue of the Forum is published, the list of 2017 Inductees will be available on the website, including the names of our 2017 Honorary Fellows. Please, visit the FAANP pages online to learn more about our 2017 class of Fellows and view the list on pp. 3-4 in this Forum.

I do have some “asks” for each of you. These are detailed in a box on page 2 within this newsletter. However, this is a busy time for FAANP actions, as we complete the FAANP Nomination process and the applications for the FAANP Mentorship Program, offer the first FAANP Grant, and prepare for FAANP events held during the AANP Conference, including welcoming our 2017 Inductees. So please review the requests and act wherever possible.
As promised in my welcome message, here are some “asks” we hope you will consider:

First, please keep your FAANP Profile updated! (see at end of this page). Beyond posting our photo and biosketch, the system AANP launched last year allows Fellows to identify their areas of expertise and interests. This then becomes searchable by AANP and FAANP leadership as well as individual Fellows, so that we can identify Fellows who meet criteria needed for projects and collaborations. This ability to search for Fellows by specific criteria is something we asked for in our previous strategic plan, so, please, update your information so that it becomes the great resource we envisioned!

Encourage AANP members to apply to the 2017 FAANP Mentorship Program. The deadline for application is March 30. If you would like to mentor a specific applicant, help them apply and have them note your willingness on their application. We will be using the FAANP Profile system to identify prospective mentors for any applicants without an identified FAANP mentor.

Consider running for one of the open FAANP offices. Succession planning and involvement of new leaders were among the goals identified in our Visioning Meeting. The nomination process is open through April 3 and was described in a recent FAANP Update email. (p. 6).

Consider applying for the 2017 FAANP Grant. This $3000 grant opportunity is open only to Fellows and was announced in a recent update email. The grant is intended to support a 12-month project that falls within one of the four areas addressed by the Research Agenda we published last year.

Plan to join us for a lovely celebratory induction on June 22, followed by the Soiree. While specifics, including the location, are still being worked out, the planning committee is using the feedback received in the Induction/Soiree survey many of you completed last year to improve both events. We anticipate having added space for both events and that the Soiree will include a plated dinner. Please stay tuned for more details.

Please select the auto-renewal option the next time your memberships become due, to ensure your FAANP membership does not lapse in the future. This is another option introduced by AANP last year.

**UPDATE YOUR FAANP PROFILE TODAY!**

1. Log in to “My AANP” from AANP’s homepage
2. From your welcome page, select “Edit Profile” (top right box)
3. From your edit page, scroll down to “Fellow Information” where you can update your bio-sketch
4. Scroll further to “Additional Expertise – Fellow” and select any relevant details
5. While on the “Edit Profile” page, be sure to update other sections such as your photo and contact information, as needed
**Congratulations**

**2017 FAANP INDUCTEES**

Fellows of the American Association of Nurse Practitioners (FAANP) announce with pride the 2017 Fellows. The 2017 FAANP Induction Ceremony will be held during the AANP National Conference in Philadelphia, Pennsylvania, and will take place the evening of Thursday, June 22.

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Faculty Role in Student Manuscripts

A subgroup of the Student Papers Work Group from the International Academy of Nursing Editors (INANE) have published a paper in the *Journal of Professional Nursing* on student papers submitted to nursing journals (Kennedy, Newland, & Owens, 2016). Data reported were compiled from an anonymous online survey completed by editors who participated in INANE in 2015. From the qualitative data, six themes were identified: 1) Submissions failed to follow author guidelines, 2) Characteristics of student submissions, 3) Lack of professional behavior from students, 4) Lack of professional behavior from faculty, 5) Editor responses to student submissions, and 6) Faculty as mentors. Editors who responded to the survey received submissions more frequently from students in clinical doctoral programs than from students in research doctoral programs. Because the survey was anonymous, the journals that were represented by respondents were not known. This brief report will focus on Theme #6, which was divided into four sub-themes: teaching scholarly writing, teaching manuscript preparation, faculty challenges, and program requirement to submit a manuscript.

Faculty involvement, or non-involvement, with a student in the publication process is often evident to editors as they review submissions. Some authors are identified as students while others are not; but eventually the editor learns of the status of the author/s. Helping students recognize the difference between an academic paper and a publishable paper is the first step, and students bring different levels and types of writing skills with them to a graduate program. We asked ourselves questions as we developed the survey and as we analyzed the data. Are faculty expected to teach the principles of scholarly writing when students’ basic writing skills need to be developed? Are assigned faculty familiar with the publication process, enough to guide students through from a conceptual idea for a paper to a publishable manuscript? Have students been held accountable for following a school’s adopted style in writing papers for courses throughout the curriculum? If not, why not? Challenges faculty face might include, but are not limited to, personal experience in scholarly writing and publishing, including peer review; time and work assignment constraints, and willingness to invest the effort with students. And finally, how realistic are faculty expectations that require a student to publish, or even to submit, final course papers as a criterion for graduation? Programs can be shorter in length than the customary timeline to write a paper, submit the manuscript, and see the final article in publication. Read the article for more detail and representative quotes from the editors to support the themes.

