Greetings from FAANP Chair

Janet DuBois, FAANP

This past year has been very productive for the Fellows and our new initiatives will engage Fellows in permanent activities that will be extremely productive!

The new initiatives that we will be pursuing are Expert Panels and PRAC Talk/mini informative webinars/YouTube videos. The EC is working closely with AANP leadership to develop a process for these initiatives and move them into production within the next 24-48 months. These are long term and permanent initiatives that will not be tied to the Winter Meeting, although some of the work for these may be conducted at them.

Accomplishments

Successful Induction Ceremony & Reception
Fellows application fee instituted
New Fellows application process started in 2019
Largest initial Fellows application pool with 114 (103 final applicants)
Balanced budget with $40,000 gift for Induction activities
Winter Meeting, Savannah, GA
Past Chair’s Council- advisory group to FAANP
Emeritus designation

Winter Meeting Report

The Fellows came together for the Winter Meeting in Savannah on March 1st, 2nd, and third. The 1 ½ day event was very successful, and we heard from many of the participants that they enjoyed the presentations and activities. The new “PRAC Talks” were very provocative and generated a good deal of debate around the two hot topics; The DNP by 2025: What are the Odds? and the US Political Climate.
The Friday night reception included our version of “speed dating” and many of our past Chairs were there to answer questions and provide information and initiate discussions from participants. We were honored to have Dr. Loretta Ford as our Keynote speaker and Dr. Barbara Resnick as our Loretta Ford Awardee present on Sunday morning.

I had the privilege of interviewing Dr. Ford on Saturday morning. The interview was full of information about her life-long pursuit of excellence in the nursing profession and her goals and vision for NP role. It was a lively discussion and was extremely entertaining. Her brilliance and wit shined throughout the hour plus interview. We taped the entire interview and will be making it available shortly for all to view.

Dr. Barbara Resnick gave an energetic and provocative presentation on research and practice and the role of the DNP and PhD prepared nurse practitioners. Her talk generated quite a bit of discussion among the audience and was very lively.

The remainder of Dr. DuBois’s article will give reports from other officers and committee chairs.

Reports

Treasurer’s report by Ken Wysocki, FAANP, Treasurer

![Treasurer's Income and Expenses Chart]

2019 budget: $215,275.00
2018 Income generated from fees support expenses

Mentorship Program report from Lissa Barker, FAANP, Chair

The mentorship program will meet during a luncheon at the June AANP Conference.
2018-2019 Cohort’s posters will be displayed in the exhibit hall outside the Fellows both.

FAANP Past Chair Council report from Mary Jo Goolsby, Chair

Chair DuBois charged the PCC to review existing and proposed FAANP awards, crosswalk created.
Legacy Award would honor, recognize, memorialize FAANP member’s lifetime career who had a profound impact on the profession whose vision, innovation, courage, persistence and inspiration are essential components of the legacy.
A second historical research award has been proposed for consideration, to support and advance the study of historical impact of nurse practitioners.
History Committee report from Barbara Sheer, Chair

University of Virginia Center for Nursing Historical Inquiry: Jan Towers and Barbara Sheer visited the center on October 2018. Several NP collections are archived at the center. They are announcing a $5000 grant for historical research.

Physician Assistant History Society: Ruth Ballweg PA founding member and historian and Lori Konopka-Sauer will be joining us for the winter meeting to discuss the founding of the PA history society.

Interviews: Interviews are continuing. Many have been published in the Forum and all the interviews are archived in the dropbox.

Proposed Awards: The awards were reviewed by the past chairs committee. There was limited overlap between the Loretta Ford, Sharp, Towers Pinnacle Awards and the two committee proposed awards (Hall of Fame and Historical Research Award). Results forwarded to FAANP executive committee.

AANP History Committee: AANP created a history committee focused on creating a timeline for a wall in the new building.

FAANP Newsletter report from Mary Neiheisel, Editor

Found at: https://www.aanp.org/membership/fellows-program/faanp-newsletter

Forum was published on line five times, 4 regular publications and 1 special edition following the annual meeting in June.

Columns which are appreciated are practice and research of Fellows.

Member profiles are being published regularly.

We plan to celebrate Dr. Lee Ford's 100th year for a year beginning December 2019.

Thank you to all who contribute photos and columns.
Thank you for this opportunity to serve as your FAANP treasurer over the past year and a half. Our financial statements have been healthy and we have had much help in keeping all in order through the AANP finance department. Our income as of December 31, 2018, was $205,002.08 and expenses were $118,773.98. We were blessed to get a grant from AANP of $30K for special projects and $40K grant towards the induction program and reception dinner. As a program of AANP any surplus will go back to AANP. In all actuality, there are thousands of dollars in kind from AANP through staffing, information technology, and other behind the scenes work that are not actual line items in our annual budget. Our balance budget for 2019, approved by AANP BOD, is set at $215,275.00.

We have listened to your suggestions and have been working over the past year to develop other revenue streams to help keep annual dues and out of pocket program costs to a minimum. For example, the induction dinner program is approximately $160 per person but we will only be charging $80 per person which includes dinner, beverages, and entertainment. I can guarantee these tickets will go quickly again this year and a waiting list will be generated. Another example is catered coffee at approximately $100/gallon. We know that catering for any of our programs will continue to rise and we want to help offset these added expenses.

Suggested avenues for revenue include paid ads in the induction program booklet, paid congratulatory notes in the induction program booklet (e.g., friends, family, or employers), sponsorships for meals, snacks, beverages at our winter and summer meetings, sponsorships for induction programming, and other unrestricted grants. All would have to be considered appropriately as not to compete for the overall AANP organization budgeting plan and marketing strategy.

We have also listened to membership requests for legacy type funds, for individual donations/gifts, that would not get washed into the AANP general fund. These donations/gifts could be given towards categories such as specific events, flowers at programs, induction ceremony, scholarship, special projects, general categories or simply unrestricted. These funds would remain in a standing category that could roll over into the next year’s FAANP budget. Stay tuned for a survey in the near future to help us build this framework.

I thank my predecessor, Lorraine Reiser, and look forward towards transitioning with the next FAANP treasurer this summer.

Note from NL Team: Thank you Ken, for your service.
The Selection committee members met by conference calls prior to the Winter meeting and met on Saturday at the winter meeting. The final selection includes 62 inductees and 41 non-select for total 103 applications. The percentages are 60% selected and 40% non-selected nominees.

**Congratulations** to the new Fellows who will be inducted in June at AANP conference in Indianapolis.

Richard Ricciardi is our photographer and we greatly appreciate his fine photography. Thank you, Ric.

**Ric and Lee Ford**

at Reception
Dr. Lee Ford was greeted with loud applause and a standing ovation as this petite, powerful woman made her way to the podium at the Winter meeting. She had been in evidence on Friday night and throughout the morning and her remarks and answers to questions were eagerly anticipated on Saturday morning. Her words of wisdom and wise counsel have been such a major part of her presentations and she continued in that same format as she delighted the audience with her recall of the history, the trials and tribulations, and the triumphs of Nurse Practitioners.

Several attendees comment on the chat.

**Ruth Kleinpell, FAANP**

At the 2019 Winter Fellows meeting, attendees had the pleasure of hearing from Lee Ford, as she reflected on the development and advancement of nurse practitioner (NP) practice over the years. Her words were insightful and inspiring, as she highlighted how the role originated and has expanded. She shared that upon reflection, great progress has been made, but she also highlighted the importance of not designating "independent practice" but rather "full scope of practice based on education and training" as a strategy for achieving equivalency among NP state practice acts to support full NP practice.

