Happy Spring everyone. I hope you have remained safe and healthy through our first year of the COVID pandemic. It looks like this coming year will be equally challenging as the virus continues to evolve and offers healthcare, nursing and especially NPs more opportunities to innovate, overcome obstacles and demonstrate our value to the world. As I write this, final decisions are being made about many things: Awards, new Fellow selections, 2021 inductions, etc., so please be on the lookout for emails and press releases from AANP - lots of exciting news is on the horizon.

I don't have much more to share in this section, but as you scroll down through the newsletter, you'll see a series of slides that I presented to the AANP Board several weeks ago. Please reach out if you are interested in getting involved in any of the Fellow activities (Mentoring, PRAC talks, Student Toolkit development etc.). I hope as the weather starts to warm up, you get a chance to go outside and enjoy the beauty in our world.

Diane

Diane attended the following Virtual sessions and provider valuable information and was a great contributor.

We provided multiple officer sessions virtually to provide information on open positions and answer questions. The sessions went very well! There was much excitement about the open positions and also excitement regarding other initiatives and opportunities for Fellows, especially new Fellows, to become more involved. Despite the challenges presented this year I think we will have a full slate. Please do not hesitate to contact me or the other committee members with questions.

Have a great day!

Theresa Campo, Chair Nomination Committee
Greetings from FAANP Chair

Diane Seibert, FAANP

FAANP EC Update
February 27, 2021

Diane Seibert, PhD, APRN, FAAN, FAANP

FAANP Executive Committee Members

Diane Seibert, Chair
Janet Dubois, Immediate Past Chair
Frank Manole, Board Representative
Jamille Nagtalan-Ramos, Treasurer
Donna Hallas, Selections Committee Chair
Mary Anne Dumas, Secretary
Laurie Ann Ferguson, Member at Large
Denise Link, Member at Large
Greetings from **FAANP Chair**

**Diane Seibert, FAANP**

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**Fellows Selections**

- **Currently 866 Fellows**
- **2021 Selections**
  - 62 applications (smaller than usual)
  - 38 selected, 59% acceptance rate.

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<td>0</td>
<td>17,100</td>
<td>18,750</td>
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**Fellows participation in AANP activities**

- **14** Fellows currently serving on the AANP BOD
- **20** Fellows co-chair AANP SPG/SIG
- **63** Fellows support AANP Committees
- **106** Fellows served as Grant & Scholarship &/or Leadership Program reviewers
- **235** Fellows served as abstract reviewers
Greetings from FAANP Chair

Diane Seibert, FAANP

2021 Winter Meeting

• 1st completely virtual, 3-hour Winter Meeting
• 376 registered, 342 attended
  • 2020 (Austin): 224 registered, 203 attended
  • 2019 (Savannah): 226 registered, 202 attended
  • 2018 (New Orleans): 215 registered, 189 attended

• Key Features
  • Loretta Ford Lecture: Madrean Schober
  • Keynote: Eileen O’Grady
  • Mentorship Update: Sandra Hearn
  • Wellness Breaks: Deborah Kiley
  • FAANP Update: Diane Seibert

FAANP Grant Awards

2 Awards approved in 2020:

William Rosa
• Perceived Self-Efficacy of Palliative Care Nurse Practitioners in Meeting Psychosocial, Spiritual, and Emotional Needs of Patients with Cancer via Telehealth during COVID-19

Linda Washington-Brown
• Provide Virtual Patient Education and Clinical Services for At-Risk Homeless Individuals with Diabetes Mellitus and Essential Hypertension
Greetings from **FAANP Chair**

**Diane Seibert, FAANP**

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**Student Toolkit**


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Newly created by the Fellows of the American Association of Nurse Practitioners® (FAANP) and special guests, these videos are designed to guide the NP student and post-master’s student through the critical moment after graduation – when it’s time to decide what’s next for your career!

Gain tips to find your perfect job opportunity and success in your job interviews; then, learn an NP’s scope of practice, licensure and other professional responsibilities.

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**Toolkit Topics and Speakers**

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Topic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wendy Wright &amp; Margaret Fitzgerald</td>
<td>Finding a job</td>
</tr>
<tr>
<td>Frank Manole, Irene Beane &amp; Laura Taylor</td>
<td>Preparing for Interviews</td>
</tr>
<tr>
<td>Heather Johnson, Cindy Edwards Tuttle, Meredith Heyde</td>
<td>Contract Negotiation</td>
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<tr>
<td>Lynn Rapsilber</td>
<td>Billing &amp; NPI</td>
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<tr>
<td>Joyce Knestrick &amp; Mary Anne Dumas</td>
<td>Drug Enforcement Agency</td>
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<tr>
<td>Mary Smith &amp; Staci Hays</td>
<td>Scope of Practice</td>
</tr>
<tr>
<td>Heather Johnson, Barbara Dehn, Sheldon Fields, April Kapu, Pat McMullen</td>
<td>Professional Responsibility &amp; Conduct</td>
</tr>
</tbody>
</table>
Greetings from FAANP Chair

Diane Seibert, FAANP

Upcoming Student Toolkit focus: Pre-Education

• Contemplating
  • What is an NP (and different types)
  • MSN vs DNP
  • Selecting a program & pre-requisites

• Applying
  • Application process: References, Resume, Interview

• Expectations
  • Course Loads & Clinical Hours
  • Building Confidence
  • Scholarships, Financial Aid

Mentorship “Career Enhancement”

Kathleen McCoy leading (sub-teams)

• Traditional option
  • 1:1 (or 1:2) dyads
  • Goal is ‘growth’ for AANP members, not path to Fellowship
  • Formal application & matching process
  • Identified deliverable w/ poster at National Conference

• Coaching Circles (examples)
  • New Graduate (Role Transition) circles (one per time-zone)
  • Entrepreneur/Business Plan
  • Leadership/Professional Presence/ Public Speaking
  • Advocacy/Policy
Greetings from FAANP Chair

Diane Seibert, FAANP

PRAC Talks

Audrey Darville leading
3 - 5 short (10 minute) recorded talks/quarter
Quarterly topics aligned with AANP activities:
  1st: Research (Research grant proposal application period)
  2nd: Policy (AANP Health Policy Conference)
  3rd: Academia (prior to Fall Semester)
  4th: Clinical Practice (Record sessions at Annual Conference)

THANK YOU to the AANP STAFF!!!

Liza Cecchini
Trevor Delling
Diane Padden
Janice Bays
Nancy McMurrey
Greetings for the new year from the Forum Committee. We wish for you a blessed and productive year. The new year, 2021, opened almost three months ago with positive, happy hopes and visions. The first FAANP Forum for the year hopes to continue those positive, happy hopes and visions.

Congratulations to the newly accepted Nurse Practitioners as Fellows (p. 9). What a happy way to start your year.

Richard Ricciardi had a vision of an Art and Creativity column for the Newsletter and contributed the first article (page 17). Our hope is that each and every Fellow will contribute an item related to the Arts and one’s own personal talents and creativity. The arts, music, and use of creative skills have often been used in persons with mental health issues and in today’s age they are used for many illnesses. Please, consider sharing your creativity with the Fellows.

