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

Happy 99th Birthday

DR. LEE FORD

MANY GOOD WISHES FOR A BEAUTIFUL AND HAPPY DAY

Many thoughts and messages will be flying to you.

Love,

NPs from all over the world
Inside this Issue:

Happy Birthday 1
FAANP Chair 2
Special Announcement 3-4
Honoring Dr. Lee 5
Mentorship 6-7
International 8-9
Policy 10-12
What to Read Now 13-14
Member Profiles 15-20
History 21
Membership News 22-23
Announcements 24
FAANP Committees 25
News Letter Committee 26

Dear Fellows,

The Fellows have had a very busy and successful year. The Executive Committee has been working hard on our new initiatives (PRAC Talks, Mentorship), planned and executed a successful Winter Meeting and Induction event, and hosted our 7th Invitational Think Tank in Las Vegas. We attended the Grand Opening of AANP’s new building in Austin, and have been working hard on planning our 2020 Winter Meeting.

As the holidays approach, I find myself thinking about the many things I have to celebrate, and look forward to a new year filled with new opportunities and adventures for the Fellows. The Fellows will be turning 20 in 2020 and we will celebrate that milestone at our events at the annual AANP Conference in June.

One of the things I am most grateful for is our fearless leader of the “NP Force”, Dr. Loretta Ford. This December, Dr. Ford will turn 99 and we will be celebrating her 100th year with her all year long! Our first celebration of our iconic leader is her 99th birthday party/Golf Tournament on January 4th (see attached flyer) at the Continental Country Club in Wildwood, FL. There will be other celebrations and events in her honor throughout the coming year as we continue to recognize her extraordinary contributions to our profession! It has been my privilege to get to know Dr. Ford and spend time with her over the last few years. She continues to amaze me with her brilliance, passion, and sense of humor!

Happy 99th Birthday Lee!

Wishing you all a joyous holiday and a Happy New Year!
Janet
Join Florida NPs for the 2nd Birthday Celebration & Golf Scramble for Dr. Ford’s 99th Birthday
(Born: December 28, 1920)
January 4, 2020
Continental Country Club in Wildwood Florida.
Check FNPN for more details.
Limited Space! Register Early!
Join Us for the 2nd Annual Golf Scramble & Birthday Luncheon for Dr. Loretta Ford on January 4, 2020 at Continental Country Club Wildwood, Florida

8:00 AM Tee-off at the First Hole with the “NP FORCE” traditional mimosa!

REGISTRATION DETAILS:
OPTION 1: Golf Scramble & Luncheon with 2 person Cart, Commemorative swag bag, and Lunch at the clubhouse. Single Player $55.00/TwoSome $110.00/Foursome $220.00

OPTION 2: Luncheon Only - in the Clubhouse Magnolia Room at 11:30-3:00 PM—Single Ticket for the Italian Feast Luncheon. $20.00 with commemorative gift.

Hosted by Florida Nurse Practitioner Network

Event Sponsorships Available!
Golf Hole Sponsors: $125
Program Sponsor: $500
Tournament Sponsor: $1000

Continental Country Club– 44– Wildwood, Florida 34785
352-748-0100

Seating is limited. Make reservations soon. Event proceeds will benefit Florida NP Network—Loretta Ford Scholarship.

No Gifts required. Donor cards will be at tables for Dr. Ford’s scholarships at Rochester University and the University of Colorado.

https://FNPN.ORG
Greetings from FAANP Forum Chair

Mary B. Neiheisel, FAANP

Merry Christmas to ALL
BEST WISHES FOR 2020

What a wonderful year with so many accomplishments by so many Fellows and Nurse Practitioners.

With this issue of the Forum we will spotlight Dr. Lee Ford in our quarterly publication leading to her 100th birthday in 2020. If you have any stories or memories you would like to share, they would be greatly appreciated. Please, send to me and I will use in appropriate Newsletter.

Greetings from
FAANP Forum Chair
Mary B. Neiheisel, FAANP

DR. LEE FORD: Part One: Years from 1920-1945

Lee Ford, FAANP and Mary Neiheisel, FAANP

Loretta (Lee) C. Pfingstel Ford was born on December 28, 1920, in the Bronx (New York), the fourth of six children born to Joseph F. Pfingstel a European trained lithographer and artist and Nellie Williams. Her father was Austrian and her Mom was Irish. None of her siblings entered the health field. One wonders if anyone in her family visualized Lee as a future nurse and world leader in nursing and health care? Lee played all kinds of team sports as a teen ager. Her favorite subjects were English and Literature and she was studious skipping several grades and graduating at the age of 16. Her Mom was not employed outside the home. All the children helped each other as they were close in age. Her most positive memory of her childhood was exploring natural areas. Her most negative image: “we thought of ourselves as poor but were rich in family love, always well fed and cared for.”

As a child and young teenager, Lee dreamed of being a teacher. She graduated from high school at age 16 and was not old enough to be accepted by a college or a nursing school. She sought employment and was employed as a nurse’s aide and “learned the rudiments of care giving in the hospital, lived with nursing students, read all their books, and had a conversion to nursing as a career. “I loved taking care of people, hearing their stories, feeling with compassion their pain and problems, being invited into their world as they struggled to survive. Her siblings entered professions of sales executive, cosmetician, minister, and sales clerk. Lee entered nursing and made the following observation: “As I entered nursing school, I soon learned that the professional nursing curriculum included many aspects of teaching and learning, not only for myself, but for me as a teacher of patients and families. Through this circuitous route I became a teacher through my position as a Public Health Nurse (PHN). In that role, I was a teacher not only of patients, and their families, but also a teacher of the community and nursing students who cared for patients.”

She received a diploma in nursing in 1942 from the Middlesex General Hospital in New Brunswick, N.J., where she was a staff nurse. She was also employed by the Visiting Nurses’ Association in New Brunswick. She was commissioned an officer, a SECOND Lieutenant, in the U.S. Army Air Force in 1943. She wanted to serve overseas but because of her vision was stationed in the United States at a variety of military bases.