**Mary Anne Dumas, FAANP**

Dr. Loretta Ford’s interview and chat session at the 2019 FAANP Winter Meeting was Dr. Ford at her best. She was funny, insightful, forward thinking, and it was a privilege to listen to her respond to interview questions. Dr. Ford has been referred to as the, “Mother of nurse practitioners”. It was clear listening to her that she continues to be the pillar of strength for nurse practitioners and the beacon of hope for American health care. She has passed the torch to those of us who come after her. It is a challenge. We have “big” shoes to fill.

**Kathy Wheeler, FAANP**

Lee Ford's talk just shows how and why we NPs exist. As someone interested in the state of health, globally, I am more convinced and optimistic than ever that we are the profession that can move the world's population to a much healthier place.
Where Have All the Nurse Researchers Gone?

Barbara Resnick, PhD, CRNP, FAAN, FAANP

Starting with some history, in October 2004, the American Association of Colleges of Nursing member schools voted to endorse the Position Statement on the Practice Doctorate in Nursing, which called for moving the level of preparation for advanced nursing practice from master’s to doctoral by 2015. Nursing schools have made great strides toward realizing this vision by planning and launching Doctor of Nursing Practice (DNP) programs, now available in over 35 states. There are now about 302 DNP programs provided in a variety of ways (e.g., online, face to face or some combination). In 2012 the American Association of Colleges of Nursing reported a 3.5 percent increase in entry-level Bachelor of Science in Nursing (BSN) program enrollment, and a significant increase in the number of students in graduate nursing programs. Master’s degree nursing programs reported an 8.2 percent increase in enrollment. The Doctor of Nursing Practice program enrollment increased by 19.6 percent and the PhD/DNS programs increased by a woefully low 1.3 percent. There are now currently about 3 DNP programs to 1 PhD program. Unfortunately, I anticipate that some people make decisions based on what is available for them locally. Thus we lose some potential PhD students based on access.

As shown in Figure 1 the growth of PhD enrollment has been quite flat from 2008 to 2017, particularly in contrast to the growth shown in the DNP enrollment shown in Figure 2. I recognize that there are many challenges to PhD faculty that include having to get funding, the infamous time issue (more an excuse than real as we have time for whatever we want to have time for!), the fear that the PhD prepared nurse practitioner can’t continue to do clinical work and research which is not accurate, the lack of mentors and a team, and the increase in teaching responsibilities particularly with having to help with mentoring students and DNP faculty in the design and implementation of the projects the DNP students are required to complete. In addition, for PhD researchers there are the ongoing stresses and strains of research which include such things as managing Institutional Board Review requirements, grant related regulatory issues, staffing, recruiting and ongoing research related challenges particularly with clinically based research that includes human participants.

The Role of the DNP Versus PhD Faculty

The roles of the DNP versus PhD faculty vary based on setting/school. Some DNPs are only required to teach, advise and work with students on their projects and practice-they have no scholarship expectation. Conversely, there are some schools where the expectations were the same between the two groups. Most schools encourage and expect PhD faculty to engage in scholarship with reports of about 60-75% of PhD prepared faculty doing research. Across DNP and PhD education and faculty there are concerns about preparation for teaching. Consequently, this is increasingly being built into programs or offered as additional coursework.
Unfortunately, with the growing number of DNP faculty in education there are tensions arising between DNP and PhD faculty. There are controversies over resource allocation and what resources are going towards education versus research, what internal grants might be relevant for a PhD versus a DNP and who is getting recognized and promoted and for what!? We need to be clear in academic settings that accomplishments and work is what is acknowledged, supported and recognized regardless of degree.

For those who are PhD faculty I encourage you all to be nice and reach out and help DNP faculty with scholarship by including them in research or helping them with projects (e.g., helping with project design or data analysis). Facilitating group projects is a great way to build relationships and assure scholarship of the entire group teaching in a specialty area. If you have ongoing research it is also great to engage DNP faculty and/or students in those projects. It may require thinking a bit out of the box to allow the student to participate in the project over a longer period of time than is traditionally encouraged with DNP projects.

Building the Next Generation of Nurse Researchers

We need to consider how to build the next generation of nurse researchers, particularly those who are nurse practitioners. I think the first step is to remind DNP students that this does not need to be a terminal degree. They can and should consider returning for a PhD if they have any interest in engaging in clinical (or other types) research. Some DNP students, may for example raise research questions from their clinical practices that are not appropriate for DNP projects. Encourage them to return to school after practicing a few years to answer those research questions. Explore with these students their innovative thoughts and approaches to clinical care and get them excited about studying these approaches in a rigorous manner and adding to the current science of nursing or specialty field they practice in.

One way to help encourage more nurses, specifically nurse practitioners, to consider PhD studies is to help develop funding options that support education while allowing for some working hours so that their incomes can be augmented. This is currently challenging in the federally funded training grants that are available. Another important way to encourage these individuals to engage in doctoral studies is to assure them that they can combine the roles of teaching, research and practice and that they don’t have to select one path or the other. It is not easy to always balance these three areas of work but being a role model and sharing successful examples of how this can be done are critical. Clinical practice is where research ideas are derived, interventions piloted and successful approaches disseminated and implemented in real world practice settings.

Mentoring of students toward a PhD option and mentoring new PhD faculty or those working in other settings is also needed. Mentoring is not a one-time consultation but a lifetime commitment to building the expertise and scholarship of the mentee. Help that individual set his or her priorities and make sure that his or her work is not lost among the other demands of clinical work and academic responsibilities. There are times to say yes to opportunities if it is within their area of expertise and conversely times to refuse the opportunity and offer it to someone else. Lastly, help all to overcome the frustrations and challenges associated with research such as Institutional Review Board hurdles and other types of research related support around grant submission and completion of regulatory requirements associated with federal funding.
A Word About DNP Programs

The DNP curriculum and programs continue to develop and grow. There are a few areas that need to be focused on. First, the inclusion of a very strong understanding of clinical research versus outcomes research or quality improvement projects. DNP students need to be able to read and apply research findings into clinical work and thus must know how to evaluate and interpret research. Moreover, they need to understand scholarly inquiring from a research perspective to be able to consider if this is an avenue for them for future study. We need to assure that scholarly work is being done and written up in a way that is an option for publication and dissemination of that work. Lastly, since many DNPs are remaining in academic settings to teach there needs to be increased consideration of education related to teaching and opportunities to teach during the course of their studies.

A Final Disclosure

The DNP degree is terrific for nursing and nurse practitioners to get us on equal footing with our physical therapy and pharmacy colleagues. Let’s not replace this, however, with the loss of the combined nurse practitioner / PhD role as this is where the clinical research questions arise and are answered. Keep that academic door open-reward students who have completed exemplary DNP projects, for presenting and publishing this work and help them want to continue with future PhD degrees.

Reference
American Association of Colleges of Nursing 2017 Survey. Available at: https://www.aacnnursing.org/News-Information/Fact-
Exciting news and columns were submitted by many Fellows for this first newsletter of 2019. The first information was sent by her wonderful leader, Dr. Lee Ford who wrote a thank you letter to all who contributed to the Golf tournament. Jean Aertker wrote about the tournament (pages 28-29).

The news and reports of the Winter meeting in Savannah are important in this publication. Please, take time to read what is happening and about future plans. Barbara Resnick quickly provided for publication the Loretta Ford Keynote address which was so well received at the meeting. Thank you, Barbara, for the timely submission of your words of wisdom which stimulated a great discussion.