A group of us recently discussed the common excuse in 2020 of ‘because of Covid’. We decided we would change that to ‘in spite of Covid.’ It was indeed, in spite of Covid, a pleasure to note the numerous accomplishments of so many of our Fellows in recent months (pages 27-32).

In my state of Louisiana with our problems of intimate partner violence, the homeless, and the hungry loving people are reaching out and providing assistance. Today an anonymous donor donated $40,000 for supplies for Food Net, probably the largest single donation ever made. A nurse, not a practitioner, created a lovely flower garden for the residents of a shelter for survivors of domestic violence. She spent hours preparing the garden and today the flowers and plants were planted along with the butterfly.

The appreciation of the residents was beautiful to witness. Even the children paused for a few moments to gaze at the addition to their playground. The bright, glowing sunset certainly added to a great day. In a brief discussion with a few residents questioning me about the butterfly I encouraged them to think of the butterfly and renew their hopes and wishes for positive changes in their lives. In comparison, many of us have had to make changes in the past year and thankfully I hear more and more seeing some of those changes as positive and uplifting. The major change is having more time with family and friends and finding a way for closeness in spite of masks and social distancing.

As the year continues, our hopes for each of you are positive and happy with accomplishments and progress in health care. We should be hearing soon about the 2021 awards and will happily celebrate these Fellows as well as our 2021 Fellows.

Please, send us your news and your creations and creative ideas and accomplishments. Happy Spring and Happy Easter to each of you.
CONGRATULATIONS
2021 FAANP INDUCCTEES

The Fellows of the American Association of Nurse Practitioners (FAANP) announce with pride the 2021 Fellows

<table>
<thead>
<tr>
<th>Name</th>
<th>State</th>
<th>Name</th>
<th>State/Country</th>
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</thead>
<tbody>
<tr>
<td>Lakshi Aldredge</td>
<td>Beaver Creek, OR</td>
<td>Marsha Johansson</td>
<td>Clearwater Beach, FL</td>
</tr>
<tr>
<td>Jemma Ayvazian</td>
<td>Alexandria, VA</td>
<td>Hyun Ju Kang</td>
<td>Fort Riley, KS</td>
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<tr>
<td>Accursia Baldassano</td>
<td>Pensacola, FL</td>
<td>Debbi Lindgren-Clendenen</td>
<td>Minneapolis, MN</td>
</tr>
<tr>
<td>Frederick Barber</td>
<td>Richmond, TX</td>
<td>Randee Maciola</td>
<td>Lewis Center, OH</td>
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<tr>
<td>Kala Blakely</td>
<td>Trussville, AL</td>
<td>Cynthera McNeill</td>
<td>Inkster, MI</td>
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<tr>
<td>Kathleen Broglio</td>
<td>Lebanon, NH</td>
<td>Janice Miller</td>
<td>Lansdale, PA</td>
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<tr>
<td>Ann-Marie Brown</td>
<td>Sneads Ferry, NC</td>
<td>Katherine Newnam</td>
<td>Dandridge, TN</td>
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<tr>
<td>Garrett Chan</td>
<td>Los Angeles, CA</td>
<td>Blanca Padilla</td>
<td>Durham, NC</td>
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<td>Melinda Cooling</td>
<td>East Peoria, IL</td>
<td>Natasha Prodan-Bhalla</td>
<td>Vancouver, B. C.</td>
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<tr>
<td>Alexa Curtis</td>
<td>Nevada City, CA</td>
<td>Donnie Scroggin</td>
<td>Ellenville, MS</td>
</tr>
<tr>
<td>Lucie Dlugash</td>
<td>Miami, FL</td>
<td>Leslie Scott</td>
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<td>Lacey Troutman-Buckler</td>
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<td>Rebecca Garber</td>
<td>Fort Collins, CO</td>
<td>Mary Jo Vetter</td>
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<td>Elizabeth Gatewood</td>
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<td>Candy Wilson</td>
<td>Huntingtown, MD</td>
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<td>Tracy Hicks</td>
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<td>Arlene Wright</td>
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<td>Heather Jackson</td>
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<td>Stephanie Wynn</td>
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<tr>
<td>Brenda Janotha</td>
<td>Massapequa, NY</td>
<td>Theresa Yeo</td>
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Learning about preprints


The first recommended addition to your reading list for spring 2021 is an article that will get you up to speed on a relatively new and increasingly popular topic in scientific publication. Preprints, or scientific documents that are published in draft form, are a topic of growing interest in the health sciences. Publishing a manuscript as a preprint allows the author the chance to polish a paper by inviting critiques of the research and writing. After suggestions are incorporated, the manuscript can then be submitted to a peer reviewed journal where it then likely has a better chance of acceptance and further dissemination.

An additional benefit of preprints for everyone is that they get the science, albeit science prior to formal peer review, out faster. Even those of us who work on journals are frustrated for our peers who must wait for extensive turnaround time for publication. At JAANP, we’re fortunate to have a publish-ahead-of-print function (called “Online Now” on our web site) whereby items get fully published quickly once accepted. For new discoveries, though, publishing a draft via preprint allows the basic information to be shared even faster.

Two preprint servers of interest in the biomedical sciences are bioRxiv and medRxiv, pronounced “Bio Archive” and “Med Archive”. In the Castner, et al article, the authors point out that papers are screened prior to preprinting on servers such as these, just as they are screened prior to full peer review in science journals. This is intended to prevent the publication of preprints of very inferior quality and those that involve plagiarism. Thus, not every paper will be accepted for preprinting.

The authors also provide a detailed description of a paper they chose to publish as a preprint with subsequent acceptance by a journal. This description alone will help readers understand both the purpose of preprints and the preprint process. Other preprint servers relevant to nursing are also mentioned.

There are several publications available to help researchers familiarize themselves with handling preprints. The Castner et al article is a good place for researchers and faculty to start to seriously consider how the use of a preprint server may benefit themselves or their colleagues. In addition, I recommend Nurse Author and Editor (naepub.com) as an ongoing source of information and support for NP authors. There is a wealth of information and encouragement available from this journal, and the content is open to all. Be sure to click on the “Resources” tab to see numerous checklists for student papers.

A health care blog of interest to NPs


Blog much? Numerous healthcare blogs are available to read and respond to featuring succinct online updates on healthcare policy, business, and clinical practice. An easy place to start is “The Health Care Blog: Everything you always wanted to know about the Health Care system. But were afraid to ask.” This blog touches on a wide variety of topics, includes a mix of political viewpoints and also contains some irreverent content, which adds to the informal but timely nature of the blog site.
One post that caught my eye was a discussion of NP barriers by Wolf and Ducar. Written last year as Kansas was planning to rescind their emergency easing of NP barriers due to COVID, the authors discuss why all states need to take the opportunity to review the benefits of dropping restrictive practice for NPs permanently. Readers may recall that last summer Alex Azar, then the Secretary of Health and Human Services, sent a letter to governors to encourage expansion of the ability of our nearly 300,000 NPs to provide care without restrictions for the purpose of easing the care shortage during the COVID pandemic. This gave many NPs an opportunity to demonstrate their safety and effectiveness with more autonomy.