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Strategies and resources for faculty to facilitate teaching of scholarly writing, the publication process, and mentoring students are published in a second article in *Nurse Author & Editor*, written by another subgroup of the INANE Student Papers Work Group (Cowell & Pierson, 2016). A free 12-module online course, *Writing for Professional Journals*, is open to the public and licensed under Creative Commons. The course was developed by Dr. Patricia Morton and is housed in the University of Utah School of Nursing (nursing.utah.edu/journal writing). The entire course may be downloaded and used alone or incorporated as part of a course at your college or university; follow the guidelines listed on the site.

Faculty should consider it an investment in the future to take the time to mentor [talented] students in scholarly writing and the publication process. Editors welcome submissions from students and new authors, whether student or faculty. Nursing literature and nursing practice can only benefit when standards of excellence and quality in writing are supported by editors of nursing journals.

References


The Futures of Health Reform

Conventional wisdom assumes that the future of health reform for the next few years will be determined in Washington over the next few months by the raging battle over the Affordable Care Act. Democrats are rallying forces to defend Obamacare, hoping it will survive because Republicans cannot agree on how to repeal and replace it. Although the outcome is completely unpredictable as I write this piece in mid-March of 2017, I believe the final outcome will be a misleading indicator of the future of health reform. Public policies to improve Americans’ physical and mental health—the fundamental purpose of health reform, to my way of thinking—will not come from Washington any time soon, if ever.

Politicians and their contributors are fighting over short-term changes in the way we pay for health care, not long-term changes in the way it is organized and delivered. Indeed, I’ve argued since its passage in 2010 that the Democrats’ law was a deeply flawed approach to fundamental health reform and that the Republicans’ alternatives were even worse. (For details, see Paradox and Imperatives in Health Care: Redirecting Reform for Efficiency and Effectiveness: CRC Press, 2015.) Study after study shows that one-third of the money we spend on health care does nothing to improve our population’s health, with mounting evidence that much of the care we receive makes us less healthy or even kills us. Medical errors are now the third leading cause of death. To add insult to injury, the overall patient experience in health care is correspondingly abysmal.

Trying to solve this “elephant in the room” problem by tinkering with the affordability of health insurance makes about as much sense as subsidizing tickets to fly on a hidebound, consumer-unfriendly airline that only gets passengers to their desired destination on two flights out of three. Health reform laws should not force or incentivize people to make purchases under such circumstances. Instead, creating policies to promote beneficial services at reasonable prices should be the top priority for health reform, but politicians in Washington are not capable of redirecting the focus from insurance coverage to population health. We need to start looking elsewhere for inspiration if we want to produce the best health care that 17% of GDP can buy.

To clarify a very important point, I advocate spending 17% of GDP on health care. The medical sector of the American economy is well worth preserving at its current level. We could do great things with the money we currently spend on health-related goods and services if we spent it efficiently and effectively, that is, not wastefully. Conversely, I do not support “same mess for less” solutions, even though I generally agree with fellow economists who argue we could reduce medical expenditures to 12% of GDP by eliminating the waste and not be worse off. (The difference between 17% and 12% is the value of currently wasted resources.) I’d much rather focus reform on how much better off we could be by developing public policies to reallocate today’s waste to productive uses...like medical research, chronic care, disease management, public health, mental and behavioral therapies, consumer education, and other services that would directly improve health of the American population.

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Washington-driven reform focused on affordability of health insurance will not produce these improvements in the foreseeable future, so where can we look for good solutions? There is a promising, proven answer: state and local markets where multi-stakeholder partnerships of open-minded (i.e., non-political) providers, purchasers, and payers focus on reinventing their health care delivery systems—then restructuring reimbursement as necessary to support the transformation. World-class delivery systems that have successfully transformed health care already exist in a few American markets. They are not only organized and operated differently than the vast majority of provider organizations; they have also developed several different models for delivering health services efficiently and effectively. (They also use nurse practitioners much more extensively than traditional delivery systems!)

As proven by these exceptions to the rule, the lesson of today’s Democratic vs. Republican battle over health insurance is that viable futures of health reform, like health care itself, are local. Successes are also diverse. One-size-fits-all reforms won’t work. Transformations will occur in many different ways, reflecting our country’s remarkable diversity of resources and opportunities. And they are inclusive. They recognize that each partner—provider, purchaser, and payer—contributes special expertise that enables success through synergy. Local partnerships innovate in ways that are impossible in Washington’s adversarial environment.