The question/answer chat with Dr. Lee Ford was a very interesting and equally stimulating part of this meeting. Dr. Ford was taped and this tape will be available soon for viewing.

Barbara Sheer continues to work diligently to preserve the history of FAANP. In this issue Dr. Lissa Barker, 2001, is highlighted—what an asset she has been to FAANP!

The FAANP Forum committee and all Fellows offer sincere Congratulations to Dr. Jeff Bauer, Honorary Fellow, on the completion of his book. Again, with all his activities he has submitted a very timely article.

Thank you to all the contributors for this issue. The 2019 Fellows inductees will be published in the June issue as the names have been recently published on line.

Here are a couple of photos from the Winter meeting. Thank you again to Ric Ricciardi, FAANP, and great photographer.

Thank you to all who attended Winter meeting. We missed you if you missed this great meeting. See you in June.
Celebration of 2001 Fellow
Elizabeth (“Lissa”) R. Barker, FAANP

“Lissa” Barker is a Family Nurse Practitioner with over thirty years’ experience in active advanced nursing practice. She joined The Ohio State University faculty after retiring from the United States Navy where she concluded a 36-year career. Her last assignment was as the Commanding Officer of Naval Hospital Corpus Christi Healthcare System. She is a Professor (Emeritus) of Clinical Nursing at the College of Nursing at The Ohio State University. Dr. Barker is also a Special Instructor at Mount Carmel College of Nursing where she serves on the DNP committee and teaches Nursing 552, Healthcare Environments. “Lissa” is a past chair of the Fellows of the American Association of Nurse Practitioners and is currently the Chair of the Mentorship Committee. She is a Fellow of the American Academy of Nursing and serves on the Primary Care and Global Health expert panels. She is also a Fellow of the American College of Healthcare Executives and a Fellow of the National Academy of Practice. She has been practicing with University Health Connections for the past thirteen years. Her passion is wellness and global health. She has extensive experience in primary care and nursing curriculum development in developing countries.

KW: Since being selected in 2001 as a fellow what has changed since then?

EB: As a member of the 2nd Fellows class, I see that much has changed since then. The depth and expertise across so many specialty areas has grown and has exploded over the years, for instance, the ability of the Fellows to create a positive effect with nurse practitioners establishing roles as mentors. There has been a continued and deep connection with military nurses. Continuing education opportunities have expanded greatly.

KW: What do you see as the pivotal moments in the past years?

EB: Fellows have had a great influence on the strategic direction and implementation as a whole on the direction of AANP through times of growth and reorganization. With the election of more Fellows, continuing to keep the bar rising to mirror increasing levels of expertise in improving patient outcomes, we are playing a pivotal role in the reshaping of healthcare in the United States. We have seen the increasing influence in legislation at both the state and national levels, especially with the influence of Dr. Jan Towers and our state and federal legislative office experts.

KW: How have you been able to impact the nurse practitioner movement?

EB: I have had the opportunity serve in many different leadership capacities as follows: a military nurse practitioner, a licensed independent colleague, faculty, chair of the Fellows, member of the selection committee, and most recently as the co–chair of the Fellows Mentor Program. The Fellows Mentor Program has had the benefit of providing mentorship to nurse practitioners new to the profession, as well as for seasoned nurse practitioners who are following a new passion. Leaders such as Mary Jo Goolsby and Mary Ellen Roberts have helped to nurture the mentor program.
KW: Is there anything you would change if you had it to do over again?

EB: I would have encouraged more collaboration with leaders who were not in the Fellows group. It’s important for the Fellows to be viewed as a group of expert resources, not as an elite group. Additionally, collaborating with other professional groups such as NONPF and specific academic programs to promote advanced practice nursing as a whole and thus having a positive impact on patient outcomes. This would provide unification as a whole to strengthen our role and position.

KW: What advice would you give to yourself during your Induction year?

EB: I would say – “You really do deserve this….so get on with it! Step up and engage in the activities of the Fellows. Gain confidence in your ability to advance practice and improve patient outcomes.” For instance, when I was Chair of the Fellows, I was able to work with nurses in China to improve their research and patient care curricula and broaden the scope of nursing practice there. Being a Fellow was quite influential in their decision to invite me to work with them.

KW: How would you like to be remembered?

EB: The hallmark of a great mentor is that one’s mentees exceeded the accomplishments of the mentor. I would like to be remembered as the mentor who empowered those whom I mentored to go on to achieve great things. Mostly, I want to be remembered as one who really cared about the health of all populations, one who was an able mentor, a great preceptor and a knowledgeable teacher. In the military, there is a principle of augmenting the forces. One does this by being really good at what you do and then passing those skills on so that those with whom you come in contact benefit, learn, and exceed your accomplishments. I want to be remembered as one who augmented the forces of health care and made a positive difference.

KW: What advice would you give to new nurse practitioners?

EB: Education is #1. Never ever stop learning. Always be open to learning. Remember what you learn now may be different in two (2) years. Know that there is a huge learning curve throughout your professional life. Be accepting of constructive advice. Active use of the evidence base data will likely support your credibility. Remember that we are nurses first, and our role is a calling, not just a job.

KW: What advice would you give to present fellows?

EB: Becoming a Fellow is a service and a working credential, not just something that you can put on your CV. With the acceptance of the Fellow title, you must continue to demonstrate how your fellowship will improve patient outcomes. It is not a capstone of your career, but a recognition of your expertise and your increasing dedication to patient care.

KW: What do you see in the future?

EB: I see nurse practitioners saving healthcare in the US. The emphasis that nurse practitioners have is not just in illness care – but an emphasis on health and restoration as well. I see Nurse Practitioners becoming more politically wise and active and championing health system change to better serve all populations.
“Advanced Practitioners and the Price of Health Care: Good News”

It’s always been hard to find good economic news about American health care. Our national spending in the medical marketplace has risen every year since Medicare and Medicaid were created in 1965, going from barely 4% of gross domestic product then to almost 18% now. Much blame for this out-of-control spending is appropriately placed on waste. We consume a lot of medical goods and services that do not improve (and often harm) our health. However, that’s not enough to explain why health care costs so much more per capita in the US than in other countries. People in the rest of the developed world spend 12% or less of their GDP on health care and have healthier populations (i.e., get more for their money), but recent studies show that their use of unproductive services is about the same as ours.

Health policy wonks have finally started to address the obvious explanation for our excessive spending: the relatively high prices Americans pay for health care’s goods and services. The industry “experts” have allowed themselves to be diverted from the real economic issue by a political red herring—the price of insurance coverage—when they should have been tackling the high prices of goods and services that are reimbursed by health plans. If prices were fair and competitive, health insurance would cost less. Our spending problem is a perfectly predictable result of medical monopoly, the “elephant in the room” that energized me to defer retirement for a year and write the forthcoming 25th anniversary edition of Not What the Doctor Ordered. We all pay an unnecessary price for the control that physicians exercise over advanced practitioners. It’s part of the waste.

With a PhD in medical economics and 50 years of experience in health care, I know that pricing is a tough problem to tackle in this marketplace. List prices (chargemaster) are effectively meaningless. They are unrelated to the actual costs of providing care, and almost nobody actually pays them due to an arcane system of contractual allowances, discounts, and post-billing negotiations. Further, the inherent uncertainties of illness and injury make it impossible to know in advance what care any given patient needs to purchase. Price-based comparison shopping for the best deal is correspondingly impossible. Therefore, the accelerating shift in reimbursement policy from fee-for-service to bundled payment makes perfect economic sense. Ironically, it also means that the total package price—not the prices of individual components of care—is what matters for the future.