In our next segment, we will discuss Lee’s continuing education as a nurse as well as an educator.
FAANP Mentorship Program: A Brief History and Relevant Resources

Although the FAANP Mentorship program is entering its 14th year, I find that Fellows are often unaware of the program and related resources for formalized mentorships. I’m going to take advantage of this issue’s column to provide brief background on the development of FAANP’s Mentorship and to encourage readers to both participate in future Mentorship cohorts and learn about additional resources to support more localized mentorships.

Mentorship was among the stated purposes when AANP established the FAANP program in 2000. They identified the goal of creating a formalized mentorship program through which expert Fellows would be paired with innovative but less experienced NPs. The program envisioned at that time would involve a commitment between each member of the dyad, thus formalizing the mentorships supported by FAANP.

Finally, in 2004, when the FAANP numbered 84 members (just over one-tenth of our current numbers), FAANP Chair Delia O’Hara (deceased) and Chair-Elect Nick Burnett convened and participated in a six-member committee charged to explore options for and propose a model for an FAANP Mentorship. Other committee members included Eileen Hayes (deceased), Sarah Freeman, Laurie Kennedy-Malone, and me. Together, we spent over a year investigating opportunities. Our work was informed by each of our individual experiences in mentoring, including both Laurie’s and my service as Mentors in Sigma’s one-year, formalized Chiron Program. Other sources included Eileen Hayes’ research on research, a paper survey of AANP members attending the annual Conference, and discussions from a large focus group of attendees during the Conference. The team conducted an extensive review of the literature on formalized mentorship programs. As the program was developed, the committee invited input from Fellows attending FAANP meetings. The Fellows also hosted an invitational Think Tank shortly after the Mentorship launched, to discuss general mentorship, beyond the FAANP program. (FAANP, 2006).

One of the most informative set of resources we incorporated in the FAANP Mentorship came from the Mentoring Group (mentoringgroup.com). The Mentoring Group was founded by Dr. Linda Phillips-Jones, a psychologist whose dissertation explored mentorship. The Group grew as an extension of her research and continued work on mentorship, for which she frequently served as a consultant and speaker. This site provides a myriad of articles and resources to promote successful mentorship. I encourage you to visit and bookmark the Group site to see the breadth of resources available. If you are earnestly interested in strengthening your skills as a mentor or potential mentee, or developing a local mentorship program, scroll down on the site’s home page and select the tab for “Mentors Books in PDF”. Among these freely available resources are the ones that the FAANP Mentorship planning committee purchased and used to guide our program, including the detailed guides for mentors and mentee’.
So, back to our FAANP program. The program launched in 2006 with seven Mentor-Mentee dyads. Mentee candidates submitted formal applications and Mentors were matched based on brief surveys of Fellows to determine areas of expertise and willingness to serve. Although we had 21 dyads in 2007, in later years, there generally have been ten or fewer pairs. However, mentorship continues to be a signature focus of FAANP, just as its founders envisioned.

If you are unfamiliar with this great FAANP program, visit the Fellows pages on AANP’s website. Details about the Mentorship Program are provided under the Fellows Programs and Initiatives section. The program offers a unique way to share your expertise with less experienced NPs who have identified specific area(s) for their professional development. Annually, usually in the Spring, members of the FAANP Mentorship Committee reach out seeking mentors. Watch for this opportunity.

Sadly, much of the nursing literature on mentorship reflects onboarding programs. When I offer content on mentorship to groups or individuals, this is the area in which they are most familiar. However, there is a body of content available on mentorship in various forms in other disciplines, including business and leadership literature. Over the next few issues, I will include discussions and resources for those interested in mentorship beyond the one-to-one formalized programs.

Reference


MERRY CHRISTMAS

BEST WISHES FOR 2020
NP/APN Role: International Research Through 2 Lenses

The international nursing community is making progress in establishing the Nurse Practitioner/Advanced Practice Nurse (NP/APN) role as reported in several research studies identified here. NPs in the USA have worked diligently to address the role, a scope of practice that reflects our educational preparation, and affirm the focus of their work that addresses the patient and their health care needs. Here is a brief review through the lens of practice and a second set of studies through a lens of economics.

The first study reports on data received from 19 nations and was completed by our colleagues in the International NP/APN Network of ICN – Research Sub-Group. (http://icn-apnetwork.org) The information from the participant nations provided diverse descriptions of the nurse practitioner delivering care, scopes of practice, regulations, and practice settings etc. Clarification of role and image of the worldwide NP/APN was the impetus to undertake this study. Two frameworks, the Strong Model of Advanced Practice Nursing and the ICN APN Competencies, established the foundation for the study.

Nineteen nations listed between Australia-to-Wales, reported data which were then mapped against the five Domains of the Strong Model and paralleled with the ICN/APN Competencies. Emerging themes such as Independent Practice/Autonomy, Prescriptive Authority, Evidenced Based Practice, and Health promotion emerged. The research design, nation participation, and findings within each Domaine of the Strong Model are reported. The results of the study and recommendations can be found on the website through the above link. Lorna Schumann our colleague Fellow, was a Co-Chair of this Sub-Group during the data collection period.

When you review the international research picture of the NP/APN you will find an expansive view that investigates factors influencing a nations’ motive to move forward and promote the development of this role. A second set of research studies, gathered data in 2010 and 2015 which were respectively reported in 2014 and 2017. These investigations were carried out by the Organization of Economic Co-Operation and Development (OECD) who gathered data from the 36 nations in the EU. The stimulus that moved the OECD to investigate the “expanded role of the nurse..” were “workforce issues”, “skill mix—shift in primary care”, cost-outlays for hospitals” all of which influence the economics of the systems delivering health services. The history of this organization relates to its charge after WWII to assist the administration of the Marshal Plan in the reconstruction of Europe and stimulate the economy of world trade. The NP role is an economic influence world-wide.
The NP/APN role in our nation has influenced the cost of delivering health care and past research has reported these findings. We all have witnessed the power of the “$”, its influence on policy, delivery of services, and changes in the work setting. Therefore, it should not be surprising for international research, undertaken by OECD, to explore the economic influence of the expanded role of the nurse on the delivery of health care in the European Union nations/states.