So what should nurse practitioners and their professional associations do to be successful participants in the futures of health reform? Ironically, they must stay involved in Washington as a matter of self-defense. (There’s powerful wisdom in the saying, “If you are not at the table, you are on the menu.”) Congress and the administration are not going to stop trying to reform health care, even though they are incapable of doing it successfully in today’s partisan environment. Active involvement in Washington politics is essential to survival of advanced practice nursing, even if it is unlikely to lead to significant and enduring progress in reform at the national level.

Concurrently, nurse practitioners and their practice partners (team-oriented physicians, clinical pharmacists, professional nurse anesthetists and nurse midwives, psychologists and other doctorally prepared therapists, etc.) must intensify their participation in multi-stakeholder partnerships at state and local levels. If such partnerships do not already exist, nurse practitioners should help create them by working with health systems, employer/purchaser coalitions, insurance companies, and state and local governments. All partners must be excited by the common goal of creating locally driven, efficient and effective health systems—in spite of roadblocks created by Washington. That’s the foundation for successful health reforms in 2017 and beyond.

AUTHOR: Jeff Bauer, PhD, FAANP(H), is an internationally recognized, independent health futurist and medical economist with 45 years in health care. He has published over 250 works that focus on ways to improve the medical marketplace. He can be contacted at jeffreycbauer@gmail.com (970) 396-3280, or www.jeffbauerphd.com.
Health care in Cuba – A week of eye-opening experiences

When I had the opportunity to travel to Cuba with a group of nurse editors, I jumped at the chance. I’ve always been fascinated with Cuba: the rebels Fidel Castro, Camilo Cienfuegos and Che Guevara, the Bay of Pigs Invasion, and Hemingway. When I was a Peace Corp Volunteer in El Salvador, Cuba and its revolutionaries were a romantic fantasy of many in the small town where I lived. During my time in the Peace Corp, I read books and newspapers in Spanish about the revolutionary activities, the heroes of the revolution, and life in Cuba before and after the revolution. I had no real sense of the importance of the Bay of Pigs, other than it was an early test of the Presidency of John F. Kennedy; but the name aroused my curiosity. The Cuban fisherman Santiago, from The Old Man and the Sea by Ernest Hemingway, was a mythical character to me, drawing me in to his struggle despite my abhorrence of fishing and indifference to baseball.

I have long since lost my romantic notions of Cuba, but I was intrigued by the controversies about the health care system in Cuba. Since 1960 there has been some form of US embargo of Cuba; relations between the US and Cuba have been fraught with incidents of refugees, boat lifts, criminal deportations, wet-foot/dry-foot diplomatic policies, and political intrigue. I was not aware until I visited Cuba just how complete and devastating the decades-long embargo was to the average citizen of that nation. Yet, despite the lack of commerce, Cubans survived and in many ways thrived. The Castro government nationalized and invested in education, achieving a literacy rate of 99% in its population of 11,238,661. The University of Havana, founded in 1727, and more than 30 universities on the island provide free education through doctoral studies in many disciplines. We visited the Latin American School of Medicine (ELAM), which also offers subsidized medical education with a focus on primary care to foreign students; the school has graduated more than 23,000 from 83 countries around the world, including the US.

The government focus on health promotion and disease prevention resonates with nurse practitioners (NPs), even though there are no NPs in Cuba. The education of nurses and physicians begins in first year classes with collaborative courses on primary care and treatment of the individual, the family, and the community. Both nursing and medicine have a strong focus on epidemiology, population health, outcomes evaluation, and collaboration throughout all their education (nursing requires five years and medicine six years of study). A type of problem-based learning is the mechanism for developing the collaborative engine that drives health care in the country. Upon graduation, most physicians and nurses work in one of the 451 community polyclinics or the 12,883 family-doctor-nurse consultorios. There are also 151 hospitals throughout the country where more advanced procedures are performed; however, the philosophy of care is that most people are best cared for in their own neighborhood polyclinics or consultorios where they are known to the teams who work there. With this focus, Cuba has managed to achieve impressive national health statistics: life expectancy is 78 years; infant mortality is 4.3/1,000 live births; 19.4% of the total population is aged 60 or older; it is number 1 in Latin America for health care of pregnant women; and the country has the lowest HIV rate in the Americas at 0.3% in those aged 15-49, according to the Anuario Estadística de Salud, 2013. We visited well supplied and well trained emergency medical services, hospital transplant units, a biotechnology firm, a university school of nursing, and the national health care telecommunications network INFOMED (http://www.sld.cu/), which provides access to the latest scientific literature and evidence-based education for all health sciences student, professionals, and the public.

Our trip was arranged by MEDICC (Medical Education Cooperation with Cuba), a non-profit organization founded “to enhance cooperation among the US, Cuban and global health communities” (www.medicc.org). MEDICC made all the arrangements for travel, lodging, visits, translators, transportation in Cuba, and specifically tailored our requests for interactions with editors of Cuban medical and nursing journals, academics, and a few cultural stops. It was an amazing trip and I’d advise anyone who is interested in going to Cuba to do so as quickly as possible. It does help to speak Spanish, so if you go, take along an interpreter or arrange for an organized tour that aligns with your personal and professional goals. For those of us old enough to remember classic American cars, there are plenty of those. You can even visit the Bay of Pigs, which is now a seaside resort. If you need another interpreter, I’ll volunteer to go again – it was that wonderful!