Hence, I had to create a pricing model for the 3rd edition of the book, and it provides one more compelling reason why all states must ensure direct consumer access to advanced practitioners with full scope-of-practice authority. The competitive pricing model (presented in detail in the book) employs one of the most fundamental concepts of economic analysis: input substitution in production. My updated literature search produced dozens of peer-reviewed articles demonstrating that advanced practitioners are acceptable substitutes. They can provide approximately 70% of the services of a comparable physician, at comparable or greater levels of quality. Economic studies also show that labor constitutes approximately 65% of all production costs in health care, and labor market data show that the cost of an advanced practitioner is approximately one-half the cost of a physician.
Based on these findings and using these numbers, I created and compared production functions for services provided by advanced practitioners and physicians. The model produces a 33% lower cost when a given service is performed by an advanced practitioner. The cost difference was then used to compute the savings that could be generated if advanced practitioners produced 70% of the care provided by comparable physicians. The potential net gain is nearly $169 billion dollars, or 4.6% of total health care spending in the US. The “bottom line” is that eliminating the medical monopoly could reduce the total costs of a majority of medical goods and services by as much as one-third and reduce overall spending by almost 5%—without reducing quality or access. (Does any other reform even come close to producing such benefits? I think not.)

This comparative price advantage is very good news for advanced practice nurses and their comparably qualified peers in other health professions. It is even better news for American consumers, now that they are expected to pay more of the total bill for health services (i.e., have “skin in the game” because governments and employers are unwilling and unable to spend more on health insurance). Our challenge now is to convince lawmakers and regulators in all states that physicians’ control over advanced practitioners is not only unnecessary to protect consumers’ health—as shown in the book by well over 100 peer-reviewed publications validating that advanced practitioners perform at least as well within their legally defined scopes of practice (without a single study to the contrary!)—but also harmful to consumers’ pocketbooks.

Failure to ensure free and fair competition among all comparably qualified caregivers will perpetuate our rock-bottom international ranking in efficiency and effectiveness in health care. What a waste! On the other hand, removing all barriers to direct access and full-scope of practice authority could move us proudly to the top of the list. The competitive, direct-access solution is supported by all the evidence I could find while updating Not What the Doctor Ordered. Thank you, nurse practitioners, for making this conclusion possible through relentless dedication to improving health care with the nursing model.

For recent examples of this new thinking, see

1. Papanicolas, I; LR Woskie; AK Jha; “Health Care Spending in the United States and Other High-Income Countries” JAMA 2018;319(10):1024-1039. and Anderson GF; P Hussey; V Petrosyan “It’s Still the Prices, Stupid: Why The US Spends So Much On Health Care, And A Tribute To Uwe Reinhardt” Health Affairs 38(1) January 2019.

2. I gratefully acknowledge the many AANP Fellows who provided input for the book project and note that all royalties are going to a scholarship fund for nurse practitioners.

CHAIR NOTE: CONGRATULATIONS to Dr. Jeff Bauer on his forthcoming 25th anniversary edition of Not What the Doctor Ordered. We are so proud of YOU and privileged that you are an Honorary Fellow.
Blast From the Past

FAANP History Report

Capturing our past continues to move to the future.

University of Virginia Center for Nursing Historical Inquiry

Jan Towers and Barbara Sheer met with Barbra Mann Wall, Director of the Center, Mary Gibson Associate Director, Hal Sharp, Archivist, and Nicole Thomas Associate Director for Development on October 2018. The center collections include several nurse practitioner associations including NAPNAP, GAPNA, NY Coalition and NONPF. Opportunities for archiving personal and organizational documents were discussed. A report is available in the drop box and sheer@udel.edu.

Scholarship Opportunity through the University of Virginia Center for Nursing Historical Inquiry: The center is announcing a $5000 grant for historical research information (page of this publication)

Physician Assistant History Society

Ruth Ballweg PA founding member and historian and Lori Konopka-Sauer joined us for the winter meeting to discuss the founding of the PA history society. The group also is conducting history boot camps tentatively scheduled in Denver May 17, October 8 in DC and Sept 26 & 27 in Johns Creek GA.

Interviews

Interviews are continuing. We are expanding to the 2003 cohort and beyond. Many have been published in the Forum and all the interviews are archived in the drop box. The format has been revised based upon the protocol for the navy nurses shared by Lissa Barker.

Proposed Awards:

Based on feedback from the executive committee the historical research award was revised and the relationship to the AANP strategic plan articulated. All awards and proposals were reviewed by the past chairs group. Lissa Barker prepared a crosswalk to demonstrate differences and similarities. There was limited overlap between the Loretta Ford, Sharp, Towers Pinnacle Awards and the two committee proposed awards (Hall of Fame and Historical Research Award). The crosswalk was forwarded to the FAANP executive committee.

AANP History Committee

AANP created a history committee. We are part of the committee focused on creating a timeline for a wall in the new building. Once the timeline is completed, we will continue to work with the group in expanding the interviews, legacy stories and the creation of a database to identify available archives of historical nurse practitioner materials.

Thanks to our most active members: Carolyn Torre, Mary Koslap-Petraco, Mona Counts, Mary Neiheisel, Kim Curry, Lenore Resick, Kathleen Wilson, Michaelene Jansen, Donna McArthur, Catherine Don'tje, Jean Aertker, Jan Towers, Angie Golden, Linda Rounds the past chairs members: Nick Burnett, Judy Berg, Mary Jo Goolsby, Mona Counts, Mary Ellen Roberts and Lissa Barker for sharing expertise and guidance and the fellows who took the time and energy to be interviewed.

Immunizations: Where Information Empowers

At the moment immunizations are a hot topic. The recent outbreak of measles in the Northwest has led to many interesting conversations, from exam rooms to statehouse halls. With 228 cases reported to date in the US this year the outbreak is the third largest in a decade, with all patient zero cases being linked to unvaccinated travelers who brought measles back from areas of the world suffering outbreaks (Times Free Press, 2019). This is particularly vexing since the US declared measles eradicated in this country in 2000 (CDC, 2015). Before the vaccine became available in 1963 nearly 50,000 individuals were hospitalized annually, of which 400-500 died each year (CDC, 2015). Measles is incredibly contagious, with 90% of those exposed, if not immunized, succumbing to the disease. This can occur just by being in the same room as the person with measles or even from a room where the infected person had been two hours prior (CDC, 2015). What is particularly alarming about measles is that it additionally disarms the immune system for 2-3 years, leaving the individual susceptible to other deadly diseases during this time (Mina, Metcalf, de Swart, Osterhaus & Grenfell, 2015). So, the risk of re-establishing itself as a health problem in the US is something well worth avoiding. For this reason nurse practitioners need to be informed so they can empower themselves, and similarly do so for their patients and policy makers. They need to understand policy issues surrounding vaccinations and need to be aware of clinical efforts that can optimize vaccinations rates.

After the 2014-2015 similarly based measles outbreak at Disneyland led to 147 cases California passed a new vaccination law (CDC, 2015), joining Mississippi and West Virginia as the only states to not allow immunization exemptions based on religious or personal beliefs (Vaxopedia, 2019). Most states allow some sort of exemption for non-medical reasons, but there are some distinctions (NCSL, 2019):

- Minnesota and Louisiana do not explicitly recognize religion as an exemption category but the non-medical exemptions can cover religious reasons.
- Virginia only allows personal exemptions for the HPV vaccine.
- Missouri’s personal belief exemption only extends to child care facilities, not public schools.