Thinking about the Kansas situation, I jumped over to the Kansas Medical Society home page (kmsonline.org) where I found that the very first item on the screen was about the intense legislative effort currently being undertaken by organized medicine in the state to oppose APRN autonomy. Meanwhile the “Kansas Health Matters” (kansashealthmatters.org) website reveals that the state has a higher hypertension, dyslipidemia, and infant mortality rate and a lower physical activity and immunization rate than the national average. Somehow I sense these two things are connected. But I digress.

After finishing the blog I then checked for the current Kansas statutes on NP restrictions and found that the easement of restrictions was extended through March 31st of this year. At the risk of sounding like Pollyanna, hope remains that the state of Kansas and other states will appreciate the lesson of COVID and begin to eliminate barriers permanently. It has been a great demonstration project. Let’s all point that out to anyone who will listen.

Caveat: This blog post includes the use of the pernicious reference to NPs as solutions to a “physician shortage”. I think everyone knows my opinion of this characterization. Shortage: OK. Physician: Not OK. My hope and my mission is that we will all like ourselves enough to stop saying we’re gap fillers for other providers.

A final note: THC Blog is looking for writers. It’s an opportunity for NPs to showcase their expertise in policy and leadership. Please consider it. If you are looking for health care related blogs here are some others you may be interested in:

- Nurse.org (nurse.org/articles): Includes NPs among its writers. This multifunctional site for all nurses includes a blog site, information, job postings, and career guides among its services.
- Health Populi (healthpopuli.com): a socially conscious blog by Jane Sarasohn-Kahn, MA, MHSA, a health economist who follows industry news and trends.
- KevinMD (kevinmd.com): an extremely popular blog started in 2004 by Kevin Pho, it is now affiliated with MedPage Today. A popular site for NPs, PAs, MDs, DOs, and other providers. A variety of opinions are posted. Professional rivalries, politics, and current events are included.

There are thousands of blogs, so there is something for everyone out there in the blogosphere. It helps to search around to find the blog or blogs that speak to you personally and professionally.
Drop the Term *Online Education* from NP Lexicon

This article is aimed at making the argument the nurse practitioner (NP) profession needs to drop the term *online education* everywhere it is currently used when describing anything about education of NPs. Maybe, even the terms *distance education*, *online education for didactic content*, and *distance education for didactic content* need to also be replaced. This column is devoted to health policy, but someone would have to be Rip Van Winkle to have missed how these terms are being used against the profession, from classroom to boardroom to state house. Also please do not think the intent of this column is to criticize distance education—having both received and delivered education via hybrid format for at least a couple of decades this author is a champion of distance education, when done well.

Distance education tends to be a global term for all iterations of education that involve remote education. Hybrid learning is a combination of education that combines face-to-face instruction with remote learning, usually in a 50/50 combination. Blended education is another relevant term, where the combination is more 25/75 and online education describes instruction and interaction that takes place almost entirely online (College of DuPage, 2020)

Frank Luntz, the author of *Words That Work: It’s Not What You Say, It’s What People Hear*, would probably agree with the argument being made here. So, according to Dr. Luntz, the public, patients, administrators, and legislators probably think any programs using the term online education are delivered completely online—translation—no clinical! Even when schools try to parse this out by using terms like *online education for didactic* or *distance education for didactic* the average reader or listener may not understand the distinction. A google search for the term didactic brought up 21,800,000 results! Obviously there is a lot going on with that term. Even if the term didactic is understood the listener still retains a visual memory of distance or online education, i.e., education in absentia—not exactly a favorable term when discussing a profession responsible for someone’s life or health. Some folks even have a negative association with the term didactic. It has been associated with annoying, unwanted, or moral lessons (Merriam-Webster (n.d.).

The truth is no NP program is delivered 100% online. If that were the case there would be no clinicals and no preceptors, and that is not the case for any program. Perhaps a better term would be hybrid education, as that more accurately describes the circumstances—it encompasses the didactic education in all its forms as well as the clinical education that is inherent to NP education. Dr. Luntz provided Ten Rules of Effective Language, many applicable to this issue:

1. **Simplicity-use small words**

2. **Brevity-use short sentences**

3. **Credibility is as important as philosophy**: “People have to believe it to buy it” (p. 8).

4. **Consistency matters**: “Finding a good message and then sticking with it takes extraordinary discipline, but it pays off tenfold in the end. Remember, you may be making yourself sick by saying the exact same thing for the umpteenth time, but many in your audience will be hearing it for the first time” (p. 12).

5. **Novelty-offer something new**: You should tell consumers something that gives them a brand-new take on an old idea. The combination of surprise and intrigue creates a compelling message” (p. 15).
6. Sound and texture matter

7. Speak aspirationally: “Messages need to say what people WANT to hear” (p. 18).

8. Visualize: “The slogans we remember for a lifetime almost always have a strong visual component, something we can see and almost feel” (p. 20).

9. Ask a question: “A statement, when put in the form of a rhetorical question, can have much greater impact than a plain assertion” (p. 23).

10. Provide context and explain relevance: here Dr. Luntz emphasizes putting things in context of what is meaningful to the stakeholder

Certainly the term hybrid (or even blended) education would meet more of these criteria than online education—hybrid education sounds more credible (surely clinicians do not rely on online education exclusively, right?!), and is more aspirational (stakeholders want to know NPs have sufficient clinical experience to provide sound care), more visually appealing (the mental image of providers steeped in face-to-face clinical experiences is important), and more personally meaningful (stakeholders want clinically sound and experienced providers) than the term online education. And the profession needs to follow Dr. Luntz’s fourth principle, once committed and found appropriate, stick with the term.

There is an old story the Inuit and Yupik of Alaska and the arctic north have 40-50 words for snow. The Sami of Norway, Sweden, Finland, and Russia are known to have 180 words for snow. And, surprisingly, the Scots have 421 words for snow (Brooks, 2015). Obviously a lot of snow falls in Scotland! With that in mind, surely the NP profession can opt to use a more favorable term to describe the type of education the profession commonly uses.

References

Brooks, R. (2015, December 19). Which language has the most words for snow? The Language Blog. https://k-international.com/blog/which-language-has-the-most-words-for-snow/


Impacting the Health of Children Worldwide: One Shot at a Time

Did you know almost one third of deaths among children under age five worldwide can be prevented simply through access to basic vaccines? It’s stunning to think that one child dies every 20 seconds from an immunization-preventable disease such as pneumonia, diarrhea, and measles. That equates to 1.5 Million deaths each year (World Health Organization, 2020) and almost three lives in the time it takes to read this brief article!