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Photos from Cuba

Top: Old cars in Havana Cuba; Left: Interior of ambulance at the Comprehensive Medical Emergency Services in Havana Cuba; Right: Lidia Doce School of Nursing (Enfermería), Havana Cuba
Policy in the Age of Post Truth

The Oxford Dictionaries chose ‘post-truth’ as the 2016 Word of the Year. It is not a surprising choice, given the topsy-turvy world that has followed Watergate, the Iran-Contra scandal (Tesich, 1992), 9/11 (Alterman, 2004), Brexit, and the recent contentious US election (Oxford University Press, 2016). But, what does it indicate to a profession securing its place in the world and who relies on evidence in practice and policy making?

Post-truth describes a blurred state between truth and lies, when misleading or false statements by politicians and policy makers are unchallenged, when false talking points are repeated over and over until accepted as fact, or when history is re-written. This state of spin is not actually new, but its presence and effect have become pervasive.

This has happened for a variety of reasons:

1. social media and the spread of false, bad or fake news (Mikkelson, 2016)
2. group thinking and the affinity that leads to cognitive bias (Kahan, 2016)
3. proliferation of sources with varying levels of reliability (Davies, 2016)
4. news outlets that must appear impartial, allowing the vocalization of information that may not be correct or vetted (Eshelman, 2014)
5. reliance on studies driven to present predetermined conclusions (Davies, 2016)
6. proliferation of self-serving agencies or agents that are well funded as they promote agendas (Weigant, 2016)
7. leaders who believe the hype and are surrounded by those who reinforce it in order to secure favor (Weigant, 2016)

Interestingly, as trust in data and expert opinion have diminished, populist movements have relied more on feelings rather than facts (Art of the Lie, 2016). For those engaged in shaping the healthcare delivery system so that it delivers accessible, high quality, cost effective healthcare, it has become challenging. So, how can nurse practitioners (NPs) meet the challenge and improve healthcare delivery?

Actually, the NP profession has a long track record of having to counter the effects of false or misleading data. Though the profession is relatively new and policies have had to evolve as the profession has matured it is commonly understood many of the barriers set up for NPs have been based on biased data or information meant to mislead. Yet, the profession has made significant gains. These gains have occurred because the profession has concentrated on the use of sound evidence, to directly and indirectly improve care. The profession must continue to gather, analyze, and apply sound evidence, but must also champion the use of evidence to inform decision making. Higgins (2016) emphasizes the critical role scientists play in this post-truth world—they must speak up when findings are ignored by policy makers and they must espouse the importance of critical thinking and continued inquiry.

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Dan Pink, in his book *To Sell is Human: The Surprising Truth About Moving Others* (2013), recommends three qualities to bring about change, the first being resilience in the face of rejection, what he terms buoyancy. Buoyancy may be the most important quality to bring NPs and policy makers together in this post-truth world—unless championed, all the critical evidence in the world will little matter. The other qualities are attunement and clarity, both based on empathy. Attunement is the ability to take into account the view of the other person and clarity is the ability to present information clearly so it is understood. Kahan (2016) recommends countering group think by similar qualities of empathy—engaging on a one-to-one basis, seeking to understand the strongest objection or finding common ground outside of what is political. He also adds that often it is the more science sensitive group members who are willing to listen to evidence and persuade other members.

Aaron Sherinian, Chief Marketing and Communications Office of the United Nations Foundation, speaking at the 2017 Shot@Life Summit, recommended changing policy through what he termed ESP—evidence, solutions and people. He indicated, given recent media events, policy makers are especially hungry for strong evidence. But, they also need to hear solutions rather than a litany of complaints. They also need to hear relevant personal stories. Obviously, policy making in this post-truth age requires attention to what appeals to both the heart and the head.

**References**


Leadership and Mentorship

Mary Jo Goolsby, FAANP

Mentorship: Stewardship One NP at a Time

Stewardship was highlighted as an FAANP responsibility during our recent Visioning Meeting and further discussed during the 2017 Winter Meeting. Dictionaries define stewardship broadly as the responsible overseeing and protection of something worth caring for and preserving (dictionary.com); the Fellows identified stewardship as the responsibility of all members of a profession and includes vigilance related to quality of education, training, and practice, plus promotion and protection of the professional role. While our recent discussions centered on impact through institutions charged with oversight of licensure, accreditation, certification, and education of NPs, it seems timely to acknowledge that individual Fellows should be taking time to promote the professional role through our individual and aggregate mentorship activities—stewardship one NP at a time!