After the recent measles outbreak a number of state legislatures have considered new vaccination laws, but none ultimately require children to be immunized—most are small measures related perhaps to adjusting exemption status for required school vaccinations (Vaxopedia, 2019b). This has been because of controversy surrounding heightened requirements and heavy lobbying by immunization averse parents and patients. Legislatures are trying to balance parent autonomy with public benefit, which Kristin Hendrix, Lynne Sturm, Gregory Zimet and Eric Meslin fully discuss in their 2016 article, Ethics and Childhood Vaccination Policy in the United States. Many feel the reliance of vaccination averse families and individuals on herd immunity risks population health and shifts the burden of the process and expense to those willing to immunize. The California outbreak alone cost close to $4 million dollars in public health costs to investigate and contain the disease, and did not include costs of treatment, costs to quarantined families or response costs of schools and hospitals (Vaxopedia, 2019a). A single tetanus case in an unvaccinated six-year old in Oregon cost $800,000 to treat in 2017, and that did not include costs for air transport, rehabilitation or follow-up (Galvin, 2019). So, where does this leave the policy maker? Where does this leave the clinician?
What recommendations are there for those who recognize the risk is too great not to optimize immunizations whenever possible?

While policy makers argue about who should bear the costs of outbreaks and treatment or should there be policies of distance or exclusion (such as employees facing termination if not immunized), there is a movement by policy makers to make getting exemptions more difficult, often tied to requiring parents or individuals to be fully educated about the immunization, the errors in the information that is being circulated about immunization safety or visualizing the devastating effects of outbreaks of the disease (Hendrix, Sturm, Zimet & Meslin, 2016). A recent requirement for clinician signature attesting to these information sessions prior to providing exemption status significantly reduced the number of exemptions ultimately obtained in one community. These types of policy considerations are occurring at all levels, from legislatures to schools to clinics.

Beyond being involved in policy creation and implementation clinicians have the potential to affect immunization rates significantly at the patient level as well. How they do so has come under recent scrutiny and controversy as well. Some practices have started moving to ejecting patients from their practice when they refuse to immunize because of the risk they impose to other patients in the practice. The American Academy of Pediatrics (AAP) continues to support a policy that practices should not eject these patients and should use these episodes as opportunities to discuss the concerns and elaborate on the risks of avoiding immunizations. A 2005 AAP policy to this effect was reaffirmed in 2013, and no other policies on this particular issue have come out since (AAP, 2019). But the world is complex and mobile and practices have to decide what policy they want to adhere to and which best suits their population.

Whatever the policy everyone agrees better patient communication is critical to improved vaccination rates. Some argue a presumptive approach where the provider assumes the vaccinations will occur is optimal. Others argue for a more participatory approach or guiding approach (Hendrix, Sturm, Zimet & Meslin, 2016). The research indicates the more presumptive approach is much more successful in increasing vaccination rates (Opel et al., 2013). This is something nurse practitioners may want to consider since they tend to operate from a more participatory approach in patient interactions and may want to change their practice style on this issue. The AAP website provides a detailed discussion of both approaches as well as examples of both and videos (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/vaccine-hesitant-parents.aspx). Given clinical time constraints nurse practitioners may also want to update the informative tools they share with patients (including videos while they wait in the office) and use opportune times to discuss immunizations with patients, such as during prenatal visits (Hendrix, Sturm, Zimet & Meslin, 2016).

Certainly policy and practice parameters surrounding immunizations are complicated and thought provoking. And since immunizations are a lifelong need every nurse practitioner in every type of setting needs to give serious thought to immunizations, their institutional and state policies, and their own practice style. Being informed and deliberative can empower them as well as their patients.

References are found on next page.
References


FORUM CHAIR NOTE: Well researched article—thank you.
How to select a trusted research conference:

Think. Check. Attend.

It costs a lot of money to attend conferences, but for researchers, it is money well-spent if the conference is structured to allow scholarly discussion of cutting-edge developments in your field. Similar to the problem of predatory journals, predatory conferences have confused the landscape and made it important to think and check before you attend. Modeled after the campaign to avoid predatory publishers (Think.Check.Submit: https://thinkchecksubmit.org/), Think. Check. Attend (https://thinkcheckattend.org/) offers guidance on how to determine if a conference is authentic. Doctoral students and academic faculty receive flattering email solicitations to both publish their research and attend conferences, but it can be difficult to separate the legitimate from the predatory solicitations. Here is an overview of the guidance on making a reasonable decision.

Why you need to THINK

Sponsoring conferences can be a lucrative, albeit illegitimate, business in some disciplines. As more scholars look for venues to publish or present their research, new conferences seem to appear offering a letter of solicitation and acceptance to fulfill academic requirements. Additionally, these conferences may be held in exotic locations that sound like a welcome break from the realities of academic life. If funding can be obtained from universities or grants, that makes it even better. What makes a conference authentic and worth the time, effort and money to attend?

What you need to CHECK

The website Think Check Attend (https://thinkcheckattend.org/check/) offers a list of considerations as guidance in separating the authentic from the not-so-authentic conference. First, check the organizers and sponsors. Can you identify the organizers and research their past conferences? Has anyone you know attended this conference previously, or is this the first year the conference has been held? Is the information well written and presented on the conference website? Are there legitimate sponsors listed, such as drug and device manufacturers, scholarly publishers, health-related companies? Sponsors help defray costs of a conference through their financial support and legitimate companies are eager to participate with well-organized and well-attended conferences. If you have been attending conferences in the past, you should recognize either the organizers or some of the sponsors.

Check the scope of the conference. Usually a conference will be devoted to a specific topic and a solicitation for speakers will be clearly focused on that topic. A general nursing conference that solicits submissions on a list of 25 topics loosely associated with nursing may not be the best place to meet researchers who work in your area of expertise. The exception to this is a large association meeting where there are multiple interest groups and different expectations for clinical scholars and research scientists. For example, I was once invited to present to a conference of 13,000 attendees at the American Chemical Society annual meeting where participants ranged from college chemistry students to research chemists for some of America’s largest corporations, as well as editors and publishers from the Society’s independent publishing corporation (that’s where I was speaking).
Besides scope, if you are invited to speak, will your expenses be reimbursed, or will your conference fees be waived? Will your talk be published as part of the conference proceedings, or will your talk be made available as a CE offering for those unable to attend? Will you retain copyright of your material or will you have to assign copyright to the association or organizers? If you will have to pay your own expenses, are the fees clearly posted on the conference website? Beware of hidden fees, for example, a requirement to purchase a copy of the conference proceedings or a fee for submitting your paper for publication in the conference proceedings. There are many examples of predatory conference attendance that lead to predatory publishing requirements in some disciplines. What are the requirements of your institution regarding the type and location (international, local, regional) of conference eligible for you to obtain reimbursement? What do you need to provide to your institution for your own reimbursement (e.g., CE credits, a formal letter of invitation, a letter of appreciation for your presentation upon your return) and will that be provided by the conference organizers?

What are the requirements of submission and acceptance of abstracts? Is there an editorial committee that will review submission and make acceptance and rejection decisions? Are the people on the editorial committee appropriately credentialed to make such decisions or will all abstracts be accepted? Is there a formal peer review process for conference abstracts? Is there a well-developed and well-organized agenda for the conference, with organizers checking in and assisting attendees? Is it clear to you what will happen if the conference is cancelled? Will you get all your money back? There are many stories of conferences being cancelled at the last minute and subsequent refusal or inability to refund payments. There are also stories about attendees expecting a large conference being met by only a handful of other participants. Not exactly the scholarly exchange they had planned. Be as thorough as possible in checking the conference before you commit your money to attend.