AANP has partnered with the United Nations Foundation through Shot@Life, a grassroots initiative to help make vaccines available to vulnerable populations around the world that don’t have ready access to them. A grassroots advocacy campaign of the United Nations Foundation, Shot@Life works with partners and volunteers in the United States and globally to ensure that life-saving vaccines are available in developing countries to prevent measles, polio, pneumonia, and diarrheal disease among the hardest to reach children. Shot@Life strives—through education, fundraising, and advocacy—to decrease vaccine-preventable childhood deaths and give every child a shot at a healthy life, no matter where he or she lives. Look at this brief video: https://vimeo.com/335200903

Shot@Life is a grassroots advocacy campaign of the United Nations Foundation with a mission to champion global childhood immunization. After becoming aware of Shot@Life and its mission through AANP, many members and AANP Fellows have signed up to get involved and become Shot@Life Champions. As Champions, we rally members of the public, members of Congress, businesses, and civil society partners to support and invest in the global childhood immunization programs. Champions do some fundraising, but primarily act as powerful advocates on the policy front. We know that congressional offices are three times more likely to act if messaged regularly by us, their constituents. This past year (United Nations Foundation, 2021), Shot@Life’s network of Champions—passionate people from all walks of life, including many NPs—called and wrote over 10,000 letters and emails to members of congress and held over 300 meetings with congressional offices. Champions, no different than you, are an impactful force that were successful this past year in helping to secure $588 million in U.S. government funding and raising $3.6 million in corporate grants to directly support the global childhood immunization frontline activities of UNICEF, WHO, CDC, and the Global Vaccine Alliance (GAVI), saving approximately 2.5 million children. In addition, Shot@Life secured an additional $4 billion in emergency pandemic response funding for GAVI, which will help ensure the rapid and equitable distribution of COVID-19 vaccines around the world.

Recently in February the United Nations Foundation held its 2021 10th Annual Shot@Life Summit. Although held virtually this year, like everything else in this time of COVID, over 185 Champions (including fifteen Champion AANP members) from diverse backgrounds and a total of 36 U.S. states came together at the Summit to learn from global health experts about the most recent information on global public health and disease eradication initiatives, as well as emerging technologies and innovations in vaccine delivery.
At the Summit not only could Shot@Life Champions listen and learn, but we could truly interact with a stellar array of global health dignitaries and decision makers, as well as leading industry influencers such as Dr. Tedros Adhanom Ghebreyesus, Director General World Health Organization, Dr. Rebecca Martin, Director Center for Global Health, Centers for Disease Control, Dr. Folake Olayinka, Global Health Team Leader US Agency for International Development, Dr. Robin Nandy, Chief of Immunization, UNICEF, Dr. John Nkengasong, Director, Africa Centers for Disease Control and Prevention, Gargee Ghosh, President Global Advocacy, Bill and Melinda Gates Foundation, Niesha Foster, Vice President Product Access and Global Health, Pfizer Inc., Congresswoman Barbara Lee, Chair, Appropriations Subcommittee on State, Foreign Operations, and Related Programs, John E. Lange: Senior Fellow Global Health and Diplomat, United Nations Foundation.

At the Shot@Life Summit, Champions also worked on advocacy skills, enhancing our digital and other storytelling through practicing op-eds, letters to the editor, as well as social media campaigns. We then put our advocacy skills into practice lobbying on Capital Hill in a day’s total of 180 virtual visits to Congressmen and Senators.

As United Nations Foundation Shot@Life Champions, AANP colleagues and I have had wonderful opportunities to learn, empower others, and TRULY impact the lives of children and their families around the world. To view more about being involved as a Shot@Life Champion: https://www.youtube.com/watch?v=cOD0IiCZsbk

If this has piqued your interest, I’d urge you to consider joining this worthwhile initiative in whatever way you can. The UN Foundation Shot@Life folks provide the tools to make it easy and convenient to become an advocate for children around the world. And right now, is the best time to get involved https://shotatlife.org/take-action/. Regardless of whether you can contribute 10 minutes or 10 hours of your time, it all adds up and makes a difference!

References


Cover Page
AANP Champions

Calling Legislators Using Phone Bank

Lobbying on Capital Hill

Meeting in Congressman Scott’s office
Welcome to the inaugural Art and Creativity Column in the FAANP Forum. This column is dedicated to you – Fellows who wish to share their art and encourage creativity and critical thinking. Sheila Mulrooney Eldred, PhD., a physicist, reported in *Nature* that we often get wrapped up in the intensity of our work and it becomes all that we do. In this state, we become in jeopardy of losing site of the bigger picture or remaining present to what is going on in the world around us. Dr. Eldred goes on to say that re-engaging with your artistic side influences science, energizes our purpose and imagining the possible, and strengthens our ethical wisdom and practical reasoning in professional situations.

Dalí stated: *A true artist is not one who is inspired, but one who inspires others.* Thus, the Art and Creativity Column will publish your art to inspire and connect with colleagues. Please submit any original art or pictures of original art such as: poems, photography, paintings, literature, sculpture, music, dance or any medium that has esthetic interest and value. Further, if you would like to send a link to the art (videos, pictures, music etc.) that is acceptable too. Additionally, if applicable to the art submitted, please provide some written text to compliment your artwork to allow the readers to have a deeper connection and understanding of your work.

I humbly launch the inaugural Art and Creativity Column by sharing my photography with you - website: [https://www.flickr.com/photos/ricricciardi/albums/72157718419314273](https://www.flickr.com/photos/ricricciardi/albums/72157718419314273) and a poem I wrote below. The poem is written to honor nurses and all healthcare workers caring for COVID-19 patients and to commemorate the more than 500,000 individuals in the USA and over 2,500,000 globally who have died from COVID-19.

**Reference**


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**The Plight of the Healthcare Worker**

Behind the mask emerges a cacophony of sensations
Layered through waves of seemingly unconstrained deftness
Interlaced with anger, fear, frustration and sparks of hope
Sometimes numb; never tranquil
Always aware of the unceasing responsibility
That speaks deeply to an inner unremitting passion and purpose
Crashing through the horror and pain
Disrupting the disruptors
Bringing an inner unforeseen and welcomed strength
To fibers robustly pulling corporeal entanglements back to
A cautious harmony of unpretentious strength and sagacity

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Biography

Dr. DeRaps is a retired Associate Professor at the University of Maine at Orono and was a pioneer in rural health care. She has provided care in rural settings to all patients including those who have suffered trauma. She was president of the Maine Nurse Practitioner Association twice and under her guidance helped NPs obtain prescriptive authority.

She also served as state representative to the American Academy of Nurse Practitioners for eight years and throughout her career has combined teaching, clinical and legislative work.

What experiences did you bring into the role?

As a child I was the oldest of five, my family was poor, and I had significant family responsibilities. In high school despite scoring in the top 1% of national testing a counselor suggested that I should not go to college but a diploma program to be a nurse. Considering this I decided to be the best I could be and prove my abilities. After becoming a nurse, I was fortunate to enroll at the CUNY at Lehman with credits accepted and obtained my BSN. I worked at St Luke’s in New York City with an indigent population. After an incident where I prevented a surgical mistake, I was fired but quickly hired into a new position in dialysis. In the dialysis unit I was a leader but did not like the role of manager. It was then time to return to school where I was asked to be on the curriculum committee. This was a life changing event. I met a colleague who was quite different from me and we became fast friends. I was introduced to foods; and ideas and my mind was open to a world view. I had spent many years in critical care and decided that the role of an NP would focus on prevention and perhaps have a greater impact.