Mentorship was identified as one of FAANP’s primary purposes at its inception and the FAANP Mentorship Program has contributed to the professional development of dozens of NPs over the past ten years. However, beyond this formalized program, we must all be on the look-out for NPs with potential.

To promote the future of our professional NP role, please remember to watch for untapped ability in others—the very promise and capabilities they may not recognize in themselves. Help others to explore their interests and readiness to take the leap towards professional development and higher level leadership activities. Encourage their professional growth even when you do not have expertise in their area of interest to provide ongoing mentorship. Your recognition and encouragement may be enough to trigger action on their part, staying in touch to remind them of your confidence in their abilities and buoy their enthusiasm.

I frequently use the following quote in talks intended to inspire others to respond to a call to action:

Enthusiasm is one of the most powerful engines of success. When you do a thing, do it with all your might. Put your whole soul into it. Stamp it with your own personality. Be active, be energetic and faithful, and you will accomplish your object. Nothing great was ever achieved without enthusiasm.

(Ralph Waldo Emerson)

Remember, we should inspire enthusiasm among others, and demonstrate it ourselves. Stewardship for and by NPs is a critical responsibility and deserves our enthusiastic approach in the actions we take and encourage in others.
Macau – People’s Republic of China

The international column will focus on the global community of nursing, and the ever expanding role of the Advanced Practice Nurse (APN) through short vignettes of our emerging and connecting world.

Macau is a small peninsula land mass of 30.3 sq. kilometers in the People’s Republic of China (PRC), and it lies 60 kilometers west of Hong Kong. Transportation connecting these communities is by a one hour ferry ride. Macau was colonized by Portugal in the mid-16th century, and remained under their rule until 1999 when it was handed over to the PRC. It is currently governed by China as a Special Administrative Region as of 12/20/99. Macau has a range of autonomy known as “One country, two systems”.

The population in Macau is 607,500 with 8% over 65 years of age, and a life expectancy at birth of 82.3 years of age. When compared to PRC that has a population of 1.34 billion, their life expectancy is 74.8. This small community of Macau operates on the economic base of 75% coming from tourism and gaming. The casinos are elaborate and huge, and rival what you find in Las Vegas. Macau is also working to be a World Center for tourism for international trade. Retrieved 2/10/2017 www.ges.gov.mo/filesfactsheet/health_En.pdf

Health Care System

The system is a combination of public and private financed facilities and programs. The government operates one hospital, namely Hospital Conde S. Januario, as well as multiple primary care clinics and health stations. The private system is Hospital Kiang Wu, founded in 1871 as a charity hospital, and it operates in-patient and four outpatient departments and private clinics. A third hospital, Macau University of Science and Technology (MUST) Hospital, was opened in 2006. It functions under the MUST Foundation, and it serves as a clinical and teaching hospital for faculty teaching at the university. (For additional information and statistics of the health system, see the following references. Retrieved 2/10/2017 www.wpro.who.int/countries/mac/14MACpro2011_final_draft.pdf).

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International

Rosemary Goodyear, FAANP

Macau’s Health Bureau has worked to establish a sound primary healthcare network which was advocated by the World Health Organization in the initial directive of “Health for All” in the Alma Ata Declaration of 1978. This network has been accomplished by establishing seven major Primary Care Health Centers, and three Health Stations. Two of the centers offer Traditional Chinese Medicine services. All centers offer prenatal care, family planning, pediatric care, adult health care, student health care, and prevention education. Legal residents of Macau can receive free medical services at the health centers regardless of their ages or occupations. The health system is financed mainly by the Macau government, and in 2009 it spent the equivalent of $356.2 million (US$) supporting the health care services. Retrieved 2/11/2017 www.who.int/publication/en/

Nursing Education

There are two schools preparing nurses in Macau. The School of Health Sciences is within MUST and Kiang Wu Nursing College. Both enroll 60-70 freshman per year. The BSN program in MUST is taught in Chinese and English, and courses in English are part of the undergraduate curriculum. There is also the MN program in nursing which offers a traditional curriculum for these students.

At this time the APN role is not being offered, however, the school of nursing and Hong Kong Polytechnic University have joint relations. In the future this role may evolve and would be a great resource for positions in the established community clinic system of Macau.

References:


Hong Kong 9/9-11/16 INP/APN Network

“Advancing Nursing, Advancing Health, Emerging Possibilities” was the title of the International NP/APN Network Conference held in Hong Kong, September 9-11 2016. It was the 9th conference to be held by this international network since its beginning in 2000. The Network conferences alternate in the even number years with the International Council of Nurses (ICN) meetings also held every two years in the odd numbered years. www.icn.ch The next conference is to be held in Rotterdam, September 27-29 2018. The theme for this conference is “Advanced Nurses/Nurse Practitioners: Bridging the Gap” and the website is www.inpapn2018.com

The NP/APN’s welcomed all the 1000 visitors to the Hong Kong conference. There was the sharing of APN role development and projects and research presented by members from the 26 nation/states. During the conference there were 300 podium presentations and 132 poster presentation out of 445 received abstracts. The new Chief Executive Officer of the ICN, Dr. Frances Hughes, delivered a welcome to all attending and shared her vision and the future of Advanced Practice Nursing in the international community through ongoing ICN programs.