**When you should ATTEND**

If you can verify all the above information on the conference website, or by checking with colleagues, then go and have a great time. Having the opportunity to interact with others doing work in your field expands your knowledge, opportunities, and connections in your chosen field. If you are unable to verify the authenticity of a conference, it is probably best to stay home and look for a better opportunity. By attending a predatory conference, you support people who are taking advantage of others more vulnerable than you. Predatory conferences, like predatory publishers, continue to proliferate because it is such an easy way to make money with little up-front expense. If you Google the address of predatory organizing or publishing groups and check out the street view, you will often find the address is a private home or apartment. In contrast, when you attend a conference organized by one of your professional associations, you see evidence of the support of the many departments and individuals it takes to develop and organize an effective conference.
Fulbright Encounters: A Specialist in Lithuania –

Jamesetta A. Newland

The international nursing community encompasses more than 130 nation/states and often the leaders, clinicians and/or faculties of these nations are looking for direction and assistance in nursing related issues in their homeland. Some turn to nursing organizations like the International Council of Nurses (ICN) or Sigma Theta Tau International (STTI) to seek support or assistance. Still others turn to the Fulbright Association and to Scholars and Specialists who are available to provide assistance. In the past I have spoken about this organization, recommended Fellows interested to serve as a Scholar or Specialist, and as a result two of our Fellow colleagues have worked in the international nursing community. Jamesetta (Jamie) pursued the Specialist path and received a grant to work in Lithuania during 2018 where she helped the faculty at Lithuanian University of Health Sciences (LUHS) move the profession forward to meet the emerging health care needs of the citizens. Our second Fellow, Debra Gray, followed the path of becoming a Fulbright Scholar and is currently working with nurse colleagues at the University of Botswana in Gaborone, Botswana. With Jamie’s help, I will share her experiences becoming a Fulbright Specialist and the project she completed while serving in Lithuania as a grantee.

Regardless of the path one selects to pursue within the Fulbright Association, each applicant must complete an extensive application, which is specific to the organization’s data required for making decisions. In this application, Jamie indicated the challenge of having limited space and characters; she spent a lot of time redoing her CV to meet these requirements. The Specialist path is managed by World Learning Inc. (WLI) and all applications are reviewed by a panel of peers who understand your specialty and professional qualifications. Program Officers are available to answer any questions and can assist in this application process.

Past experience in work and/or learning in other nations/states is also part of the application and strengthens your position in becoming a Specialist. Jamie had spent time working in Japan and Botswana and was able to “demonstrate a commitment to expanding advanced nursing practice globally and not appear to be looking just to take a trip.” Because there is no category for “Nursing” on the list of professions, the application must be submitted through “Public/Global Health and within that category Community Nurse/Nursing.”

Also in the application “…there were several questions to answer in narrative, which required personal reflection. Fulbright was interested in why you wanted to enter the program, why you thought you were qualified, and, particularly, how you perceived your experiences with and attitudes toward cultures different from your own. Two professional references were needed, and they were asked to address your knowledge and particular skills when faced with diversity among people and place. I found that very interesting.” These responses are weighed as important by the peer reviewers.
Since 2014, Jamie had worked with faculty from LUHS at New York University Rory Meyers College of Nursing (NYU Meyers). In 2016, the faculty in charge of the program at LUHS was approved as a Fulbright Scholar, and spent 3 months at NYU Meyers immersing herself in learning about APN programs in the College. This link facilitated the tracking and grant assignment as the host institution was able to specifically ask for Jamie when they submitted the project to the US Embassy in their nation. If an institution or agency link is not known when applying, the Specialist, when accepted, will be placed on the roster until a project that matches their qualifications is received.

The time in Lithuania was arranged by the coordinating agencies in the USA, WLI and LUHS in the host nation. All travel arrangements and payment of a stipend are covered by the Fulbright Association but managed by WLI. The host nation is responsible for housing, food, and local transportation as well as activities and responsibilities during the arranged grant period. Jamie’s travel was arranged and her accommodations were “in a spacious apartment conveniently located within walking distance of a large supermarket, shopping, restaurants, and cultural activities...” A Program Officer from WLI connected with Jamie mid-way through the grant period to inquire if all arrangements were being followed and how she was managing, physically and emotionally, during the stay.

Jamie’s project evolved from a commitment by the Lithuanian government when they approved the concept of Advanced Nursing Practice (ANP) and a faculty from LUHS came to NYU Meyers. The goals for Jamie’s 3-week grant focused on 1) exploring the development of a Master’s ANP program, 2) identifying strategies for an effective system for delivering ANP services, and 3) facilitating collaborative research among other institutions offering ANP programs. Working at LUHS in her own equipped office, she addressed the specific agreed upon work tasks by conducting workshops on education strategies, preceptors, clinical teaching guides, resource identification, stakeholder roles, curriculum evaluation, and guidance in disseminating outcomes of the ANP program. Jamie also had the opportunity to meet with key stakeholders to discuss the realistic outcomes for this role. “This work definitely aligns with NYU Meyers global initiatives for nursing, helping to elevate the roles of nurses everywhere and improve quality of care and access to care for global populations.”

When asked about the focus of her project, Jamie indicated that she wanted to educate the stakeholders within LUHS, the government, and the community “about the role of the Advanced Practice Nurses - educational preparation, training, and potential contributions to health care.” She was permitted multiple opportunities for presentations, workshops and teaching students at the institution during the grant period and continues to remain involved with program development and evaluation. She stays connected with colleagues at LUHS as she sits on the ANP Program Evaluation Committee and participates in SKYPE meetings as well as email communications. The two institutions have a Memorandum of Understanding for collaboration in education and research and continue in current faculty and future students exchange programs.

This is a very condensed overview of Jamie’s experiences as a Fulbright Specialist grantee, and I am sure she would be open to responding to questions you might have about her time in Lithuania and the project she undertook to move nursing forward in her host nation. She can be reached at jan7@nyu.edu. If there are questions about the Fulbright Association I am available at rtgoodyear@gmail.com or go to www.cies.org or www.fulbrightassociation.org
(continued from page 22)

Jamesetta with physician at Lithuanian University of Health Sciences Clinic

Student group at Lithuanian University of Health Sciences

Jamesetta touring host nation
In Remembrance of Virginia Lee Cora 1939-2018

Lisa Byrd, FAANP

Virginia Lee Cora
1939 - 2018

It is my pleasure to submit this remembrance and celebration of Virginia Lee Cora’s life. Dr. Cora has been one of the most outstanding nurses I have ever met as well as served as my mentor, an inspiration, and a friend for a number of years. She began her career in 1961 at St Dominic Hospital in Jackson, MS. She worked continuously as a nurse, a teacher, a researcher, and a leader locally as well as in national organizations. She served as a Fellow with AANP and sponsored several candidates for the fellowship, including me. Please, allow me to elaborate on her qualifications.