At the University of Buffalo, I was mentored by Peggy Chinn and continued to expand my view of the world learning about empowerment and consensus building. When I moved back to Maine my focus was on the disenfranchised, rural, and poor populations. Growing up poor I had a special connection and understood that nursing was about knowledge but also about making the connections with communities and populations.

I was interviewed by Dr Calista Roy for the 1st PhD program at Boston College. Again, I had the opportunity of having a wonderful role model. I enjoyed this program and went through the program with a good friend. We were a great team.

What challenges did you experience and how were they resolved?

From my high school experience, I needed to prove that I could achieve so I tried harder, achieved more than I thought I could, and proved the high school counselor wrong. Eventually I realized that I could do anything and be anything I wanted to be. I found my place making a difference. During my doctoral studies I wanted to focus on ethics. A classmate said that was her focus so I should do something else. Devastated my mentor gave me sound advice stating that I should continue because “she knows what is in books; you know life”.

Volume 12: Issue 1 March 2021
Are there any experiences you would like to talk about?

I am proud that I began the first rural NP program in Maine funded by a grant.

What was most challenging in your career?

I found the healthcare system and oversight the most challenging. Being in a federally qualified center a physician came in to sign charts. The physician did not know the patients and oversight consisted of a signature. This really defied logic. As nurse practitioners we saw the patients, enacted a plan of care, and monitored the progress. Realistically it only made sense to sign prescriptions and seek consultations when necessary. It took time, energy, and persistence to change the law and have the privileges commensurate with our education and experience.

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

Assisting legislators to see the light. We fought to increase our scope of practice and prescribing authority. The first bill did not pass but through persistence and education we were able to succeed.

What advice would you give to new nurse practitioners?

Know yourself and what is important to you (personal, ethical, and moral). Listen better in pharmacology this becomes more important in the world of polypharmacy. Remember in your practice there is no second shift. You are managing life and illness not selling makeup. Love what you do and help make the change that you want to make.

What do you see as the role of nurse practitioners in the next 25 years?

In today’s world there is a struggle to succeed in the bottom line. I am concerned that patients have more comorbidities and less provider time. It is my hope that in the future we will not lose the connection we have with our patients. Every time a patient tells you their story it is a gift. We need to take time and cherish the gift.

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JOY

PHOTOGRAPH
BY
Richard Ricciardi
Membership Feature Column

Thomas A. Mackey, FAANP

Michaelene P Jansen, FAANP

Ph.D. Health Education
Southern Illinois University, Carbondale, IL 1982-1988

Master of Science in Nursing
Texas Tech University Health Science Center, School of Nursing, Lubbock, TX 2008

Adult Nurse Practitioner
Emory University, Atlanta, GA 1976

Master of Public Health
University of Tennessee, Knoxville, TN 1975-1977

Bachelor of Science in Nursing
Loyola University, Chicago, IL 1970-1974

Other Education:
Summer Institute on Health Promotion, Planning and Evaluation, University of British Columbia, Vancouver, BC 1994

Identifying Substance Abuse Problems in Clinical Medicine, Vanderbilt University 1992

Fellow, Faculty Development Program, NIAA/NIDA 1990-1994

Project ADEPT Course in Substance Abuse related to Curriculum Development, Brown University, Providence, RI 1991

Alcohol/Drug Counselor Training Course, Cadwalder 1991

Universitite Libre du Congo, Congo, Africa 1968

Certifications:
FNP with ANCC

Biography

Dr. Mackey feels his outstanding contribution to nursing is the development of a model nurse practitioner faculty practice clinic at the University of Texas Health Science Center in Houston. This primary care and occupational health clinic serves as a model academic nursing center (ANC) that is nationally known for its business systems, cost-effectiveness, clinical teaching, quality of care, and interdisciplinary approach to patient care by nurse practitioners. Building on his pioneering efforts in the mid 1970s to help develop the first rural clinic certified under the Rural Health Clinic Bill, he continued to work to ensure the viability and acceptability of advanced practice nursing in an interdisciplinary environment. Dr. Mackey's clinical and business leadership skills have developed the most financially solvent faculty practice and ANC in the country in the areas of primary care and occupational health. It is recognized and respected by various disciplines not only within the University, but nationwide and internationally.
When did you become an NP? What was the motivation?

I graduated from Loyola University in 1974 with my BSN. My first job was with United Health Services (UHS) of Kentucky and Tennessee in Clairfield, Tennessee. I did not want to work in a hospital because I had an affinity for rural health. UHS was a system of four community owned primary care clinics in the mountains of Tennessee and Kentucky. Clairfield clinic was the first certified clinic under the Rural Health Care Act back in the 1970s. One of the four clinics in Frakes, KY was home to ‘the real McCoys’. The clinic where I was the NP was called ‘Stinkin Creek’ – because of its location on Stinkin Creek Road! I was offered the job based on my two years of experience and work in the Congo prior to going to nursing school at Loyola. The physician, Dr. Walker, spent his life delivering care to people in the Georgia, Kentucky and Tennessee mountains and was my first professional mentor. Despite not having formal NP education he felt I could be easily ‘trained’. Remember, these were the early days of the NP and a formally educated NP was a rarity. During the first few months at UHS I learned how to take a history and physical, diagnose and treat common primary care problems and manage a clinic with a family health worker, receptionist, and lab technician. Given the rural location we had our own pharmacy. Consequently, I bottled, labeled, and dispensed an array of medications. After several months, the opportunity to attend the Emory University certificate NP program presented itself. So, in 1975 I took a leave from UHS for a few months. The Emory NP program was fantastic and focused on clinical diagnosis, evaluation of lab values and treatment. I loved every minute of the program. A couple years later I took the first offered national NP certification exam….and passed.

What experiences did you bring into the role?

I had no experience as a nurse when I took the job at UHS as an NP. However, despite a lack of formal training, I did have two years of setting up clinics and delivering primary care in the jungles of the Congo. In 1968 I dropped out of college after two years of unfulfilling academics. I volunteered to go to the Democratic Republic of the Congo – later to be named Zaire. The Congo had just gone through a rebellion leaving chaos and destruction everywhere. The area in which I ventured was about the size of Texas and had zero medical services or personnel; no physicians, clinics or hospitals. Via the Catholic Diocese of Wamba I was able to procure medications and some funding to start a few clinics, maternities, and leper colonies. Working alongside and learning from Belgian trained Congolese midwives and medical assistants (similar to physician assistants) I learned how to treat routine primary care problems (venereal diseases, URIs, intestinal parasites, suturing, etc.) and even delivered lots of babies. Realizing, I needed formal training. I returned to the United States and attended nursing school.

Did you experience any challenges? How were they resolved?

Of course, I had challenges in the beginning! My first challenge out of nursing school was to teach myself to take a medical history and perform a physical exam. Books can teach only so much so I ended up traveling to Knoxville, Tennessee and spending a few days with a physician who taught me the basics and technique. Eventually, I took a formal physical assessment course at the University of Tennessee. However, repetition of performing a history and physical was my best teacher. Eventually, years later, I taught physical assessment courses to nursing students.