MEMBER LETTER

From: Barbara Resnick ]
Sent: Friday, February 24, 2017 8:42 AM
To: FAANP <FAANP@aanp.org>
Subject: thank you

Dear All,

I just wanted to say thank you for the amazing card you sent and all the wonderful good wishes. For those of you who work in oncology or thoracic surgery you probably have a sense of the horrific treatment for esophageal cancer that patients go through. All I can say is be sensitive and kind! I am happy to say that I am through the treatment-chemotherapy, radiation and surgery and living the post treatment hell. I am back to work full time though and just learning to deal with and adjust to a new GI system. I am hoping to attend the June meeting and will see you all then.

Sincerely,

Barbara Resnick
Changes in Accessibility

As AANP Fellows, we must always consider the ever changing landscape of healthcare accessibility and the role of the NP to increase access. The responsibility lies with each NP to help promote access and add value to the role of the NP. As quality care is provided, NP wages are more comparable to physician counterparts. The interesting fact to note is that providing comparable pay for NPs does not impact physician wages (Pittman, & Williams, 2012). The challenge is to work together with our local and national organizations of NPs to promote and provide evidence of the excellence of our practice. The APRN Consensus Model supported by the IOM only further substantiated that promoting the NP role can and will provide improved access to primary care nationally.

Recently, the National Council of the State Boards of Nursing explained the fact that the nursing profession must be adaptable to the changes occurring to promote access in care. Specifically, as NPs, we must recognize that a willingness to flex our care into the five areas of innovation is essential: Telehealth, robots/drones, digital and continuous monitoring system, and artificial intelligence (Journal of Nursing Regulation, 2016). While this may not come naturally to us as a nurse or healthcare provider, ultimately it becomes essential that we are adaptable and flexible to the ever changing healthcare environment. The virtual transition for NPs will be unavoidable in the global arena as well, as the World Health Organization reports that a deficit of 14.5 million health care workers will increase to 16-19 million workers by 2030 (Journal of Nursing Regulation, 2016).

As Fellows, we can work to address this access need at the national level to both expand access to NP care, and promote increased educational opportunities for RNs seeking to become NPs.


Member News Column

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. **Do you have an achievement you would like to share with us? Send to faanp@aanp.org**

Congratulations!

The following Fellows who have made significant contributions in the areas of practice, research, policy and/or education.

**Julie Adkins, FAANP**

Julie Adkins opened a privately owned NP clinic, Adkins Family Practice, LLC in West Frankfort, Illinois on August 30, 2017. To date she has been successful obtaining NP credentialing with major insurances without collaborator involvement. Her Julie manages the clinic on her own since her collaborator is never on site.

**Ivy Alexander, FAANP**

Ivy Alexander recently had five book chapters published, received three grant awards, and participated in two posters and a podium presentation:

**Publications:**


**Grant Awards:**


Health Resources and Service Administration (HRSA). *Advanced Nursing Education (ANE) “I CAN” Innovative Clinical-Academic Partnership to Enhance Graduate NP Preparation for Practice*, July 2016 – June 2019. HRSA Grant # D09HP29980. Funded for $1,690,873.


(Continued on page 19)
Susan Appel, FAANP

Susan Appel has several recent publications:


Christopher Blackwell, FAANP

Christopher Blackwell had four publications in 2016-2017. He also received two awards.

Publications:


Awards:

1. Excellence in Research Award (2017) by the College of Nursing, University of Central Florida.

2. Research Incentive Award (RIA) (2016) by College of Nursing, University of Central Florida.

Maureen Boardman, FAANP

Maureen Boardman, FAANP, poster presentation RIGHT FOR ME: Birth Control Decisions Made Easier at NAPCRG 44rh Annual Meeting Colorado Springs, Co. November 12-16, 2016 was chosen to be featured on the Women's Health Poster walk. Her other publications are as follows:


Theresa Campo, FAANP

Theresa Campo authored a text that was released in December 2016:


Carolyn Clevenger, FAANP

Carolyn Clevenger recently was promoted to Associate Dean for Clinical and Community Partnerships. In this role, Dr. Clevenger will oversee strategic collaborations with clinical agencies, community-based health resources, health systems and other academic institutions. In addition she will develop continuing education and non-degree certificate programs to enhance professional development opportunities for working adults.