In this research study the participating nations were separated into three groups for reporting purposes. Group One was made up of eight nations/states that had identified full implementation of the NP/APN role. These nations/states were United States, Canada, United Kingdom, Netherlands, Finland, Australia, New Zealand and Ireland. A second Group was made up of twelve nations/states with early implementation of the role. The third or last group consisted of twelve nations who have not moved forward toward implementing the NP/APN role. The findings relate that the nation/states with full implementation of the role listed the following activities as part of that role; health assessment and diagnoses, prescribing medicines, ordering tests, and procedures, establishing treatment plans, monitoring a panel of patients, referral of patients and being the first point of contact for the patient’s entry into the health system. There was variation within these 12 nations linked to the regulated role, as can be expected and similar to the variation we experienced within our 50 states in the USA. The education of the NP/APN was at the Master’s level. Areas also addressed in more detail in these studies were prescriptive authority, payment of services and the evaluation of the services provided by the NP/APN.

This is just a brief review of completed research on what is happening internationally. The NP/APN role continues to move forward and continues to make inroads throughout our global nursing community.

Links to OECD research articles:
http://www.oecd.org/els/health-systems/health-working-papers.htm (Paper #54)
http://www.oecd.org/els/health-systems/health-working-papers.htm (Paper #98)

**********

FAANP Winter Meeting – Deadline 1/24

The 2020 FAANP Winter Meeting will be held February 28 to March 1 at the Hyatt Regency Hotel in Austin, Texas. The Winter Meeting will begin with a networking reception Friday evening. Plan for a full day of activities on Saturday and a midday adjournment on Sunday. A portion of the program will qualify for continuing education credit. Meeting agenda forthcoming. No meeting registrations or hotel reservations will be accepted after Friday, January 24, 2020.

Meeting Registration: A non-refundable $75 meeting registration fee is required to attend. Please note that paying the registration fee does not secure your hotel reservation. To register for the winter meeting please use link below.

Meeting Registration Link

Hotel Reservations: Hotel accommodations are first come first serve, and there is a limited number of rooms still available within the AANP block. The guest room rate is $205.00 and the self-parking rate is $15.00. To reserve your hotel accommodations please use link below or call 1-800-233-1234.
Civil Discourse: What Would Mister Rogers Do?

The recent release of a movie about the life of Mister Rogers, *A Beautiful Day in the Neighborhood*, is timely to a discussion on civil disagreement and civil discourse. We live in a time when our profession, our policy makers, and our politicians have big things to do but civil discourse is exceedingly difficult because we also live in a time of division and disagreement. In these times what would Mister Rogers do?

Mister Rogers of course refers to Fred Rogers, the American television personality who developed and hosted the innovative Public Broadcasting Service (PBS) television show *Mister Rogers’ Neighborhood*, which ran for over 30 years (Fred Rogers Company, 2018). Disappointed by childrens’ television at the time Fred Rogers initially worked behind the scenes at a local network to create content for children that was more devoted to emotional well-being and healthy development. Bullied as a child he went on to earn degrees in music and theology, studied child development, and became an ordained minister. Rather than taking on a traditional ministry Mister Rogers devoted his life to improving the lives of children and families, eventually creating and delivering his nationally acclaimed show. He is well known for his speech to a Senate Commerce Committee regarding funding for PBS. At the time PBS was facing budget cuts that would have threatened his show as well as the network. Though not nationally known at the time he went before the committee to discuss his program and how it helped children deal with feelings, trust and communication. His speech and his low-key presentation, viewable on YouTube at [https://www.youtube.com/watch?v=fKy7ljRr0AA](https://www.youtube.com/watch?v=fKy7ljRr0AA), is highly revered and often used as one of the best examples of that sort of appeal. The Senate awarded PBS the funding. It is noteworthy his address to the Senate involved a poem he wrote about self-control, hoping to instill children with the realization they can develop that ability in the face of difficult circumstances. It is pretty clear Mister Rogers might have some insights on civil discourse.

Disagreements can be settled in many ways, some quite destructive. They can involve everything from personal attacks to physical aggression. Some settlements can seem like they are agreeable, such as when the two parties agree to disagree. This may work in some situations but when something needs real work or real development the two parties cannot simply choose to disagree. Another process which appears agreeable but which is not is when the weaker party quickly and with minimal discussion agrees to the terms or ideas of the other party. In this situation the center cannot hold and the hard work is merely postponed—eventually the disgruntled party will seek some sort of resolution.

But, when there is real work to be done and parties must toil and live together civil disagreement must be met with civil discourse. Civil discourse allows us to work for improvement on problems or issues when we face opponents whose views may be at extreme odds with those of our own. Compromise like this, sweated out from civil discourse, is not selling-out. It is the result of hard work that yields results in difficult situations. In a recent TED Talk Teresa Bejan of the University of Oxford stated, “…civility makes our disagreements tolerable so that we can share a life together even if we don’t share a faith—religious, political or otherwise.” It is available at [https://www.ted.com/talks/teresa_bejan_is_civility_a_sham/up-next?language=en](https://www.ted.com/talks/teresa_bejan_is_civility_a_sham/up-next?language=en). So, what lessons might NPs learn from Mister Rogers regarding civil disagreement and civil discourse?
Empathy

Mister Rogers is well known for teaching and modeling empathy. The oft repeated phrase of Rogers—you were a child once too—seeks empathy from the listener (Taylor-Troutman, 2019). If a person can take on the perspective of the other person they can perhaps come to understand what matters to them, what they fear, what they need. Every show devoted some programming built on attending to the feelings of others, mostly some feeling a child might experience related to a thought or experience. Successful civil discourse also relies on empathy, that is, the ability to take on the perspective and thoughts of others. Empathy is often cited as the most important quality a leader can develop and it is critical to civil discourse. And while often viewed as an innate quality that a person might be born with empathy can be learned, and can be developed for the benefit of civil discourse. Robb Willer, a social psychologist, researches discourse and what separates us and what brings us together. His research reveals that political divisions are based on rather subtle but meaningful moral divisions. He goes on to discuss how one needs to spend time understanding the divisions and needs to be cognizant about those divisions while working with others on problems and issues. His TED talk is available at https://www.ted.com/speakers/robb_willer.