Later career challenges were not as task oriented. Over the years my challenges evolved to include more administrative issues (personnel management, budgeting, building clinic infrastructure, etc.) and making wise business decisions. Choosing the correct mentors and aligning my goals and objectives with those in power provided a path to overcome almost any challenge I encountered. For example, creation of the UTHS clinic was given almost zero chance of even getting off the ground much less surviving/thriving for 31 years. While I might have been the founder of the clinic, the UTHSC President, CCFO, VP for Finances and SON Dean were individuals with whom I closely aligned. When difficulties arose, and they often times did, I was always able to seek advice and assistance from one of them.
Are there any experiences that you would like to talk about?

In the early days of nurse practitioners, the issues of rendering a “medical diagnosis” and prescribing were (and in some cases still are) significant roadblocks to practicing. In 1974, 1977 and 1981 I was visited by Boards of Medicine and Pharmacy in Tennessee, Missouri and Illinois attempting to ‘entrap’ me into either wrongly prescribing or ‘medically’ diagnosing. In each instance, one of the Boards sent someone disguised as a patient. Those were some very challenging times where I thought I would lose my license. Alas, I managed to live another day simply because I did nothing wrong.

Another interesting experience involved trying to find a job after fifteen years of stellar clinical practice in primary care. The University of Texas Health Science Center at Houston School of Nursing (UTSON) would not give me a job! I applied to the UTSON for a job since I married a woman living in Houston and decided to move there. There is a saying: “you can take a woman out of Texas, but you can’t take Texas out of a woman”. So, I made the decision to move to Texas. I applied to the UTSON and did not even get the benefit of a response. Eventually, I contacted someone who knew the Dean, Dr. Patricia Starck. Dr. Starck, another great mentor of mine, quickly offered me a job. At the time I was one of three or four NPs on faculty and none of them had much practice experience. Eventually, I went on to start the University of Texas Health Services (UTHS). My job at the UTSON was a dream from the standpoint of opportunity, autonomy, administrative support and ability to actuate creative leadership as an NP.

What was most challenging in your career/ most important?

I believe one of the most challenging issues for any NP is finding the right job to flex your abilities: (i.e., leadership, clinical acumen, energies, professional growth, etc.). I was most fortunate from the beginning of my career to find opportunities that challenged me and promoted personal growth.

Is there anything you would want to change?

Is there anything I would want to change in my career? No. My career progression prepared me each step along the way for the next one: directing a primary health care clinic in the mountains of Tennessee and Missouri, training family physicians and NPs for collaborative practice, starting rural health clinics on my own, mentoring other NPs and residents in establishing rural health clinics, and creating what I believe is the best academic nursing center in the country – The University of Texas Health Services (UTHS).

What are your most notable achievements?

First, the thousands of patients I cared for over the years are obviously a notable achievement. After all, the delivery of quality patient care is what my professional career is all about.

From 1979 to 1989 I was in private practice with a family physician in rural Winchester, Illinois. He was one of the medical residents we teamed with at one of the rural clinics I developed at the University of Missouri. There was no public health department in the county and my collaborating physician visited once a week. Otherwise, I was the lone provider in the entire county. The immunization rate in the county was the second lowest in the State of Illinois and I wanted to make an impact on the dismal statistic. Many families did not have insurance and simply were not able to afford our private practice prices. So, I approached the county board of directors, presented the statistics, outlined a couple of solutions, and requested funding to provide free immunizations. One of my proposal options was accepted and funded. Within two years I was able to raise the county immunization rates to second best in the State of Illinois.
Another most notable achievement is the founding and development of The University of Texas Health Services (UTHS) at the UTSON. UTHS, founded in 1989, is an academic nursing center delivering primary and occupational health in Houston and throughout the State of Texas. In 1989 the idea of an NP run primary care practice in the middle of the world’s largest medical center (The Texas Medical Center) seemed by many as absurd. UTHS is the first primary care practice in the Texas Medical Center (TMC) to have electronic medical records. Throughout the years I built the practice to include multidisciplinary providers, tier 1 Patient Centered Medical Home status, and a Certified Diabetes Education Center. UTHS has 10-12,000 patient visits per year and serves as a preceptor site for UTSON NP students. Most importantly, UTHS has been a business model for other academic nursing centers around the country by showing profitable margins year after year.

During my years working the Democratic Republic of Congo, I became fluent in French and Swahili. That skill served me well when I was in Rwanda as part of the Clinton Foundation’s 7.5 million dollars, seven-year grant that sent several faculty from various US universities to educate nurses who then became teachers of nursing. The grant provided the opportunity to develop a bachelor’s and master’s program in nursing. Rwanda had just gone through a rebellion and endured horrendous genocide in 1994. I was fortunate to be part of the faculty group that was granted an audience with Paul Kagame, one of the opposition leaders and current President of Rwanda. He discussed his three priorities for his country: health care, IT infrastructure and education.

Creating jobs provides opportunity for individuals and contributes to family financial stability. I am extremely proud of the number of jobs I have created and sustained over the years. In the Congo I employed dozens of Congolese healthcare workers. Throughout the years the creation of UTHS provided multiple opportunities for nurses/NPs to work and advance their careers. I continue to work with UTHS on a part time basis seeking out new business partners and negotiating contracts. I also continue my NP practice providing health maintenance exams for Texas Commitment to Environmental Quality (TCEQ) through UTHS.

What advice would you give to new nurse practitioners?

New NP grads will serve themselves best by taking a job allowing the opportunity to cement a large array of knowledge and skills learned in school. For example, I recommend a new graduate from an FNP program take a job that allows for utilization and expansion of pediatric, women, adults, and geriatric patients rather than a job in cardiology, gastroenterology, or some other specialty. The first 6-12 months out of school are the most important for cementing the knowledge and skills learned. If new grads do not do it right out of school, they effectively will have pigeon-holed themselves into a specialty and consequently forget the other knowledge and skills learned.

Secondly, before taking a job, I advise new NPs to spend a at least a full day in the practice setting to assess personalities, work environment, style of practice, quality of care delivered, etc. It is impossible to ascertain these vital issues on routine job interviews. If offered a job, go spend at least one or two days in the practice setting before saying “I do”!

Third, do not be greedy when it comes to compensation. Healthcare is a business and NPs represent both income and expense for an employer. As a new graduate your value and worth to a practice setting is minimal. From the business standpoint, for the first 6-12 months in practice most new graduates are a financial liability. In brief, understand your value and worth (see reference list below of articles I’ve written on the topic).
What do you see as the role of Nurse Practitioners in the next 25 years

Artificial intelligence (AI) is rapidly encroaching health care and will dominate how NPs create, process, and deliver the best care available over the next 25 years and beyond. I recently read a fascinating article in Nursing Management by Nancy Robert titled How Artificial Intelligence is Changing Nursing (https://journals.lww.com/nursingmanagement/Fulltext/2019/09000/How_artificial_intelligence_is_changing_nursing.8.aspx) The article discusses the need for nurses to understand and develop input data and criteria for patient diagnosis and clinical decision making. How will NPs integrate newly created AI into care processes? Who will create and control the robots and machines taking blood pressures, electrocardiograms, prescribing, interpreting lab data, and multiple other clinical and teaching tasks? While Yale, the University of Cincinnati and others develop AI, NP education and practice will necessarily respond and force role changes for the NP.