(Continued on page 20)
Mary Ellen Zator Estes, FAANP


Sheldon Fields, FAANP

On January 3, 2017 Sheldon Fields became Dean and Professor of the School of Health Professions at New York Institute of Technology in Old Westbury, NY. The press release may be accessed at: http://www.nyit.edu/bio/sheldon.fields

Beth Haney, FAANP

Dr. Haney is passionate about moving the nurse practitioner role forward and has a long history of serving the profession through state and national organizations. Outside of nursing, Dr. Haney is on the board of Directors for the YMCA – Orange County region and continues to increase awareness of NPs in the community. Serving on City Council has afforded meetings with other elected officials and she looks forward to promoting NP practice in California.

Jenni Hoffman, FAANP

Jenni Hoffman is a co-author of the following publication: Hoffman JL and Scazzero JA. (2016). Evaluating the effectiveness of an online educational intervention on knowledge of sexual health and STDs/STIs among college-age female students. Annals of Nursing Research and Practice, 1(2): 1008.

Ruth Kleinpell, FAANP

Ruth Kleinpell, professor and director of the center for clinical research & scholarship at Rush University Medical Center in Chicago has been elected the 2017 President of the Society of Critical Care Medicine (SCCM). SCCM is a multi-professional organization with over 16,000 members in 100 countries. She is the 3rd nurse to serve as President in the 46 year history of the organization. Follow her on Twitter @SCCMPresident

Mary Koslap-Petraco, FAANP

Mary Koslap-Petraco has been appointed to the staff of the Immunization Action Coalition (IAC) as a Nurse Consultant. IAC is the premier source for professional immunization information after the Centers for Disease Control and Prevention (CDC).

Michelle Litchman, FAANP

Michelle Litchman received two awards this year, made three presentations and had two publications.

Awards

1. Jan 2017: Vice President’s Clinical & Translational Scholar, University of Utah.
2. Jan 2017: Faculty Career Development Fellow, Utah Geriatric Education Center, University of Utah.

Presentations


Publications:


(Continued on page 20)
Bobby Lowery assumed the role of Education and Advanced Practice Nursing Consultant, North Carolina Board of Nursing in August 2015. In this position he is responsible for assisting with administration and implementation of the North Carolina Nursing Practice Act with focus on Advanced Practice Nurses and serves as the education consultant to the BSN pre-licensure nursing programs and represents the Board meetings involving nursing practice. He also serves on the: Senior Staffing For NP Joint Subcommittee Education and Practice Committee Research Committee (Chair) Re-Entry and Reinstatement Committee. Prescription Drug Abuse and Advisory Committee Commission for Advanced Practice Nursing.

Additionally, he has the following publications and presentations:


(Continued on page 22)
Kathleen McCoy, FAANP
Kathleen McCoy had a publication accepted: McCoy K. (in press). Achieving full scope of practice readiness using evidence for psychotherapy teaching in web and hybrid approaches in psychiatric mental health advanced practice nursing education. *Perspectives in Psychiatric Nursing*. She also received the DSRIP grant to Build the Psychiatric Mental Health Workforce, Corpus Christi TX.

Karen Devereaux Melillo, FAANP

Kymberlee Montgomery, FAANP
Kymberlee Montgomery, Chair of the Nurse Practitioner Program at Drexel University received $420,000.00 from the Josiah Macy Jr. Foundation as a Co-PI with Dennis Novak, MD, Drexel University, to study professionalism in IPE teams in “A Multi-Institution Effort to Advance Professionalism and Interprofessional Education with ProfessionalFormation.org.”

Lee Moss, FAANP
Lee Moss was awarded the AANP State Award for NP Excellence for Utah at the AANP national meeting in San Antonio Texas in June, 2016. As a member of the AANP Health Policy Conference Committee and Chair of the AANP Health Policy Committee, she presented a talk at the health policy conference entitled "AANP Health Policy Committee: Supporting Nurse Practitioner Practice" February 26, 2017.

Julie Novak, FAANP
Julie Novak was the recipient of the Nancy Willerson Distinguished Endowed Professorship Medal from the University of Texas UT Health Houston on October 20, 2016.

Nancy O'Rourke, FAANP
Nancy O'Rourke completed her PhD from University of Massachusetts Medical School GSN in January and has submitted her dissertation for publication to the Policy, Politics and Nursing Practice.

Susan Ruppert, FAANP
Susan Ruppert is a co-author of the following publication: D'Souza, M. S., Ruppert, S. D., Parahoo, K., et al. (2016). Foot care behaviors among adults with type 2 diabetes. *Primary Care Diabetes, 10*(6), 442-451. Additionally, she and peer Michael Scott, were appointed to the Commission on Collegiate Nursing Education (CCNE) 2017 Standards Committee.