One caution about empathy is that it must be genuine, not manipulative—the moment the opponent senses manipulation the work will falter. The two parties must genuinely be working toward some better solution. Empathy also relies on taking a close examination of one’s own attitudes and perspectives, realizing one’s own perspectives may be biased, and therefore potentially wrong. These errors of thinking come from what is called naïve realism, what social psychologists say occurs when one thinks their perspective is the only perspective possible, while those who disagree are uninformed, misguided or even evil. To develop true empathy one must realize issues and individuals may have many perspectives, many solutions and many outcomes.

Listening

An equally important principle of Mister Rogers pertains to listening, again something Mister Rogers discussed frequently and always modeled. In fact, one quality that shines through every encounter Mister Rogers presented in each show was what an incredibly patient listener he was. Hedda Sharapan (2016), a child development specialist who worked with Rogers over 50 years, wrote about his incredible ability to actively listen to EVERYONE, born out of truly wanting to connect with and understand people. His engagement was reflected in asking thoughtful questions, followed by more questions or comfortable silences while waiting for responses. After sharing a story about an interview of a child in a wheelchair Ms. Sharapan points out the body language Mister Rogers exemplified in active listening, specifically leaning into the conversation, sitting at eye level with the child and continuously looking eye-to-eye. Ms. Sharapan emphasized what Mister Rogers made clear was that it was often more important how someone listened than what was said. If someone is not genuinely engaged in a conversation and talks over someone or spends their time planning their own response then they are not listening. Numerous conflict resolution advisors and much research demonstrates active listening is a critical skill to civil discourse, also teachable if the participants are genuinely interested in solving problems.
Little Leads to Big

In a recent article in The Atlantic (2019), Tom Junod, the man who was befriended by Mister Rogers and who inspired the story on which the movie is based, stated he is often asked what Mister Rogers might think about some current event or issue. Acknowledging that he of course could not predict how Mister Rogers might respond he added Mister Rogers never shied away from the realities of the day, aiming to counter them in constructive, simple measures. Mr. Junod recounted Mister Rogers’ response to a mass shooting when he learned the perpetrator had stated he had wanted to do something “really big”. Paradoxically Mister Rogers had stated, “…wouldn’t the world be a different place if he had said, ‘I’m going to do something really little tomorrow?’” For a week program content concentrated on little versus big, making it clear small efforts had value, and little leads to big. His thinking was that society needed to instill satisfaction with small steps. This has meaning for civil discourse—if those in disagreement can seek incremental, small gains rather than big, perhaps destructive, gains individuals engaged in the discourse might accomplish real work on problems. Of course all this relies on the realization real work takes time and patience and usually cannot be worked out overnight. Over time little will lead to big.

These three principles are just a few of the tenets Mister Rogers lived by. He also devoted time and effort to issues of trust, accountability, self-awareness, strength, forgiveness, worth and many, many others. One cannot help but wonder in these days of disagreement and discord—What would Mister Rogers do? No doubt he would have some answers.

References


What to Read Now

Kim Curry, FAANP

What to Read Now

This column represents the first installment of a planned regular feature in the Fellows Forum. It’s intended to provide ideas and hopefully start conversations about important publications in either the NP literature or in literature that impacts us as NPs in our professional lives.

I don’t know about you, but I always have a stack of great new articles and books around, if only I could get to them. On a bad day, I think of it as my pile of guilt: why haven’t I been able to make the time to thoughtfully read all of those potentially impactful items? This column will either add to your pile or help you whittle it down a little by focusing on a couple of meaningful publications for you to consider prioritizing. Let’s get started.

Our journey begins at the beginning. If you have never read “A Program to Increase Health Care for Children: The Pediatric Nurse Practitioner Program”, then you should. This groundbreaking article by Henry K. Silver, Loretta C. Ford, and Susan G. Stearly was published in Pediatrics, Vol. 39, No. 5 (May, 1967). The article describes the educational program initiated for professional nurses at the University of Colorado with a goal of increasing access to health care for children “in areas where there are limited facilities for such care”. The first program included four months of theory and practice in pediatrics, followed by 20 months of further practice in the field.

The authors describe in detail the program concept, the curriculum, and the activities of the students. The article can serve as a source of some classic quotes, and it also contains some information that may surprise you. For example, did you know that the first students accepted for the program were required to have previously earned a master’s degree in public health nursing? Silver, Ford, and Stearly explain their vision for the program and make reference several times to an ongoing shortage of physicians, nurses, social workers, and nutritionists. They further state “...every effort needs to be made for the best possible use of those men and women already trained and qualified in scientific careers.” Again and again, they speak of physicians and nurses working together in an integrated fashion to meet the current and future needs of patients. They further state “Physicians and nurses can and should work together to determine which of them can best assume responsibility for a particular aspect of a patient’s therapeutic regime at any point in time.” It’s hard to believe this is still a source of contention in some areas of our country.

A final point: nowhere in the article does it state that the role of the NP was conceived to relieve a physician shortage. In fact, the authors speak of setting aside traditional hierarchical structures to achieve the highest quality care. While it is unfortunate that the debate did not end then, 52 years ago, this remains a classic document written by visionaries. I encourage you to read it in detail and share it with students if you have not done so already.
Ford and Silver were certainly controversial when the NP movement was founded. The next article I’d like to mention is one that is sure to stir up quite a debate in the here and now. My second recommendation is “Potential Crisis in Nurse Practitioner Preparation in the United States” by Mary O. Mundinger and Michael A. Carter, published in Policy, Politics, and Nursing Practice, Vol. 20, No. 2 (June 2019). In this article, Mundinger and Carter use the AACN survey data to examine the current status of DNP programs with regard to their focus, whether clinical or nonclinical.