References for New NPs

We will remember 2020 for many years to come. The ICN announcement proclaiming the year of the nurse and midwife was viewed with much anticipation. We were celebrating the right of women to vote as well as Dr Loretta Fords 100th birthday. It was to be a year of celebrations. Early in the year we learned of a new virus detected in China which quickly spread to the international community. A unified global response was not possible. Each nation reacted in a different manner from total lockdown to ignoring the warnings and proceeding with life as usual. In the United States there was no national plan and each state acted independently often competing for resources. The east and west coast were first affected leading to some denial from other states which had no cases.

Throughout the year we learned to test, and implemented the basic hygiene measures of hand washing, distancing, and wearing masks. Unfortunately for us the wearing of masks became a political statement. As we move into 2021 there are vaccines and hope for developing a national plan but we are also identifying additional mutations to the virus. It is uncertain when life will return to normal. There may well be a new normal.

Nurses have been celebrated as heroes even having a prominent place in the inaugural festivities. Healthcare workers were celebrated and thanked in a variety of ways in communities.

Celebrations took a new form. Although the suffragette party in Tampa was cancelled in August. In December Dr Loretta Ford’s birthday was celebrated with golf carts and zoom. She received the Surgeon General’s Medallion along with a video message from Dr. Jerome Adams. The medallion was presented in person by AANP president Sophia Thomas. The party was repeated at the winter fellows meeting via zoom with the opportunity for fellows to send additional birthday wishes. AANP announced the Loretta Ford Centennial Scholarships for DNP students. There will be 5 scholarships awarded. It was wonderful that so many fellows were able to participate in the celebration. Dr Ford was also given the US flag that flew over the capital on her birthday. A portion of her papers are preserved at the Bates Center for the history of nursing at the University of Pennsylvania. A few years ago, she was celebrated in the Women’s Hall of Fame in Seneca Falls NY. Many nurse practitioners, her family, and her husband joined in the celebration. Dr. Ford is truly a legend. She created a podcast which can be accessed at https://aanp.podbean.com/e/07-np-week-loretta-ford-%e2%80%93-nps-moving-forward-today-tomorrow-together/
We continue to make history as we celebrate the appointment of rear Admiral Susan Orsega as Acting U. S. Surgeon General. It is an honor to have a nurse practitioner and AANP fellow in that prestigious position.

The AANP history committee held a Covid-19 writing contest to encourage nurses to capture their emotions through stories, essays, and poems. The contest was a success and the first and second place winners’ stories were published and are available on the AANP website. History Committee Writing Contest Winners: https://www.aanp.org/news-feed/nurse-practitioner-reflections-on-the-covid-19-pandemic

The stories not only reflected the hardships that nurse practitioners are enduring but also concern for the implication the pandemic will have for years to come. One story by one our fellows discussed the impact of the lack of childhood immunizations. Many of our nurse practitioners currently practicing have never seen a case of pertussis, chickenpox, measles, mumps, or rubella. These diseases once conquered in the past may see a resurgence.

Another story discussed the plight of the homeless. That issue can be expanded to the immigrants and others living in close quarters. Without resources how does a population become immunized? We will continue to see disparities. Many seniors who do not have access to computers are spending hours on the phone trying to find an appointment. Others camping out or spending nights sleeping in their cars to obtain an appointment. Nurse practitioners will continue to play a vital role in addressing these issues. Dr. Teresa Gardner executive director and nurse practitioner with the health wagon serving southwest Virginia appeared on CBS This Morning to discuss the lack of the access to the vaccine for the communities she serves. Her interview highlights the disparities that continue to be national issue.

Social isolation is taking a toll on people as evidenced by increased mental health issues. Depression and domestic abuse are on the rise. How do we help others cope when they are often invisible?

Primary care visits and elective surgeries are down. When the pandemic ends what will the implications be for those issues that have been put on hold?

What does the future hold for nurse practitioners? If we look to the past great strides were made in times of turmoil such as the World Wars, and pandemics. Then as time went on those advances were diminished. Today many states have granted expanded privileges. We must remember the past and seize the opportunity to continue to press on for full practice authority. We can utilize this momentum to expand our boundaries. In some institutions nurse practitioners are being furloughed to maintain physician staff. A question was then asked who will take care of the patients? There are reports of physicians in the hallways while nurses are in direct contact and caring for the patients.

It will be a long road ahead and we will continue to face many challenges, but we are resilient. These events will make us stronger and we will continue with innovative solutions. The history committee will be holding another writing in the fall. We encourage everyone to continue to chronical their journey as we continue to make history every day. This will become our legacy.

The history committee is currently sponsoring another writing contest with a deadline of April 9,2021.  
https://www.aanp.org/history-writing-contest.
Member News Column

Pat Alpert, FAANP

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!!

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

Lorraine Bock, FAANP

**New Position:** Lorraine Bock, through the National Nurse Practitioner Entrepreneur Network (NNPEN), is now the Client Relationship Director for CareSpan USA. She will be the primary liaison to American Advanced Practice Network members. The American Advanced Practice Network (American-APN) is the first professional “group practice without walls” that brings highly qualified nurse practitioners to those in need of health care under a collaborative care system that uses cutting-edge digital technologies. American-APN was created for and by advance practice nurses and nurse practitioners. It is owned and operated exclusively by its nurse practitioner membership with its own executive leadership and Board of Directors. Members of the network enjoy extensive economic, professional, and personal benefits due to the collaborative care opportunities and economies of scale that American-APN provides.

Adele Marie Caruso, FAANP


Amanda Chaney, FAANP

Leslie Davis, FAANP

**Award:** Leslie Davis will be presented the American College of Cardiology 2021 Distinguished Associate Award at the annual May 2021 ACC meeting. Distinguished award winners represent a diverse group of individuals from around the globe who are tangibly helping to transform cardiovascular care and improve the heart health of patients worldwide.

**Publication:** Co-author for: 2021 Update to the 2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure With Reduced Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee. The paper offers algorithms, tables, and templates to help clinicians to better care for patients with heart failure. The document incorporates new therapies for heart failure that have emerged in the past 3 years [angiotensin receptor-neprilysin inhibitors (ARNIs), sodium-glucose cotransporter-2 (SGLT2) inhibitors, and percutaneous therapy for mitral regurgitation (MR)]. Notably, this is the third ACC Expert Consensus Decision Pathway document that Dr. Davis has co-authored related to heart failure. The paper is online in the Journal of the American College of Cardiology, Jan 11, 2021. Epublished DOI: 10.1016/j.jacc.2020.11.022 available.

Karen Dick, FAANP and Terry Buttaro, FAANP


Evelyn Duffy, FAANP

**Promotion:** Promoted to full Professor with an endowed chair: The Florence Cellar Professorship in Gerontological Nursing at the France Payne Bolton School of Nursing, Case Western Reserve University. Evelyn is the Director of the Adult-Gerontology, Nurse Practitioner Program and the Associate Director of the University Center on Aging and Health.