On December 7, 2018, Virginia Lee Brothers Cora died peacefully at her home on Swan Lake from ovarian cancer after a well fought battle for a number of years and numerous surgeries—but that never slowed her down in her final years as she went across the country visiting family and friends in her camper. She was born 14 September 1939 in San Antonio, TX to Clyde L. Brothers, a physician, and Alma Opper Brothers, a nurse, and her brother, Clyde L. Brothers, Jr. Reared in the military, the family was stationed in TX, FL, MD, NY, HI, Tokyo, and finally IL where she graduated from Freeburg High School in 1957. Cora earned a BSN in 1961 and a MN in 1972 from UM School of Nursing, Jackson, a DSN in 1985 from UAB, Birmingham, and a MSN in 1988 from MUW in Columbus.

Virginia was preceded in death by her husband-Spiro Pete Cora, a restauranteur and social studies teacher. Married in 1961, they were blessed with 3 beautiful children, 11 grandchildren, and 1 great grandchild, Michael (Carrie; Nicholas, Andrew, & Anna), Catherine (Nicole Ehrlich; Zoran, Caje, Thatcher, Nash, Jonas Ehrlich, and Gavin Ehrlich), Christopher (Jennifer Ann; Morgan and great grandchild Holden) Cora. The family was active members of the Holy Trinity & St. John Greek Orthodox Church in Jackson and enjoyed team sports and community and outdoor activities - camping, birding, and water sports. They had many wonderful friends, colleagues, and neighbors, including the Sistahs and Brodahs of the Flowing Water. Virginia especially enjoyed music, literature, theater, gardening, and volunteering to help serve our beautiful Jackson, MS community.

Dr. Cora demonstrated her devotion to nursing by working diligently to maintain collaborative relationships with her interdisciplinary care team to provide the most efficacious and efficient care possible for her patients. Her focus with nursing was on geriatrics and mental health. After serving her patients as a nurse from 1961 through 1988 and then working as a nurse practitioner, she decided to refocus her career on teaching and fostering novice nurses in the academic setting and became a Professor of Nursing-serving as a professor and advanced to teaching Graduate Nursing. She attempted to retire a couple of times but the calling of nursing schools and programs kept her active and involved due to their need of her expertise. She served as a researcher in psychiatric assessment of elders in long term care (nursing homes)-an often overlooked population. She also participated in researching osteoporosis in the long term care setting.
Dr. Cora served as president of the Geriatric Advanced Practice Nursing Association (GAPNA), a national organization for geriatric advanced practice nurses. She was very active and served in leadership positions in the Mississippi Nurses Association (MNA) and National Organization of Nurse Practitioner Faculties (NONPF). Dr. Cora served a number of years on the MNA Board of Directors. She was widely published and an accomplished national speaker on issues of geriatrics, mental health, and nursing education. She was always politically active as an advocate for advanced practice nursing and nursing education.

One of her most outstanding accomplishments was obtaining a grant to fund a unique program to meet the needs of two underserved patient populations in Mississippi: Elders and those with Mental Health issues—the Mississippi Educational Consortium for Specialized Advanced Practice Nursing (MECSAPN). This was Dr. Cora’s crowning glory—a program which united the five state colleges in Mississippi to offer the Geriatric and Mental Health Nurse Practitioner programs online at the University of Mississippi Medical Center program. This allowed experts in geriatric and mental health advanced practice nursing to administer the program in a cost effective manner and meet the needs of these underserved populations throughout Mississippi. This program worked so well that it is enduring beyond Dr. Cora’s lifetime.

She stayed active attending association meetings including the MNA, GAPNA, NONPF, AANP and FAANP. Was often consulted as an expert in nursing, she was a supporter of nursing and nursing students, and she was a compassionate, caring, tireless individual who went beyond usual expectations.

****

**Oldest Gator bait contestant**
In Remembrance of Virginia Lee Cora 1939-2018

Lisa Byrd, FAANP

(continued from page 25)
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 https://www.aanp.org/fellows-program/faanp-newsletter#submit-achievements

Jean Aertler, FAANP

**Appointment:** Jean Aertler was appointed as the first Executive Director for the Florida Nurse Practitioner network, the largest NP organization in Florida advocating for patient choice and a healthier Florida.

**Other:** The 1st Inaugural Dr. Loretta Ford Golf Tournament and Birthday Celebration at Continental Country Club, Wildwood, Florida was held on December 8th. A golf tournament and luncheon were held as a fund raiser for Dr. Ford's Educational Scholarship Funds at the University of Rochester and the University of Colorado. The event planning committee included Jean Aertler, Chair (FAANP), Doreen Cassarino (FAANP), Frank Manole (FAANP), Arlene Wright (Fl AANP State Rep), Janet Dubois (FAANP), Penny Jensen (FAANP), Sophia Thomas (FAANP), Gretchen Schumacher (FAANP), Stacia Hays (AANP FL State Rep) and Kahlil Demonbreun (FAANP).

Rosemary Goodyear, FAANP

**Award:** Rosemary Goodyear received a Visionary Leader Award from The University of Texas Health Science Center at San Antonio School of Nursing which was celebrating 50 Years of Excellence in Education, Discovery and Care. To honor their 50th Anniversary they selected 50 Visionary Leaders from faculty, community members and staff who contributed to the mission and goals of the SON. Rosemary taught 1971--1980 in Community Health, School Nursing and the Family Nurse Practitioner Program. Three of the original faculty were present, but unfortunately our first Dean, Greta Styles has passed away.

Daniel O’Neill, FAANP

**Other:** On January 8, 2019, Daniel O’Neill successfully defended his DNP scholarly project at Case Western Reserve University. Daniel’s defense demonstrated the value the DNP brings to the nursing profession by highlighting the contributions nurse practitioners make to patient care and the potential for our advanced practice nurses to bridge the access gap. The defense was widely received by other Case Western Reserve University students, faculty, and members of the committee. The scholarly project: *Are there prescriptive practice differences between nurse practitioners (NPs) and physicians (MDs) in the empiric treatment of uncomplicated urinary tract infections (UTI) in the emergency department setting in the UAE?* was a retrospective chart review comparing prescriptive practice/similarities between nurse practitioners and physicians in the ED. The study concluded that nurse practitioners and physicians prescriptive practices were comparable, noting parity in the treatment of uncomplicated UTI. Daniel’s future plans include promotion of excellence in the advanced practice nursing profession globally.

Susan D. Ruppert, FAANP

**Award:** Susan Ruppert received a Visionary Leader Award from the University of Texas Health Science Center at San Antonio (UTHSC-SA) School of Nursing. Susan Ruppert is a UTHSC-SA MSN alumnus.

**Recognition:** Susan Ruppert was inducted as a Distinguished Teaching Professor into the University of Texas Kenneth I. Shine, M.D. Academy for Health Science Education.
The Florida Nurse Practitioner network was the host of the Inaugural Dr. Loretta Ford Golf tournament and Birthday Celebration on December 8, 2018, at the Continental Country Club in Wildwood FL. As you know Dr. Ford is the co-founder of the nurse practitioner role in 1965 while she was a faculty member at the University of Colorado College of Nursing. We are fortunate that Dr. Ford chose Florida to be her home after her illustrious career in academia. She's also an avid golfer, so with her birthday in December, we decided to celebrate her love of golf and her 98th birthday!

FNPN called together “The NP Force Team” comprised of nurse practitioners who were attending the AANP national conference last June in Denver where the idea came alive! Jean Aertker chaired the group that included Arlene Wright, Doreen Cassarino, Wendy Paracka, Janet Dubois, Regina Pommer, Frank Manole from North Carolina, Kahlil Demonbreun from South Carolina, Sophia Thomas from New Orleans, Penny Jensen from Utah, Nancy Boyer from Mount Dora & New York, and Valerie Monrad, Dr. Fords daughter. Our goal was to raise money for Dr. Ford scholarship funds at both the University of Colorado and the University of Rochester Nursing. With the help of many nurse practitioners and friends we raised over $10,000 for her charities!