The authors begin by reviewing the history of the development of the DNP degree, which was conceived by several university nursing programs in the 1980s and 1990s as a degree “for advanced practitioners”. In 2000, a number of schools established a “Council for the Advancement of Comprehensive Care” (CACC) to develop curricular and other standards for the new degree. All of those involved anticipated an outcome that included consistency in the preparation of nurses who desired a practice doctorate. It was not to be. According to the authors, who were present at these early meetings, a single school undermined the clinical doctoral effort by simultaneously creating a “DNP” in administration.

In 2004, AACN made a decision to permit both types of programs using the same degree designation, DNP. They then made a major policy change and altered the definition of “nursing practice” that was inclusive of many activities other than clinical practice. What then occurred over time was a realization by schools that, even if they cannot afford highly trained clinical faculty and time consuming and expensive clinical preparation, they can still open a DNP program. If you have been wondering why the DNP essentials do not list clinical care as one of the components, here is the answer.

The authors then used 2018 AACN data on accredited DNP programs and found that there were 470 nonclinical DNP programs and 83 clinical programs in 2018. This explains the title of the article: as schools close MSN programs, where will nurse practitioners come from? Who will fill the growing needs for primary and specialty care? The authors ask who will take the lead in solving this impending crisis if nursing does not. They further assert that leaders of nursing educational programs have a responsibility to the health of the public over and above the finances of the school. Whether your feelings rest with one side of this controversy or the other, this article provides an historical perspective that is quite valuable.

I hope you found these choices worthy of your consideration. I’ll pick a couple of publications each time, and I suppose it goes without saying that some of these will be from JAANP. We are lucky to have a very talented and active editorial board soliciting good scientists and writers, and our journal also seems to appeal to writers within and without the ranks of advanced practice nursing who see the journal as a good place to publish original science and who value the role of the nurse practitioner.

Happy reading.
Biography

Dr. Ruth Kleinpell PhD, RN, FAAN, FAANP, FCCM
Independence Foundation Professor of Nursing Education and Assistant Dean for Clinical Scholarship, Professor of Nursing – Vanderbilt University
Professor, Department of Adult Health and Gerontological Nursing, College of Nursing – Rush University

Ruth Kleinpell, PhD, RN, FAAN, FAANP, FCCM, has conducted research related to patient outcomes in hospitalized older adults and post discharge follow-up interventions using telehealth for vulnerable populations including elderly patients at high risk for hospital readmission. She has also conducted research focusing on outcomes after ICU treatment and role development of acute care nurse practitioners, among other funded studies. She served as principal investigator on an AHRQ-funded dissemination and research implementation grant aimed at disseminating patient-centered outcomes research to members of a health professional association. She is PI on a PCORI funded 2-year initiative to promote patient-centered outcomes research in ICU settings, using a national collaborative with 63 hospital ICU teams to implement patient and family centered initiatives. As the Assistant Dean for Clinical Scholarship, she serves as a mentor to junior faculty for clinical scholarship and research initiatives, collaborates on Vanderbilt University Medical Center (VUMC) clinical projects, and provide consultation to the VUMC advanced practice registered nurses (APRNs) for various scholarship initiatives. She also serves as PI for a national collaborative through the Vanderbilt University Medical Center Office of Advanced Practice for a national Choosing Wisely–PRN initiative. In addition to being inducted as a Fellow for AAN, AANP, SCCM, honors include National Organization of Nurse Practitioner Faculties Lifetime Achievement Award, 2017, Sigma Theta Tau International Nurse Researcher Hall of Fame Award, 2012, Sigma Theta Tau International Practice Academe Innovation Award, 2011, American Association of Critical Care Nurses Flame of Excellence Award, 2010, National Organization of Nurse Practitioner Faculties Research Award, 2010, Sigma Theta Tau International Clinical Research Award, 2007, Society of Critical Care Medicine Norma Shoemaker Award for Critical Care Nursing Excellence, 2007, American Association of Critical Care Nurses, Excellence in Education Award, 2005, and American Association of Colleges of Nursing, Leadership for Academic Nursing Program, 2005. She has maintained active clinical practice throughout her career.
When you did become an NP? What was the motivation?

I worked for 15 years as a critical care nurse in the Surgical ICU at the University of Illinois at Chicago. After completing my masters and doctoral work and working as a research associate and then assistant professor at Rush University, I continued to work in the surgical ICU. In 1994, Rush University decided to develop an acute care nurse practitioner track. I had the opportunity to go through the pilot program at Rush and was part of the first cohort that took and passed the initial ANCC acute care nurse practitioner exam. The role of the acute care practitioner has certainly expanded over the years and is not bound by hospital walls. ACNPs can be found working as hospitalists, in critical care units, ED, subacute care, transitional care, home care, etc. I guess I was motivated by opportunity that the role provides.

What experiences did you bring into the role?

My role as an ACNP and as an educator has opened both clinical and research opportunities for me. My experiences are an outgrowth of my critical care nursing experiences. My research is very clinically based and focuses on the challenges that both critical care patients, families and nurses face.

Did you experience any challenges? How were they resolved?

I feel that as the role and scope of practice for ACNPs as well as for all nurse practitioners develops and expands, there are still barriers to practice. Physician colleagues and other healthcare professionals do not always acknowledge the extent of our practice. It is very important for all nurses to know their scope of practice and extent of their licensure.

Part of my ability to make inroads into critical care medicine is through my involvement in American Association of Critical Care Nurses and the Society for Critical Care Medicine (SCCM). I took a review course through the Society of Critical Care Medicine and liked the multidisciplinary aspect of the organization. I became a fellow within the organization and was a member of several national committees including the membership, research, and program committees. After that I was elected to the the board of directors, then served as President in 2017. I was the third nurse elected as president of SCCM in the 46-year history of the organization. Through that organization, I could network with affiliated groups, such as AACN, American Thoracic Society (ATS), and Chest (C) in a collaborative effort to focus on building resilience for ICU providers. My role as president of the World Federation of Critical Care Nurses also provided an avenue for networking, research and manuscript development to promote critical care nursing worldwide.