Valerie Fuller, FAANP

**Award:** Valerie Fuller received the 2021American Association of Nurse Practitioner State Advocate Award.

Kate Gawlik, FAANP, Bernadette Melnyk, FAANP, & Alice Teall, FAANP

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<tr>
<th>Name</th>
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<th>News</th>
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### Member News Column

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<tr>
<th>Name</th>
<th>Position</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Aimee Holland, FAANP</strong></td>
<td>Recognition</td>
<td>Aimee Holland was recognized as a Featured Clinical Expert, Bayer Pharmaceuticals, Leverkusen, Germany. This honor recognizes clinical expertise in performing intrauterine device procedures.</td>
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<td><strong>Douglas Houghton, FAANP</strong></td>
<td>New Position</td>
<td>Douglas Houghton has been promoted to Associate Chief, Clinical Operations at Jackson Memorial Hospital in Miami, FL. In addition to leading the Department of Advanced Practice, his role includes leadership of clinical operations across the organization.</td>
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<tr>
<td><strong>Honey M. Jones, FAANP</strong></td>
<td>Recognition</td>
<td>On Friday Feb 5th, Honey Jones was inducted as a Fellow of the American College of Critical Care Medicine. She stated she was humbled by the recognition and honored to have the opportunity to serve my community.</td>
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<td>Recognition</td>
<td>Tess Judge-Ellis was chosen for a 2-year VA Quality Scholar Fellowship.</td>
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<td><strong>Linda J. Keilman, FAANP</strong></td>
<td>Appointment</td>
<td>Appointed Editor-in-Chief for the Elsevier annual journal, Advances in Family Practice Nursing. The journal's inaugural issue was in 2019. At that time Linda was appointed Editor for the Adult/Gerontology section.</td>
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<td><strong>Debra Kosko, FAANP</strong></td>
<td>Award</td>
<td>Recipient of the Association of Nurses in AIDS Care 2020 Frank Lamendola Nursing Leadership Award.</td>
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<tr>
<td><strong>Colleen Leners, FAANP</strong></td>
<td>Appointment</td>
<td>Selected to serve on the board of Friends of National Institute of Nursing Research.</td>
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Donna Lester, FAANP

Award: MLK Award for community service from Lakeland Regional Health.

Kathleen McCoy, FAANP


Bernadette Melnyk, FAANP

Award: Bernadette Melnyk, dean of The Ohio State University College of Nursing and university chief wellness officer, as well as Tim Raderstorf, DNP, RN, assistant professor of clinical nursing and chief innovation officer at the College of Nursing, received the American Journal of Nursing’s 2020 Book of the Year Awards. Their book Evidence-based leadership, innovation and entrepreneurship in nursing and healthcare was recognized as the top publication in the Nursing Management and Leadership category. For details see: https://nursing.osu.edu/news/2021/01/12/melnyk-and-raderstorfs-leadership-and-innovation-book-wins-top-award?tok=db1746eb-a95c-444f-94f3-e2df64ff854_3175694

Cindy L, Munro, FAANP


Jose A. Pares-Avila, FAANP

Award: 2020 Distinguished Alumni Award, University of Washington School of Nursing

New Position & Promotion: Associate Professor, College of Nursing, University of South Florida, Tampa, FL


### Jessica Peck, FAANP


### Elda Ramirez, FAANP

**Appointment:** Elda Ramirez has been appointed Assistant Dean of Diversity Equity and Inclusion for the Cizik School of Nursing at UTHealth Science Center – Houston.

**Award:** Received the Caring Heart Award from the Institute for Spirituality and Health in February, 2021.

### Jeffery Ramirez, FAANP

**Recognition:** Inducted as a Distinguished Fellow in the National Academies of Practice Nursing Academy on March 19, 2021.

### Jennifer Rodgers, FAANP

**Award:** Jennifer Rodgers was recently awarded the University of Colorado Hospital Medical Staff Leadership Award of the Year. She was recognized for an outstanding contribution to the hospital through leadership and participation in medical staff affairs/hospital affairs. When presented the award it was noted that “her leadership in COVID response for of the providers has been amazing!”

### Mimi Secor, FAANP

**Award:** Rocky Mountain University of Health Professions Announces Mimi Secor the 2020 Outstanding Alumni Award Winner for her multiple contributions over her 43 years of work in women’s health and more recently in health and fitness. Currently, The Outstanding Alumni Award is one of the highest honors a RMUoHP graduate can receive for distinguished contributions to his or her profession and for service to the University or community at large. Nursing Department Chair and DNP Program Director Stephanie Richardson said, “Secor has achieved excellence in teaching and scholarship on a national level. She has been recognized by her peers for her application of evidence-based practice principles, and her leadership.”

### Vicky Stone-Gale, FAANP

ANNNOUNCEMENTS

Mary Jo Goolsby, FAANP

Call for Papers: 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. Manuscripts primarily written as clinical articles or research reports are not suitable for the column.

Fellows Column manuscripts are limited to approximately 1500 words and 10 references. They are 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:

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<th>Nancy Dirubbo, column editor</th>
<th>Pat Kelley, column reviewer</th>
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<td>Mary Jo Goolsby, column reviewer</td>
<td>Gary Laustsen, column reviewer</td>
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<td>Debra Hain, column reviewer</td>
<td>Leslie Taub, column reviewer</td>
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Reminders

FAANP would like to acknowledge Fellows who are ill or who need a word or words from FAANP. Please, notify Diane Padden (dpadden@aann.org) or Liza ececehini@aann.org
Call for Submissions:

Nurse Practitioner History Research Scholar Award

The Bjoring History Center invites applications for the Nurse Practitioner History Research Scholar Award for 2021. Its goal is to advance historical scholarship on practitioners and disseminate it to an international audience.

For the third year in a row, a donor has made a generous gift of $5,000. The deadline for proposals is June 1, 2021, with the intention that the recipient use the award the following academic year.

Eligibility: Any student pursuing a DNP or PhD, or an established scholar. This award is not limited to nursing scholars; other historians of medicine and health care are encouraged to apply.

Applicants must provide a full research proposal, including:

- A concise statement of the research they wish to conduct
- A narrative describing the project, within the context of the present state of historical knowledge, including background, sources and appropriate citations
- Identification of resources to be used
- An itemized budget detailing how the funds will be used
- A current CV

Send proposals and supporting materials to: Dominique Tobbell, PhD, Director of the Bjoring Center for Nursing Historical Inquiry at the University of Virginia, at dtobbell@virginia.edu. Notification of award will be made by July 1, 2021.

The recipient must agree to provide a research presentation to selected faculty (and the donor, if desired) upon completion of the project. In addition, they must produce a submission-ready paper for publication and a letter of thanks for the donor.

For more information, visit the Bjoring History Center website: [https://www.nursing.virginia.edu/nursing-history/fellowship/](https://www.nursing.virginia.edu/nursing-history/fellowship/)
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History Committee

Chair: Barbara Sheer, PhD, PNP, FNP, FAANP
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.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).