Brett Snodgress, FAANP

Victoria Soltis-Jarrett, FAANP
Committee Reports

AANP Research Committee Report
Susan Weber Buchholz, FAANP, Chairperson, Research Committee

Under the vision and direction of President Cindy Cooke, Diane Padden, and Michelle Cook, AANP created a Research Committee that works collaboratively with staff at the AANP Research Department. In September, 2016, the AANP Research Committee was convened and has been holding monthly meetings. We have several charges, including developing a gap analysis and bibliographies for the four research pillars (policy, practice, workforce and education) developed by the AANP Fellows Nurse Practitioner Research Agenda Roundtable (AANP, 2015). Our eight members: Drs. Hilary Barnes, Gene Harkless, Elizabeth Kostas-Polston, Michelle Litchman, Lorraine Novosel, Kristen Rawlett, Thomas Schlepko and Loretta Vece have been diligently working in teams on these important gap analyses. Tracy Klein serves as our Board of Directors Liaison, and Michelle Cook as our Staff Liaison. Kirsten Dickins, from Rush University, is also providing support to this committee. This scholarly work will inform AANP regarding key strategies for implementing their research agenda, as well as provide guidance for funding and disseminating NP-focused research to NPs and our stakeholders. Additionally, this committee also serves to advise AANP as needed regarding research-related proposals. During our monthly meetings, we have rich discussions on the four gap analyses and look forward to these being important contributions to the NP scientific literature. The dedication and rigor of this committee is greatly appreciated. It is important that we have a solid understanding of what is (and is not) being written about in regard to research on NP policy, practice, workforce and education.

Announcements

The 2017 Honorary Fellows for FAANP are:
Donald Jonas, New York, NY
Barbara Jonas, New York, NY
Dr. Michael McGinnis, Washington, D. C.

2017 Fellows Induction
The 2017 FAANP Induction Ceremony will be held during the AANP National Conference in Philadelphia, Pennsylvania, and will take place the evening of Thursday, June 22.
FAANP OFFICERS AND COMMITTEES

Executive Committee

Chair: Mary Jo Goolsby, EdD, MSN, NP-C, FAAN, FAANP
Immediate Past Chair: Mary Ellen Roberts, DNP, RN, APNC, FAAN, FAANP
Secretary: Janet Dubois, DNP, FNP, ARNP, FAANP
Treasurer: Lorraine Reiser, PhD, NP-C, FAANP
Members-at-Large: Mona Counts, PhD., CRNP, FNAP, FAANP, FAAN
     Diane Seibert, PhD, CRNP, FAANP
Selection Committee Chair: Charon Pierson, Ph. D., GNP, FAAN, FAANP
AANP BOD Liaison: Jean Aertker, DNP, FNP-BC, ARNP, COHN-S, FAANP

Selection Committee

Jean Aertker, DNP, FNP-BC, ARNP, COHN-S, FAANP
Donna Hallas, PhD, PNP-BC, CPNP, FAANP
Susan Kennel, PhD, ARNP, FAANP
Katherine Kenny, DNP, RN, ANP-BC, FAANP
Mary B. Neiheisel, EdD, FNP-BC, CNS, BC, FNAP, FAANP
Charon Pierson, Ph. D., GNP, FAAN, FAANP, Chair
Alicia Rossiter, Lt Col, USAFR, NC, DNP, FNP, PNP-BC, FAANP
Valerie Sabol, PhD, ACNP-BC, GNP-BC, FAANP
Lorna Schuman, PhD, NP-C, ARP-N-BC, FNP, ACNP, FAAN, FAANP
Barbara Sheer, PhD, PNP, FNP, FAANP

Nomination Committee

Debra Hain, PhD, ARNP, ANP-BC, GNP-BC, FAANP
Diane Pace, PhD, APRN, FNP-BC, NCMP, FAANP
Oralea Pittman, RN, MS, FNP-BC, FAANP
## Newsletter Team and Contact Information

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<tr>
<th>Team Member</th>
<th>Column Assignment</th>
<th>Contact Information</th>
</tr>
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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>
</tr>
<tr>
<td>Patricia T. Alpert</td>
<td>Member News</td>
<td><a href="mailto:patricia.alpert@unlv.edu">patricia.alpert@unlv.edu</a></td>
</tr>
<tr>
<td>Mary Jo Goolsby</td>
<td>Leadership/Mentorship</td>
<td><a href="mailto:maryjogoolsby@gmail.com">maryjogoolsby@gmail.com</a></td>
</tr>
<tr>
<td>Rosemary Goodyear</td>
<td>International</td>
<td><a href="mailto:rtgoodyear@gmail.com">rtgoodyear@gmail.com</a></td>
</tr>
<tr>
<td>Louise Kaplan</td>
<td>Policy</td>
<td><a href="mailto:kaplanla@juno.com">kaplanla@juno.com</a></td>
</tr>
<tr>
<td>Mary B. Neiheisel</td>
<td>Research</td>
<td><a href="mailto:mbn8682@louisiana.edu">mbn8682@louisiana.edu</a></td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>Richard Ricciardi</td>
<td>Photography</td>
<td><a href="mailto:nursepractitioner@comcast.net">nursepractitioner@comcast.net</a></td>
</tr>
<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