Are there any experiences that you would like to talk about?

One of the most rewarding experience and for me a game changer, occurred in 1995 through the American Nurses Credentialing Center (ANCC). With their support, I developed and sent a survey to over 900 acute care nurse practitioners taking the first national certification exam to determine where they were working, barriers to practice and facilitators of practice. Through various funding sources, including the American Association of Critical Care Nurses, and the American Nurses Foundation, the survey continued for five years with over 400 respondents participating every year. As a result of that work and other national and international studies over the years, acute care nurse practitioners became well known and a component of other organizations such as ICN, AANP and NONPF.
What was most challenging in your career/ most important?

Clinical practice has been and will always be most important. It is very challenging to juggle family, academia and other aspects of life with clinical practice. I always felt that it was important to maintain a clinical practice while teaching or conducting research.

Is there anything you would want to change?

Consistency of nurse practitioner practice across all fifty states would be ideal. There have been small gains in advanced practice state by state, but no consistency across state lines. I’m not sure what the best avenue would be to promote nurse practitioners to work to their full scope of practice and licensure in all states. Perhaps the National Council of State Boards of Nursing along with nurse practitioner groups could help develop and promote national policy and turn all states “green.” The VA is a good model where all advanced practice nurses work to their full scope of practice and licensure. We should be more consistent in using terminology such as scope of practice and licensure and avoid terms such as independent practice, that often evokes confusion about the true meaning of NP practice.

For me personally, I have been very thankful for all the great opportunities that I have been offered. Recently, I have been elected to the board of ANCC and will learn more about the ANA enterprise (ANA, ANCC, ANA Foundation). I feel that it is important for NPs to serve on national boards so that we can learn from others as well as the organizations learning more about NP practice.

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

Seeing advances such as the APRN Consensus Model has definitely been pivotal in advancing APRN practice. It is important to bring clarity to scope of practice. The growth of advanced practice national organizations has also been pivotal. They have been key to influencing APRN policy. There are many opportunities for APRNs at the state, national and international level. All APRNs need to be aware of state policies, practice acts and take appropriate action. We cannot rely only on organizations. This must be an individual as well as collaborative effort.

We also need to monitor the quality of NP education and graduates of these programs. The educational programs need to ensure quality and meet entry level competencies. For profit schools need evaluate models and educational preparation and competencies of graduates. All advanced practice educational programs must meet appropriate accreditation and certification exams need to be rigorous.

There are many ways in which we can help novice NPs. It is important to have service mentors or even volunteer retirees to help the novice practitioner develop and refine skills. Retired NPs could work short shifts to help mentor new NPs socially as well as professionally. They have a wealth of knowledge to share.

What advice would you give to new nurse practitioners?

Take advantage of all learning opportunities. Accept and promote professional responsibility for state and national policies.

What do you see as the role of Nurse Practitioners in the next 25 years?

There will be roles that don’t even exist in today’s world. There may be more telehealth, space health etc. Nurse practitioners need to be proactive. Don’t be afraid to google health advances and see what is out there. With new technology, there are always new opportunities. NPs need to pay attention and stay aware of updates in health care, the political area, and national health policy. We also need to be open to new avenues of care, be active on social media, and engaged at the state and national level, to ensure that NP education, practice and research advances are disseminated and applied.
Autobiography

Deanna Gray-Miceli, PhD, GNP-BC, FNAP, FGSA, FNAP, FAAN, Professor, Jefferson College of Nursing and Director of Implementation Science, Jefferson Center for Injury Research and Practitioner Education: NP program year, graduate programs year:

- Fairleigh Dickinson University School of Nursing: BSN, 1982
- University of Pennsylvania School of Nursing: MSN, 1983
- Widener University School of Nursing: PhD, 2001
- Certifications: GNP-BC

I am a Post-Doctoral alumni and clinical scholar of the National Hartford Center for Gerontological Nursing Excellence and an emerging nurse scientist with national recognition as an expert in care of older adults (geriatric nursing) and falls prevention. As an advance practice nurse, I am grounded in practice, with legacy of leadership in translational research concerning elderly nursing home residents. My program of research concerns quality of care and patient safety in the aftermath of a fall among elderly nursing home residents. As a clinical scholar, I am dedicated to teaching excellence, creation of research evidence for best practice in falls prevention and collaboration for policy change at the state and national level. The scholarship during my professional career has centered on research in the prevention of recurrent falls in elderly nursing home residents, older adults’ lived experiences and perceptions of “serious” falls (qualitative dissertation research using hermeneutic interpretive phenomenology), clinical care of frail elders, and enhancing geriatric nursing education. My research innovation includes tool development, validation, clinical congruency and feasibility testing of the Post-Fall Index, a 30-item comprehensive post-fall assessment tool for use by registered nurses in nursing homes. As the primary investigator of a three-year cohort research study in one nursing home (2006-2009), collaborative research with Drs. Ratcliffe and Johnson demonstrated the effectiveness of the Post-Fall Index to reduce falls facility-wide. I serve as an active member in several professional societies and national committees including American Academy of Nursing, American Association of Nurse Practitioners, Eastern Nursing Research Society, Gerontological Society of America, National Academies of Practice, Sigma Theta Tau and Legacy Alumni, The National Hartford Center for Gerontological Nursing Excellence (NHCGNE) and inductee, PINNACLE Society, Fairleigh Dickinson University.

My contributions to nursing science and practice include: 27 refereed journal articles, 4 books, 15 book chapters, 5 refereed white papers, 14 refereed clinical case exemplars, two national Clinical Practice Guidelines and 58 refereed scientific presentations (since 2001) at national and international research conferences (refer to MyBibliography). available at: https://www.ncbi.nlm.nih.gov/sites/mynchi/deanna.graymiceli.1/bibliography/52595326/public/?sort=date&direction=ascending. ) I have two theoretically derived research innovations and I am the recipient of over $1 million in external funding.