Several members of FNPN were able to join us for the golf tournament and luncheon and we had a ball. We started off the golf tournament at 8 o'clock sharp with a Florida traditional Mimosa's toast at the first tee. We then climbed into our appointed golf carts and completed nine holes in a scramble with one of our nurse practitioner colleagues Meredith Heyde NP from South Carolina taking two of the golf awards! Regina Pommer, FNPN Admin. Assistant, spied the first gator on hole 13 while golfers Lauren Baptista and Jeanne Barrone enjoyed the water holes! Wendy Wright and Janet DuBois were seen speeding around the course in a golf cart, urging the players on. The Inaugural Ford Cup was won by Jay and Bud Bartholomew from CCC for best overall score.

Friends and neighbors of Dr. Ford's from Continental also joined in to help us celebrate her birthday! We had a wonderful luncheon thanks to the lunch team- Doreen Cassarino, Stacia Hays, Arlene Wright Kim Curry, Gail Sadler, Jeannie Merritt, with many great tributes for Dr. Ford - the sportswoman, the pioneer, the legend and leader who is known and cherished worldwide. We presented Dr. Ford with an AANP cardigan embroidered "Dr. Loretta Ford, The Original Nurse Practitioner". We had giveaways and raffles and one of the best gifts all attendees received was a CD documentary created and donated by Dr. Sue Hagedorn entitled “Nurse Legends” featuring Dr. Ford in a tribute to nursing’s great disruptive innovator produced in 2012. Sue is a nurse practitioner and a movie producer from New York and Colorado. She also created the Florida NP video for FNPN several years ago during our quest for controlled substance authority.

We had over 70 attend the luncheon in a room that was decorated beautifully for the Christmas holiday and the tables were made special by the sparkling poinsettia plants donated by Penny Jensen. Nurse practitioners flew in from around the country to celebrate this day. Gretchen Schumacher from Michigan, also an avid golfer was able to play at a golf course in Orlando that her father had designed and where she played golf as a child. We had great fun decorating for the event and Wendy Paracka did an outstanding job of decorating Dr. Ford's golf cart. It was quite funny watching Dr. Ford take off with the streamers and glitz and the queens crown on top of the golf cart. Many thanks to the golf leaders Frank Manole, Gretchen, Sophia Thomas, Penny, and Kahlil Demonbreun for making this event a success.

We thank all of our sponsors who got us swag for the attendees and especially the staff at the University of Rochester for those great treats sent for the golf players bags. Our goal as the NP Force is to continue to build funds for Dr. Ford's foundations at both schools and build them to a level to be eternal funding to benefit future nurse practitioners. If you missed this event, maybe you and your group would like to join us again next December and do it again! We know Dr. Ford would love that!
Dear Friends and Colleagues:

Your warm and wonderful greetings and contributions to the celebrations of the FLNPNetwork’s golf tournament, my 98th birthday, and the holidays have inundated and overwhelmed me beyond my capacity to respond individually. Your cards, letters, calls with good wishes all created loving and proud feelings of fellowship and spirit of the Nurse Practitioner which you have spread around the nation and beyond.

I want you to know that I will hold your messages in my heart and mind and am forever grateful for the memories you created. I send my deep gratitude to each of you: You not only ‘made my day’, ‘you made my life’ renewed once again.

May each of you find 2019 a special year, one in which your dreams come true!

With fondness and gratitude,
Lee (Loretta C. Ford)

PS: Much of the success of these events are attributed to NP Jean Aertker and her team (NP FORCE). That is a story within itself….next Chapter!

January 19, 2019
CALL FOR PAPERS: JAANP FELLOWS COLUMN
Mary Jo Goolsby, FAANP

JAANP Fellows Column

The Fellows Column is a recurring special feature of JAANP. Each column, written by an AANP Fellow informs readers of:

- issues, trends, and factors impacting the NP role
- professional responsibilities and related strategies to promote stewardship of the NP role.

This broad purpose provides opportunities for Fellows to share their reflections on current issues, informed by their experiences, knowledge and expertise in NP practice, policy, research, and education. Fellows Column manuscripts should provide thoughtful, scholarly discussions of topics with informed synthesis and/or opinion of their topic. Fellows Column manuscripts are limited to approximately 1500 words and submitted through the JAANP Authors Submission Site. In order for a manuscript to be considered as a Fellows Column, authors must select “Fellows Column” as the manuscript type during submission. Fellows Column manuscripts undergo peer review, although reviewers are aware of the authors’ identity.

Questions can be referred to members of the Fellows Column editorial review committee:

Calls for Manuscripts: JAANP Themed Issues

The guest editors of two upcoming themed issues of JAANP invite manuscript submissions. Please take a few minutes to learn more about the two opportunities.

Professional Issues and the NP

**Guest Editors:** Drs. Rod Hicks, Mary Ellen Roberts, Judy Berg

NP Education

**Guest Editors:** Drs. Mary Jo Goolsby, Geraldine Budd, Anne Thomas

Go to [www.aanp.org/publications/jaanp](http://www.aanp.org/publications/jaanp) for full details!
Many Kudos and Great Gratitude to our Staff

Thank you to each of you for your caring contributions.

Diane Padden, Executive Director
Kat Van Duyn, Practice and Partnerships Coordinator
Liza Cecchini, Practice and Partnerships Associate
Again, thank you to each of you and we love you.

Photograph by OK Chon Allison
**Reminders**

**Announcements**

**AANP Open Access Award**

Two strategies in the latest AANP strategic plan include disseminating NP outcome data. As part of this initiative, researchers who are AANP members can now apply for funding so that their accepted manuscripts to a peer-reviewed, scholarly journal may become open access and available to a broader audience. Learn more or apply here.

**What’s Happening?**

Do you have an achievement you would like to share with us?
We highlight self-reported accomplishments of our fellows in our newsletter published quarterly. If you would like to share newsworthy accomplishments please go to URL: [https://www.aanp.org/fellows-program/faanp-newsletter#submit-achievements](https://www.aanp.org/fellows-program/faanp-newsletter#submit-achievements)

And it will appear in the Forum, our fellow’s newsletter. (Note: we reserve the right to edit your entry to conform to allotted space). When entering publication and presentations (podium or poster) please submit in APA format.

FAANP would like to acknowledge Fellows who are ill or who need a word or words from FAANP. Please, notify Diane Padden (dpadden@aanp.org) or Liza ececchini@aanp.org

**Annual Conference**

June 18-23, 2019

Indianapolis, Indiana
FAANP OFFICERS AND COMMITTEES

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AANP BOD Liaison: Jean Aertker, DNP, FNP-BC, ARNP, COHN-S, FAANP

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Shelly Hawkins, FAANP
Margaret O’Donnell, FAANP

History Committee

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

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Column Assignment</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary B. Neiheisel</td>
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<tr>
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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

Do you have an achievement you would like to share with us?
We highlight self-reported accomplishments of our fellows in our newsletter published quarterly. If you would like to share newsworthy accomplishments please go to URL: [https://www.aanp.org/fellows-program/faanp-newsletter#submit-achievements](https://www.aanp.org/fellows-program/faanp-newsletter#submit-achievements) Your accomplishments will appear in the Forum, our fellow’s newsletter. (Note: we reserve the right to edit your entry to conform to allotted space).