**Membership Feature Column**

Deanna Gray-Miceli-2003

Carolyn Torres, FAANP

---

**Current Position:**
Professor, Thomas Jefferson University  
College of Nursing,  
Director of Implementation Science for Falls Prevention and  
Deputy Director, Falls Prevention, Jefferson Center for Injury Research and Prevention

1. When you did become an NP? What was the motivation?

After graduating from Fairleigh Dickinson University School of Nursing with a BSN in 1982, I obtained an MSN as a Gerontological Nurse Practitioner (GNP) from University of Pennsylvania in 1983. In 2001, I was granted a PhD from Widener University School of Nursing.

My motivation arose from growing up with a father who was a physician in a small town and also medical director of a nursing home. From an early age, my siblings and I worked in Dad’s office and beginning at the age of thirteen, I began working as a nurse’s aide in the nursing home after school and in the summers; I couldn’t provide direct care but I was fortunate to be able to spend time with residents reading letters and helping residents with tasks. I enjoyed working with this population, having been inspired by my grandparents on both sides of my family. The Dean of the School of Nursing at Fairleigh Dickinson School of Nursing knew of my interest in elder care and strongly urged me to go directly to a GNP program upon graduation; I was the only one of 100 graduates in 1982 interested in this specialty.

2. What experiences did you bring to the GNP role?

I brought all those years of working with the institutionalized elderly in my Dad’s medical practice and at the nursing home he directed, starting at age 13.

3. As a new GNP, did you experience any challenges? How were they resolved?

One of the immediate challenges I confronted in my first job was that I had considerable book knowledge but lacked clinical care experience as an RN. When I took on a GNP role in a nursing home, I experienced deep resistance from the RN staff who did not understand, appreciate nor even accept my unique skills. For example, they would not take my orders for medications, treatment or referral. I had to work out a system with my collaborating physician: I would perform assessments, then contact him with all my findings, accompanied by my suggested treatment plan, and he would write orders for the nurses. Early on, it was such a time-wasting process, but the physicians valued my findings and my work ethic, because I knew the patients inside and out. There were no existing joint protocols, so I had to write my own. Eventually, the nurses accepted me, and took my orders as per the joint protocols. I worked very long days and was always “on.” Providing primary care as well as care for long-term chronic illnesses over a 7-year period in a nursing home setting, underscored for me the importance of dementia, depression, stroke and falling in this population.
4. Are there experiences that you would like to talk about?

In 1989, I was working in a nursing home setting connected to a School of Medicine and I went to the head of Medicine and told him I was interested in doing research on the etiology of falls. He encouraged me and subsequently, I wrote clinical papers related to falls, and developed a strategy to comprehensively assess older adults who fell, through my skills as an APN by evaluating gait, balance, EKG findings, glucose and O2 levels. This lead to the later founding and directing of the Falls Assessment in ambulatory care. **This was a defining time in my career**; I realized that I could contribute more to the quality of care of the elderly population through research and education than I could simply through repetitive clinical care on an individual basis.

5. What was most challenging in your career/ most important?

**Another pivotal moment in my career occurred in 2001 when I was awarded a post-doctoral fellowship at the University of Pennsylvania School of Nursing.** While there I worked on tool development related to falls prevention. I established connections with academic colleagues in Sociology, Nursing, Medicine, Biostatics and Health Education, and I gained a new appreciation for interprofessional relationships that continue to be highly valuable to me as I have submitted grant applications and completed research in my field. I have encountered a succession of mentors in different professional disciplines and in different places along the way.

**Innovating with my team I now hold the intellectual property rights to the Post Fall Index TM**

Working at the NJ Department of Health as an invited consultant for statewide falls prevention interventions over a period of 14 years, enabled me to reframe my thinking of the application of tools for falls prevention from institutional settings to population-based settings.

I have held jobs in many schools of nursing over a period of more than 35 years, and as an expert in gerontological nursing, have been able to impact the knowledge that emerging nurses can apply in the care of elderly patients. I expect that my new combined positions as Professor, Director of Implementation Science for falls prevention, and Deputy Director for falls prevention, Jefferson Center for Injury Research and Prevention at Thomas Jefferson University College of Nursing will allow me to explore new ways of dealing with such complex issues as elderly trauma and the etiology of gunshot wounds.

6. What advice would you give to new nurse practitioners?

Find a mentor for life that can help you see the bigger picture. My team of inter-professional colleagues and family members have been important mentors and guiding lights for me. I have had an extremely busy and productive career that evolved from intense clinical practice to intense research and education. At the same time, I have had to deal with family demands, particularly in the past few years, and I have had to learn how to find work that allows me to balance my professional and personal life.

7. What do you see as the role of Nurse Practitioners in the next 25 years?

Nurse practitioners will continue to play an important role in providing primary care. However, I foresee that they will be important specialty care providers as well. In order to be more effective in those specialty roles, I would like to see the development of post-graduate residency programs for nurse practitioners in specialties such as care of the frail elderly, population health, and infectious disease.
Blast From the Past

Barbara Sheer, FAANP

Time seems to march on at an alarming rate. Shopping for a Halloween party two weeks before Halloween was an adventure. No Halloween but Christmas. We seemed to bypass Halloween and Thanksgiving to move onto a more lucrative Christmas season. As the seasons pass, we continue with our search for our historical roots.

The AANP history committee is trying to complete the timeline for the wall in the new building. Who knew it would be a challenge? Our search to establish a timeline of significant events is like opening Pandora’s box. We recently heard about Martha K Schwebach an unsung hero who participated in an intensive certification pilot program at the University of New Mexico School of Medicine which became the first family nurse practitioner program in the US. The program was established to address the healthcare provider shortage particularly in rural areas. Ms. Schwebach worked as a family nurse practitioner at the Hope Medical Center Estancia from 1969 to 1977. (https://en.wikipedia.org/wiki/Martha_K._Schwebach). Some of our members from New Mexico know her and say in her retirement she has not been interested in interviews. She is living in Albuquerque and has received the Governor’s Award for Outstanding New Mexico Women.

The University of Virginia School of Nursing is celebrating their NP program which began in 1970. By 1976 their programs included the first Emergency NP program. They had no hospital privileges, no prescriptive authority and no legislative support for the role. Today they are again offering a $5000 grant for nurse practitioner historical research. It would be wonderful if one of our members received the grant next year since Kim Curry and Carolyn Torre received the inaugural grant for a documentary on the leaders of NJ practice legislation. We hope to have a preview at the winter meeting.

The application for the grant should be sent to Bjoring Center for Historical Inquiry, Barbra Mann Wall PhD, RN, FAAN bmw8y@virginia.edu. For additional information contact sheer@udel.edu.


We are continuing with our interviews with a few added to the dropbox and others in progress. Thank you to our interviewers Carolyn Torre and Michaelene Jansen for our latest interviews. Please consider interviewing a nursing leader. Since all FAANP members are leaders, consider preserving each other’s legacy but submitting an interview. Since we have expanded our scope not all interviews need to be with FAANP members.

Nominations for the Legacy Award will be announced in January. This award is for lifetime achievement and may be awarded to more than one person each year. So many of our departed leaders have made significant contributions to the nurse practitioner movement. This is another way to remember their contributions.

As I write this my prayers go out to my colleague Frances Wong at Hong Kong Polytechnic Institute and our nursing colleagues in Hong Kong. As a nurse researcher and leader in the ICN-NPANP Network Frances has made significant contributions to the international movement. Although she is safe their campus is under siege. May peace prevail for them and all others in harm’s way.
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 https://www.surveymonkey.com/r/FAANPAchievements

Congratulations

Brain Goodroad, FAANP

Presentation: Presented three topics: Epidemiology of HIV, Pathophysiology of HIV and Living Well with HIV at the National Association of Nurses in AIDS Care meeting in Portland, OR.

Promotion: Professor at Metropolitan State University in St. Paul, MN

Sherry Greenberg, FAANP

New Position: Assumed a new position as associate professor, Seton Hall University College of Nursing in New Jersey as of August, 2019.

Recognition: Inducted as Fellow in the American Academy of Nursing in October 2019.

Surani Hayre-Kwan, FAANP

Degree Completion: Completed the Doctor of Nursing Practice program at Samuel Merritt University

Recognition: Selected as the outstanding DNP student.

Leslie-Faith Morritt Taub, FAANP

Recognition: The NYU Meyers Adult-Gerontology Primary Care Program lead by Dr. Leslie-Faith Morritt Taub was recognized in the U.S. News and World Report for 2020 as 7th in the nation. This program has maintained a top ten rating since 2010 when Dr. Taub took over this program.
### Jessica Peck, FAANP


**Recognition:** Nurse Practitioner of the Year by the Texas Nurse Practitioners.

### Linda Rounds, FAANP

**Appointment:** Appointed as Associate Dean for Graduate Programs as interim at the University of Texas Medical Branch School of Nursing.

### Angela Thompson, FAANP

**Appointment:** Co-chair of the Endocrine SPG


---

Merry Christmas  
Best wishes for 2020  
Thank you for all  
Nurse Practitioners and  
Dr. Lee Ford
**Reminders**

Please, welcome

Kim Curry to the FAANP Forum Committee

Kcurry_1@msn.com

---

**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.surveymonkey.com/r/FAANPAchievements](https://www.surveymonkey.com/r/FAANPAchievements)

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.

---

**Announcements**

**AANP Open Access Award**

Two strategies in the latest AANP [strategic plan](https://www.aanp.org) 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.](https://www.surveymonkey.com/r/FAANPAchievements)

---

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 ececechini@aanp.org
FAANP OFFICERS AND COMMITTEES

FAANP Executive Committee
Chair – Janet DuBois, DNP, FNP, PMHNP, FAANP, FNAP
Chair Elect – Diane Seibert, PhD, WHNP-BC, FAAN, FAANP
Secretary – Mary Anne Dumas, PhD, FNP-BC, GNP-BC, FAANP, FAAN, FNAP
Treasurer – Frank Manole, DNP, MBA, FAANP
Member-at-Large – Laurie Anne Ferguson, DNP, APRN, FNP-C, FAANP
Member-at-Large – Denise Link, PhD, WHNP-BC, CNE, FAAN, FAANP
BOD Liaison – Cynthia J. Edwards-Tuttle, MSN, EMBA, FNP-BC, FAANP

Selection Committee
Chair – Donna Hallas, PhD, PNP-BC, CPNP, PMHS, FAANP
Terri Lynn Allison, DNP, ACNP-BC, FAANP
Michelle Beauchesne, DNSc, CPNP, FAAN, FAANP, FNAP
Susan Beidler, PhD, MBE, ARNP, FAANP
Kahlil Demonbreun, DNP, RNC-OB, WHNP-BC, ANP-BC, FAANP
Valerie Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP
Katherine Kenny, DNP, RN, ANP-BC, FAANP, FAAN
Mary B. Neiheisel, BSN, MSN, EdD, FNP-BC, CNS-BC, FAANP, FNAP
Alicia Gill Rossiter, DNP, FNP, PPCNP-BC, FAANP, FAAN
Barbara Sheer, PhD, PNP, FNP, FAANP
Angela Thompson, DNP, FNP-C, BCADM, CDE, FAANP

Nomination Committee
Theresa M. Campo, DNP, FNP-C, ENP-C, FAANP, FAAN
Shelley Hawkins, PhD, FNP-BC, GNP, FAANP
Margaret O’Donnell, DNP, FNP, ANP B-C, 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>
<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>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>Kim Curry</td>
<td>What to Read Now</td>
<td><a href="mailto:Kcurry1_@msn.com">Kcurry1_@msn.com</a></td>
</tr>
<tr>
<td>Kathy Wheeler</td>
<td>Policy</td>
<td><a href="mailto:kjwheeler@roadrunner.com">kjwheeler@roadrunner.com</a></td>
</tr>
</tbody>
</table>

We welcome contributions from our members for the Forum. Please, send your topics to Mary B. Neiheisel at C00254687@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.surveymonkey.com/r/FAANPAchievements 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).